Summons to and

Agenda for a

Meeting on

Thursday, 28th March, 2013

at **10.00 am**

DEMOCRATIC SERVICES
SESSIONS HOUSE
MAIDSTONE

Tuesday, 19 March 2013

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, 28 March 2013 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 14 February 2013 and, if in order, to be approved as a correct record **(Pages 1 - 12)**
4. Chairman's Announcements
5. Questions **(Pages 13 - 22)**
6. Report by Leader of the Council (Oral)
7. Developing Better Healthcare for Kent **(Pages 23 - 74)**
8. Revision of Terms of Reference and Protocols for the Health Overview and Scrutiny Committee **(Pages 75 - 84)**
9. Select Committee: Apprenticeships **(Pages 85 - 92)**

10. Treasury Management 6 Month Review 2012/13 **(Pages 93 - 102)**

11. Authority to participate in legal proceedings and Rights of Audience **(Pages 103 - 116)**

12. Motion for Time Limited Debate

    Mr L Christie will propose, Mr G Cowan will second that:

    This Council makes the installation of sprinklers a specific condition of a planning application:

    Following the recent LGA Fire Conference and the introduction of the LGA Sprinkler toolkit this Council agrees that, in order to ensure the safest possible design and planning of buildings and to protect the public of Kent, that this council adopts a policy making it a compulsory planning condition that any new developments or substantially altered buildings especially schools and social care buildings including those that provide residential accommodation (paid or otherwise) must include the installation of a suitable sprinkler system for the intended use.

    Where a planning applicant believes there are sound reasons for not including a sprinkler system, a written submission setting out a clear rationale, with details of the alternative measures to reduce the risk from fire for building occupants must be provided.

13. Minutes for Approval **(Pages 117 - 120)**

    Governance and Audit Committee – 19 December 2012

14. Minutes for Information **(Pages 121 - 150)**

    Planning Applications Committee – 11 December 2012, 16 January, 12 February and 13 March 2013

    Regulation Committee – 22 January and 14 February 2013

    Superannuation Fund Committee – 8 February 2013

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, 14 February 2013.

PRESENT:
Mr R E King (Chairman)
Mr E E C Hotson (Vice-Chairman)

Mrs A D Allen, Mr M J Angell, Mr R W Bayford, Mr R H Bird, Mr A H T Bowles, Mr D L Brazier, Mr R E Brookbank, Mr C J Capon, MBE, 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, Mrs V J Dagger, Mr D S Daley, Mr M C Dance, Mr J A Davies, Mrs T Dean, 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, Mr D A Hirst, Ms A Hohler, Mrs S V Hohler, Mr P J Homewood, 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 S C Manion, Mr R F Manning, Mr R A Marsh, Mr M J Northey, Mr J M Ozog, Mr R J Parry, Mr R A Pascoe, Mr K H Pugh, Mr L B Ridings, MBE, Mr A Sandhu, MBE, Mr J E Scholes, Mr J D Simmonds, Mr C P Smith, Mr K Smith, Mrs P A V Stockell, Mr B J Sweetland, Mr J Tansley, 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 and Mr A T Willicombe

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

UNRESTRICTED ITEMS

1. Apologies for Absence

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

Mr Roy Bullock, MBE
Mr Robert Burgess
Mr Alan Chell
Mr Tim Prater
Mrs Julie Rook
Mr Chris Wells
Mr Andrew Wickham

2. Declarations of Disclosable Pecuniary Interests or Other Significant Interests

(1) Mr Cowan declared an interest as a foster carer with his wife in any item on the agenda relating to Children's Services.

(2) Mr Koowaree declared an interest in as his grandson is a Looked After Child in any item that may come up on the agenda.

(3) Mr Whiting declared an interest as a Trustee of Age UK Sittingbourne in any item that may come up on the agenda.

(4) Mr Lake declared an interest as a Trustee of the Kent Community Foundation in any item that may come up on the agenda.

(5) Mrs Allen declared an interest as a Trustee of Age UK North West Kent in any item that may come up on the agenda.

(6) Mr Brookbank declared an interest as a Trustee of Darent Valley Age UK in any item that may come up on the agenda.

(7) Mrs S Hohler declared an interest as an owner of a rural business which is suffering through lack of rural broadband in any item that may come up on the agenda; as a governor of Kent Music which had a cut in the budget and as a governor of Skinners Kent Academy which had some money coming up in the budget.

3. Minutes of the meetings held on 13 December 2012 and, if in order, to be approved as a correct record

RESOLVED that the minutes of the meetings held on Thursday, 13 December 2012 be approved as a correct record and signed by the Chairman.

4. Chairman's Announcements

(a) Death of Mr Reginald Ward

(1) The Chairman announced that it was with much regret that he had to inform Members of the sad death of Reginald Ward on 17 January 2013.

(2) Mr Ward was a former Labour Member for Margate Central from 1972 to 1977 and for Ramsgate North from 1990 to 2001. He had served on the former Margate Borough Council for nearly 25 years, leading the Labour Group for much of that period and he was also a member of Thanet District Council.

(3) Mr Carter, Mr Christie and Mrs Dean gave tributes to Mr Ward.

(4) At the end of the tributes, all Members stood in silence in memory of Mr Ward.

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

(6) RESOLVED unanimously that this Council desires to record the sense of loss it feels on the sad passing of Mr Ward and extends to his family and friends our heartfelt sympathy to them in their sad bereavement.

(b) New Year's Honours List

(7) The Chairman stated that it gave him great pleasure to inform the County Council of the following Award in the New Year's Honours list:

Order of the British Empire
Officer of the Order of the British Empire

Lady Julia Pender DL (Deal) – for services to the community in Kent

(8) It was moved by the Chairman, seconded by the Vice Chairman and

(9) RESOLVED unanimously that this Council records its sincere congratulations to Lady Pender OBE DL for the Honour she has received.

(c) Canterbury Oast Trust Art Exhibition

(10) The Chairman stated that Kent County Council had a vital leadership role in supporting the engagement and role of volunteers across the county. He said that volunteering was very important to him, and to the County as a whole. Volunteers were the backbone of their local communities and made such a valuable contribution to individuals and to their local areas by their unstinting commitment.

(11) The Chairman explained that he had hosted a showcase event for Canterbury Oast Trust on the 22 January and their art exhibition was displayed in the Stone Gallery until Friday 15 January 2013. He asked Members to take time to view their work which was also for sale.

(12) He stated that over many years KCC had worked in partnership with Canterbury Oast Trust to volunteer staff and resources to support the work of the Organisation and share ambitions to tackle disadvantage and put the citizen in control.

(d) Regulation Committee

(13) The Chairman asked Members to note that there would be a short meeting of the Regulation Committee when the County Council meeting adjourned for lunch and he requested Members of the Committee to remain in the Chamber at that time.

5. Questions

Under Procedure Rule 1.17 (4), 6 questions were asked and replies given.

6. Budget 2013/14 and Medium Term Financial Plan 2013/15 (including Council Tax setting for 2013/14)

(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) He stated that all Members would have received a letter from the Head of Democratic Services, dated 6 February, setting out the process and order of the

budget debate at the meeting. Spare copies were available should any Member require one.

(3) The Chairman moved, the Vice Chairman seconded that:

(a) Procedure Rule 1.12(2) be suspended in order that the meeting be extended to 5.00pm if necessary;

(b) Procedure Rule 1.29 be suspended in order that the Leader be allowed to speak for a maximum of 15 minutes, the seconder of the original motion to speak for up to 5 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 Cabinet Members to speak for up to 5 minutes when introducing their individual portfolio proposals; and;

(c) Procedure Rule 1.36 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

(3) The Chairman then invited Mr Wood, Corporate Director of Finance & Procurement, to give 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.

(4) Mr Carter moved, Mr Simmonds seconded the approval of the contents of the attached Budget 2013/14 and Medium Term Financial Plan 2013/15 (including Council Tax setting for 2013/14) and to approve the following proposals:

(a) the Revenue Budget proposals for 2013/14;

(b) the Annual Revenue Budget requirement of £954.007m;

(c) the Capital Investment proposals of £694.548m 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:

- Adult Social Care and Public Health;
- Business Strategy, performance and Health Reform;
- Customer and Communities;
- Democracy and Partnerships;
- Education, Learning and Skills;
- Environment, Highways and Waste;

- Finance and Business Support;
- Regeneration and Economic Development;
- Specialist Children's Services
- 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 approved budget in light of the final grant settlement

(h) delegate authority to the Cabinet Member for Finance and Business Support to make necessary changes to the approved budget in light of fully integrating the Public Health spending into the budget

(i) delegate authority to the Cabinet Member for Finance and Business Support and Cabinet Member for Specialist Children's Services to agree the necessary changes to the approved budget for the allocation of Adoption Reform Grant

(j) delegate authority to the Cabinet Member for Finance and Business Support to agree the necessary changes to the approved budget following the Education Services Grant

(k) delegate authority to the Cabinet Member for Finance and Business Support and Cabinet Member for Business Strategy, Performance and Health Reform to agree the necessary changes to the approved budget for the allocation of terms and conditions and other savings held in the Finance and Business Support portfolio based on recommendations from Corporate Management Team

(l) 1% pay award for all Kent Scheme staff

(m) rationalise allowances and enhancements for weekend/out of hours working and overtime to 4/3rds of normal pay subject to justifiable reasons to maintain service delivery or business continuity

(n) a total requirement from Council Tax of £506,636,022 to be raised through precept to meet the 2013/14 budget requirement;

and

(o) a Council Tax as set out below, 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

(5) Mrs Dean moved, Mr Vye seconded the following amendment:

Note: The page references are drawn from the "Draft for County Council – white combed" edition of the Budget Book 2013/14

Reduce spending on Communications & Consultation Unit by £0.5m (Budget Book page 46 line 138)

and

Increase spending on mainstream home to school transport (BB page 43 line 99) by re-instating free transport to selective and denominational schools (MTFP (page 84) to ensure no child is denied such schooling through poverty.

(6) Following the debate the Chairman put to the vote the amendment set out in (5) above, when the voting was as follows:

For (6)

Mr R Bird, Mr I Chittenden, Mr D Daley, Mrs T Dean, Mr G Koowaree, Mr M Vye

Abstain (1)

Mr A Bowles

Against (59)

Mrs A Allen, Mr M Angell, Mr R Bayford, Mr D Brazier, Mr R Brookbank, Miss S Carey, Mr P Carter, Mr L Christie, Mrs P Cole, Mr G Cooke, Mr B Cope, Mr G Cowan, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mrs V Dagger, Mr M Dance, Mr J Davies, Mr K Ferrin, Mr G Gibbens, Mr R Gough, Mrs E Green, Mr M Harrison, Mr W Hayton, Mr C Hibberd, Mr M Hill, Mr D Hirst, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr J Kirby, Mr J Kite, Mr P Lake, Mr S Manion, Mr R Manning, Mr A Marsh, Mr M Northey, Mr R Parry, Mr R Pascoe, Mr K Pugh, Mr L Ridings, Mr A Sandhu, Mr J Scholes, Mr J Simmonds, Mr C Smith, Mr K Smith, Mrs P Stockell, Mr B Sweetland, Mr J Tansley, Mr R Tolputt, Mrs E Tweed, Mrs C Waters, Mr J Wedgbury, Mr M Whiting, Mrs J Whittle, Mr A Willicombe

Lost

(7) Mr Christie moved, Mr Cowan seconded the following amendment:

Note: The page references are drawn from the "Draft for County Council – white combed" edition of the Budget Book 2013/14

Delete payment to Kent Community Foundation in 2012/13 and increase 2012/13 underspend rolled forward (page 45 line 124) by £1.0m

and

Add £1.0m to "School Improvement" (Page 43, Line 94) to improve primary school standards.

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

For (9)

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

Abstain (0)

Against (54)

Mrs A Allen, Mr M Angell, Mr R Bayford, Mr A Bowles, Mr D Brazier, Mr R Brookbank, Miss S Carey, Mr P Carter, Mrs P Cole, Mr B Cope, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mrs V Dagger, Mr M Dance, Mr J Davies, Mr K Ferrin, Mr G Gibbens, Mr R Gough, Mr M Harrison, Mr W Hayton, Mr C Hibberd, Mr M Hill, Mr D Hirst, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr J Kirby, Mr J Kite, Mr P Lake, Mrs J Law, Mr S Manion, Mr R Manning, Mr A Marsh, Mr M Northey, Mr R Parry, Mr R Pascoe, Mr K Pugh, Mr J Scholes, Mr J Simmonds, Mr C Smith, Mr K Smith, Mrs P Stockell, Mr B Sweetland, Mr R Tolputt, Mrs E Tweed, Mrs C Waters, Mr J Wedgbury, Mr M Whiting, Mrs J Whittle, Mr A Willicombe

Lost

(9) Mr Vye moved, Mrs Dean seconded the following amendment:

Note: The page references are drawn from the “Draft for County Council – white combed” edition of the Budget Book 2013/14

A. Reduce spending on Communications and Consultation Unit by £0.3m (BB page 46 line 138)

And

Increase spending in the voluntary sector to provide preventative support for vulnerable young people (BB page 32 line 33) to reduce the numbers of young people coming into care

B. Draw down £780k from the Economic Downturn Reserve (BB page 45 line 118) from the money previously earmarked for removing streetlight columns

and

Increase funding for Primary School Improvement (BB page 43 line 94) to increase the numbers of Kent Schools where teaching is good or outstanding.

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

For (9)

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

Abstain (1)

Mr K Smith

Against (54)

Mrs A Allen, Mr M Angell, Mr R Bayford, Mr A Bowles, Mr D Brazier, Mr R Brookbank, Miss S Carey, Mr P Carter, Mrs P Cole, Mr G Cooke, Mr B Cope, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mrs V Dagger, Mr M Dance, Mr J Davies, Mr K Ferrin, Mr G Gibbens, Mr R Gough, Mr M Harrison, Mr W Hayton, Mr C Hibberd, Mr M Hill, Mr D Hirst, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr J Kirby, Mr J Kite, Mr P Lake, Mrs J Law, Mr S Manion, Mr R Manning, Mr A Marsh, Mr M Northey, Mr R Parry, Mr K Pugh, Mr L Ridings, Mr J Scholes, Mr J Simmonds, Mr C Smith, Mrs P Stockell, Mr B Sweetland, Mr R Tolputt, Mrs E Tweed, Mrs C Waters, Mr J Wedgbury, Mr M Whiting, Mrs J Whittle, Mr A Willicombe

Lost

(11) Mr Chittenden moved, Mr Bird seconded the following amendment:

Note: The page references are drawn from the "Draft for County Council – white combed" edition of the Budget Book 2013/14

Draw down £420k from the Economic Downturn Reserve (BB page 45 line 118) from the money previously earmarked for removing streetlight columns as a result of proposed selective switch-off (not now being used due to revised proposal to remove fuses rather than the columns themselves)

and

Increase member highway grants (BB page 18 line 6) by £5k per member (increasing grant to £30k for 2013/14) to ensure reduced highways funding is focussed on meeting local priorities

(12) Following the debate the Chairman put to the vote the amendment set out in (11) above. The vote did not print out due to a technical fault but the Chairman announced that the vote, according to the voting screen, was lost.

(13) Mr Cowan moved, Mr Christie seconded the following amendment:

Note: The page references are drawn from the "Draft for County Council – white combed" edition of the Budget Book 2013/14

Delete £0.4m from "Planning & Transport Policy" (Page 40, Line 79) through not employing consultants to undertake work which subsequently proves abortive e.g. the dualling of the A21;

and

£0.6m from waste management budget (Page 44, Lines 104 to 112) by reducing planned waste tonnage by 8,000 tonnes.

Add £1.0m to "General Maintenance and emergency response" (Page 38 Line 65) to increase expenditure on pavement maintenance.

(14) During the debate, it was moved and seconded that the question of the Amendment be put, the Chairman put it to a vote and the vote was as follows:

For (49)

Mrs A Allen, Mr M Angell, Mr R Bayford, Mr A Bowles, Mr D Brazier, Mr P Carter, Mr I Chittenden, Mrs P Cole, Mr B Cope, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mrs V Dagger, Mr M Dance, Mr J Davies, Mr K Ferrin, Mr G Gibbens, Mr R Gough, Mr M Harrison, Mr W Hayton, Mr M Hill, Mr D Hirst, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr J Kirby, Mr P Lake, Mrs J Law, Mr S Manion, Mr R Manning, Mr M Northey, Mr R Parry, Mr K Pugh, Mr L Ridings, Mr J Scholes, Mr K Smith, Mrs P Stockell, 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 Willicombe

Abstain (2)

Mr R Bird, Mrs T Dean

Against (11)

Mr R Brookbank, Miss S Carey, Mr L Christie, Mr G Cooke, Mr G Cowan, Mr D Daley, Mrs E Green, Mr C Hibberd, Mr J Kite, Mr G Koowaree, Mr C Smith

Carried

(15) As the procedural motion that the question be put was carried, the Chairman put to the vote the amendment set out in (13) above, when the voting was as follows:

For (9)

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

Abstain (0)

Against (54)

Mrs A Allen, Mr M Angell, Mr R Bayford, Mr A Bowles, Mr D Brazier, Mr R Brookbank, Miss S Carey, Mr P Carter, Mrs P Cole, Mr G Cooke, Mr B Cope, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mrs V Dagger, Mr M Dance, Mr J Davies, Mr K Ferrin, Mr G Gibbens, Mr R Gough, Mr M Harrison, Mr W Hayton, Mr M Hill, Mr D Hirst, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr J Kirby, Mr J Kite, Mr P Lake, Mrs J Law, Mr S Manion, Mr R Manning, Mr A Marsh, Mr M Northey, Mr R Parry, Mr K Pugh, Mr L Ridings, Mr J Scholes, Mr J Simmonds, Mr C Smith, Mr K Smith, Mrs P Stockell, Mr B Sweetland, Mr R Tolputt,

Mrs E Tweed, Mrs C Waters, Mr J Wedgbury, Mr M Whiting, Mrs J Whittle, Mr A Willicombe

Lost

(16) Mrs Dean moved, Mrs Green seconded the following amendment:

Note: The page references are drawn from the "Draft for County Council – white combed" edition of the Budget Book 2013/14

Recommend to the County Council when it gives formal consideration to the Members' Allowances Scheme for the period May 2013 to May 2017 and taking into account the views of the Independent Remuneration Panel, to remove Special Responsibility Allowance for Locality Board chairs for Tonbridge & Malling and Thanet reducing spend on Democratic and Members by £14k (BB page 47 line 139) and increase spend on elderly domiciliary care to enable two further older people to be cared for at home.

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

For (9)

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

Abstain (0)

Against (53)

Mrs A Allen, Mr M Angell, Mr R Bayford, Mr A Bowles, Mr D Brazier, Mr R Brookbank, Miss S Carey, Mr P Carter, Mrs P Cole, Mr G Cooke, Mr B Cope, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mrs V Dagger, Mr M Dance, Mr J Davies, Mr K Ferrin, Mr G Gibbens, Mr R Gough, Mr M Harrison, Mr W Hayton, Mr C Hibberd, Mr M Hill, Mr D Hirst, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr J Kirby, Mr J Kite, Mr P Lake, Mrs J Law, Mr S Manion, Mr R Manning, Mr M Northey, Mr R Parry, Mr K Pugh, Mr L Ridings, Mr J Scholes, Mr J Simmonds, Mr C Smith, Mr K Smith, Mrs P Stockell, Mr B Sweetland, Mr R Tolputt, Mrs E Tweed, Mrs C Waters, Mr M Whiting, Mrs J Whittle, Mr A Willicombe

Lost

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

(19) The Chairman put to the vote the original Motion as set out in (4) above when the voting was as follows:

For (52)

Mrs A Allen, Mr M Angell, Mr R Bayford, Mr A Bowles, Mr D Brazier, Mr R Brookbank, Miss S Carey, Mr P Carter, Mrs P Cole, Mr G Cooke, Mr B Cope, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mrs V Dagger, Mr M Dance, Mr J Davies, Mr K Ferrin, Mr G Gibbens, Mr R Gough, Mr M Harrison, Mr W Hayton, Mr C Hibberd, Mr

M Hill, Mr D Hirst, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr J Kirby, Mr J Kite, Mr P Lake, Mrs J Law, Mr S Manion, Mr R Manning, Mr M Northey, Mr R Parry, Mr K Pugh, Mr L Ridings, Mr J Scholes, Mr J Simmonds, Mr C Smith, Mr K Smith, Mrs P Stockell, Mr R Tolputt, Mrs E Tweed, Mrs C Waters, Mr M Whiting, Mrs J Whittle, Mr A Willicombe

Abstain (0)

Against (9)

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

Carried

(20) RESOLVED that the County Council approve the following:

(a) the Revenue Budget proposals for 2013/14;

(b) the Annual Revenue Budget requirement of £954.007m;

(c) the Capital Investment proposals of £694.548m 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:

- Adult Social Care and Public Health;
- Business Strategy, performance and Health Reform;
- Customer and Communities;
- Democracy and Partnerships;
- Education, Learning and Skills;
- Environment, Highways and Waste;
- Finance and Business Support;
- Regeneration and Economic Development;
- Specialist Children's Services
- 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 approved budget in light of the final grant settlement

(h) delegate authority to the Cabinet Member for Finance and Business Support to make necessary changes to the approved budget in light of fully integrating the Public Health spending into the budget

(i) delegate authority to the Cabinet Member for Finance and Business Support and Cabinet Member for Specialist Children's Services to agree the necessary changes to the approved budget for the allocation of Adoption Reform Grant

(j) delegate authority to the Cabinet Member for Finance and Business Support to agree the necessary changes to the approved budget following the Education Services Grant

(k) delegate authority to the Cabinet Member for Finance and Business Support and Cabinet Member for Business Strategy, Performance and Health Reform to agree the necessary changes to the approved budget for the allocation of terms and conditions and other savings held in the Finance and Business Support portfolio based on recommendations from Corporate Management Team

(l) 1% pay award for all Kent Scheme staff

(m) rationalise allowances and enhancements for weekend/out of hours working and overtime to 4/3rds of normal pay subject to justifiable reasons to maintain service delivery or business continuity

(n) a total requirement from Council Tax of £506,636,022 to be raised through precept to meet the 2013/14 budget requirement;

and

(o) a Council Tax as set out below, 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

Question 1

COUNTY COUNCIL

Thursday 28 March 2013

Question by Mike Harrison to

Bryan Sweetland, Cabinet Member for Environment, Highways & Waste

Since asking a question with regard to the present situation with Kent's White Horse Woods I have had numerous requests as to what are the chances of having a roundabout installed at the top of Detling Hill?

As I am unable to answer that question that is why I am asking Mr Sweetland to help me out with an answer as to what are chances if any of a roundabout being put in place now or in the very near future. I am fully aware of the financial restraints but this is a true 'black spot' and just a quick glance at the road traffic collisions (RTCs) in this area will give the very good reasons for the roundabout.

Answer

In 2009 the County Council concluded an in-depth study into the road safety record along the whole of the A249 between M20 junction 7 and the M2 junction 5. As part of this study the safety benefits of a roundabout in the vicinity of the Country Showground and White Horse Wood Country Park entrances were analysed. The study concluded that the implementation of a roundabout in this location would not significantly reduce the number of crashes along the route. The study did identify there were a cluster of crashes occurring just to the south of the entrances to the Country Showground and White Horse Wood Country Park at the A249 junction with Scragged Oak Road. The County Council have therefore allocated £150,000 from its casualty reduction budget to improve the junction and design works for these improvements are currently on going. There have been no recorded personal injury crashes at the entrance to White Horse Wood Country Park in the latest three year period and only one slight injury crash at the Country Showground entrance. In 2006 two different options for roundabouts in the vicinity were estimated to cost between £750,000 and £1,500,000.

COUNTY COUNCIL

Thursday 28 March 2013

Question by Leslie Christie to

Mike Whiting, Cabinet Member for Education, Learning & Skills

Could the Cabinet Member please say, for Key Stage 4 level, what the attainment gap is between Kent pupils on Free School Meals and those without, and how that compares to our statistical neighbours and at national level? Can he also say how Kent's rate of narrowing the attainment gap at that level compares to that of our statistical neighbours and at national level?

Answer

I am pleased to say the attainment gap between Kent pupils on Free School Meals (FSM) has narrowed since 2010 with Kent, for the first time, exceeding our statistical neighbours' rate of closing the gap.

The rate of narrowing the gap by our statistical neighbours has worsened since 2010 from 31.1% to 34.1% in 2012, whereas Kent continued to narrow the gap from 35.3% in 2010 to 31.3% in 2012. The national FSM gap in 2012 is 26.3%, which is a lower figure, however the national gap has not reduced as rapidly as Kent's since 2010.

The focus of schools has been sharpened by revisions to the OfSTED inspection frameworks and along with support and challenge from Senior Improvement Advisers the initial estimates for 2013 from schools indicate that there will be further progress in 2013 in closing the gap.

COUNTY COUNCIL

Thursday 28 March 2013

Question by Steve Manion to

Bryan Sweetland, Cabinet Member for Environment, Highways & Waste

Now that the winter storms and heavy snows have passed (hopefully) one cannot help but notice the state of the verges and central reservations of Kent's highways. These pass through some of the most beautiful countryside of these islands. A situation which is even worse on the motorways – which are of course are the Highways Authority's and it is up to them to clean them up.

My question is to Bryan Sweetland, which is, just when can the residents of Kent expect to see some major clean up work taking place on these routes?

Answer

The winter weather has taken its toll on our highway networks and this is particularly evident along our major routes where dirt, salt and litter gets washed up along our verges and central reservations. Highway cleansing, including sweeping and litter-picking, is the responsibility of the Borough and District Councils. However, our highways and transportation teams are working closely with their District Council partners to make sure our roads are kept clean and tidy. We will shortly be starting the first of two scheduled rounds of our high speed road maintenance programme. This involves carefully coordinated multi-agency maintenance activity under a single lane closure, where litter is cleared, lines are painted, street lights are repaired, gullies are emptied, grass is cut and litter is picked up.

In addition to our programmed maintenance activity, Members can choose to commission community gangs to carry out additional local action from their Members Highway Fund. This year we are also considering how we can utilise voluntary "community payback" support by working with the probation service.

With regard to the Highways Agency's motorway and trunk road network, I agree that these are in a very poor state and I have recently written to the relevant senior Director demanding urgent remedial action.

COUNTY COUNCIL

Thursday 28 March 2013

Question by Ian Chittenden to

Bryan Sweetland, Cabinet Member for Environment, Highways & Waste

Question 4 fell as Mr Chittenden was unable to attend the meeting.

COUNTY COUNCIL

Thursday 28 March 2013

Question by Rob Bird to

Mike Whiting, Cabinet Member for Education, Learning & Skills

I am sure all councillors will agree that good primary school education is crucial to a young person's development. People across the country are alarmed by the latest National Audit Office (NAO) report pointing to the failure in recent years to respond to clear demographic evidence of increasing need for primary school provision.

We have a mixed picture here in Kent with the NAO predicting "severe" shortfalls projected in Ashford and Swale Districts and "high" shortfalls projected in many other areas. In my own division residents are particularly concerned that there has been significant new housing built in the old Oakwood Hospital site over the past 10 years without any significant expansion of local primary school provision. Further new housing is already in the pipeline yet KCC have recently released the site which had previously been earmarked for a primary school despite the local school being full. No viable alternative site appears to have been identified.

Would the Cabinet Member for Education, Learning & Skills kindly advise what steps are being taken by KCC to remedy this situation before it becomes a crisis?

Answer

I am pleased to be given this opportunity to demonstrate that KCC are not only well aware of the population and demographic changes in Kent - locality by locality but we also have a well thought out strategic plan for expanding the provision of school places.

The Kent Education Commissioning Plan published in 2012 contains a detailed analysis of the changing pupil numbers, forecasts for future numbers and a five year plan for school expansions, school by school, and district by district. I have also been building stronger links with the Locality Boards to consolidate information sharing and joint planning between Districts and KCC to ensure we deliver sufficient school places in the right locations for Kent children.

We currently have about fifty schools in the expansion programme - mostly primary schools because that is where the main pressures lie until 2016/17. I am very grateful for the hard work and commitment of Headteachers, school Governors and staff in supporting the programme and managing the challenges of these changes.

Finding the capital funding to deliver the expansion programme remains a significant challenge. Our capital funding allocation for the DfE is intended to provide 80% of the funding required so the gap is being bridged through creative and cost-effective building solutions and by maximising developer contributions.

In relation to the specific area in question, I can give the following reassurance. The school site in Oakwood Hospital was made available to the County Council via the developer, but it was returned in 2005 in line with the section 106 agreement as the County Council had not built a school upon the site. More recently, the County Council has confirmed that it does not wish to purchase the site. This site would only support a 1FE school, and is not well located for the proposed housing developments in Maidstone.

Maidstone Borough Council has indicated that significant numbers of new homes might be permitted in the Hermitage Lane area. The current Local Plan makes provision for a school site East of Hermitage Lane. This is expected to transfer into the new Local Plan. The County Council has informed Maidstone Borough Council that we would be seeking a 2FE school site within the proposed housing development, and a financial contribution towards the building of a new school, in order to serve the community.

St Francis Roman Catholic Primary School has been provided with two additional class bases to enable it to organise on a 2FE structure, and add 77 places in the locality.

COUNTY COUNCIL

Thursday 28 March 2013

Question by Richard Parry to

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

May I congratulate Mr Gough and his team from ICT for concluding successful the negotiations with British Telecom and also signing Kent's enhanced broadband contract.

However, despite the considerable good news provided in Mr Gough's 18 March letter there remains the concern, in many rural communities including Sevenoaks West the Division which I represent that they will not be included in the favoured 91% or even the 95%.

Given that Surrey County Council, which borders Sevenoaks West, intends to deliver high quality broadband across their county what will our great County do to match the services provided to nearby Surrey residents?

Additionally if you reside in the "5%" area will there be an initial push to at least provide this much slower broadband service in the first tranche of upgrades?

Answer

I recognise the concern of rural communities and I am particularly keen to ensure that no area of Kent misses out on better broadband. The County Council has adopted Government targets for an absolute minimum of 2mbps across the whole of Kent, with the ambition to achieve as much superfast coverage as we possibly can. As Mr Parry acknowledges in his Question, our agreement with BT has exceeded these targets. However, due to geographical remoteness, it will not be possible to deliver superfast broadband in some locations for either cost or technical reasons.

Kent is investing £10m in the contract with contributions from Government and BT together totalling nearly £30m. We currently estimate that delivering superfast solutions to all premises across Kent would require additional public sector investment of at least £30m due to the costs involved. By contrast Surrey is putting in twice as much funding as Kent, achieving much less leverage and serving fewer premises. Our project is more extensive and cost effective.

The approach we have adopted for Kent is to deliberately maximise the rollout of higher speeds as far as we possibly can. Work will now begin on the detailed surveys required to develop an implementation plan for the contract. It will not be possible to confirm the geographical phasing of the rollout until initial survey work has been undertaken and the implementation plan agreed. It is not possible to reach conclusions about which communities, or parts of communities, will be within the superfast or other categories prior to the survey work being completed. In developing

the contract we have specifically not set any such priorities as geographical phasing to ensure we obtain the most economically efficient rollout for the whole of the county, not favouring any one location over another.

I will ensure that progress updates are published as soon as the full information is available for the county so that all Members have the opportunity to contribute to the debate at the most appropriate time.

COUNTY COUNCIL

Thursday 28 March 2013

Question by Dan Daley to

Bryan Sweetland, Cabinet Member for Environment, Highways & Waste

Park and Ride services have become the established norm for large conurbations throughout England. In Kent, only Maidstone and Canterbury run such services regularly on weekdays at frequent intervals. These services allow mass parking at the edges of the urban areas and go a long way in preventing inner town traffic gridlock.

Benefit of this facility is enjoyed by a far wider group than those who live in the immediate areas and yet the cost of the provision of such services is borne alone by the local taxpayer through Council Tax.

In the event that there may be an operational financial shortfall, then the burden of the loss is felt entirely by the local taxpayer.

If it can be argued that these services are used by many who are not local but do contribute to the economic benefit of business in the served towns, then is it not time to consider that the provision of such services should become a Strategic rather than a Local one.

Could the Cabinet Member for Environment, Highways & Waste agree that perhaps now is the time to acknowledge this greater benefit to the County as a whole and that these services should ideally be taken over by the County Council as a part of a County Integrated Transport Strategy; and will he institute a study to consider this suggestion in greater depth?

Answer

I fully recognise the significant benefits which Park and Ride has brought to Canterbury and Maidstone and would like to take the opportunity to remind everyone that the County Council contributed significantly in both cases by funding and implementing some of the associated access arrangements and accompanying bus priority measures. I would also point out that both Maidstone Borough and Canterbury City Councils use substantial revenue generated by parking enforcement, which is a Highway Authority power delegated to the districts, to help fund their operation.

Because of this last point, I do not agree with the Member for Maidstone Central that KCC should take over these services, but I do accept that the County Council should consider taking a greater role in the provision of these facilities and services, particularly in Maidstone, and I have therefore asked the Director of Highways and Transportation to take this forward as part of the work he is doing with the Borough Council on their Local Development Framework Core Strategy Integrated Transport Plan.

COUNTY COUNCIL

Thursday 28 March 2013

Question by Martin Vye to

Bryan Sweetland, Cabinet Member for Environment, Highways & Waste

Will the Cabinet Member for Environment, Highways and Waste tell the Council what measures KCC will put in place to ensure that all relevant partners act as a matter of urgency to deal effectively with the disgusting plague of rubbish and litter that increasingly disfigures the sides of our roads in Kent, presenting such a poor image of the County?

Answer

Thank you for your question Mr Vye, I hope you agree that I have provided my view on this matter in my earlier response to Mr Manion.

By: Paul Carter, Leader of the Council

Roger Gough, Cabinet Member for Business Strategy, Performance and Health Reform

To: County Council – 28 March 2013

Subject: Delivering Better Healthcare for Kent

Classification: Unrestricted

Summary: The Health and Social Care Act 2012, introduces a number of new duties and responsibilities on local government in relation to the health reform agenda from 1 April 2013. These include the development of a Joint Health & Wellbeing Board (HWBB) and a Joint Health & Wellbeing Strategy (JHWS). County Council is asked to:

(a) Approve the Terms of Reference and Standing Orders to move the shadow Health and Wellbeing Board to full status in line with legislative requirements, and recommendation from the Selection & Member Services Committee.

(b) Adopt the Joint Health and Wellbeing Strategy for Kent 2013 – 2014.

(c) Consider 'Delivering Better Healthcare for Kent' a KCC discussion document outlining the opportunities the health reforms present to improving health and social care in Kent.

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1. Introduction:

1.1 The health reforms being introduced through the Health and Social Care Act 2012, many of which begin from the 1 April 2013, provide an opportunity for local authorities to play an important leadership role, alongside GPs in new Clinical Commissioning Groups, in improving the health and wellbeing of local residents.

1.2 Joint Health and Wellbeing Boards are an essential part of the new system introduced by the 2012 Act. It is the first time that there has been a statutory vehicle for all of the key partners involved in the commissioning of health, social care and public health services to work together to identify population level need, develop shared priorities and integrate services to improve outcomes for patients and clients. Health and Wellbeing Strategies, as statutory documents setting out local priorities which commissioners must address when commissioning health and social care services, are vital to delivering more joined up services across both health and social care.

1.3 However, the formal mechanics of the Health and Social Care Act in the form of Health and Wellbeing Boards and Strategies are only one side of the equation. The agenda could not be more important given the significant financial challenges health and social care faces as a result of demographic and technological changes, with more people are living longer, often with multiple long-term conditions. The need to

move to a 21st century model of health and social care provides an opportunity to redesign how local healthcare systems work. By setting an ambitious agenda for reform, working with GP-led Clinical Commissioning Groups (CCGs) to provide system-wide leadership across health and social care, there is the opportunity to rapidly shift to a preventative model, with more integrated and better access to care, and care which is more 'joined up' to better treat the whole needs of the patient, rather than fragmented provision which teats individual conditions.

1.4 The aim of this paper is threefold. Firstly, to seek County Council's approval to take the Kent Health and Wellbeing Board out of shadow status, approving its governance arrangements as a full committee of the County Council from 1st April 2013. Secondly, to adopt the Joint Health and Wellbeing Strategy, which has been developed by the shadow Kent Health and Wellbeing Board over the last year, and finally to consider a discussion paper, 'Better Healthcare for Kent' which sets out, from a KCC perspective, what a new health and social care system might look like if the opportunities of the health reform agenda are fully exploited.

2. Establishing the Kent Health & Wellbeing Board as a full committee of County Council

2.1 Section 194 of the Health and Social Care Act 2012 specifies that each upper tier local authority must establish a Health and Wellbeing Board for its area. The shadow Kent Health and Wellbeing Board has been meeting on a bi-monthly basis since the summer of 2011. The legislation requires full Health and Wellbeing Boards to be operational (in non-shadow) from 1 April 2013.

2.2 The legislation and regulations have been drafted with the deliberate intention of allowing considerable flexibility for local authorities and their partners to set up and run Health and Wellbeing that suit local circumstances. It is the intention behind the legislation that all members of the Health and Wellbeing Board should be seen as equals and as shared decision makers. HWBBs are boards of commissioners, they are not commissioning boards in their own right.

2.3 Kent was one of only three two-tier local government areas where both the County Council and a District Council (Dover), were given early implementer status by the Department for Health for shadow HWBBs. Based on the successful arrangements developed in Dover and subsequently across the whole CCG area of South Kent Coast, a decision was taken by the shadow Kent HWBB last autumn to support the development of CCG level HWBBs as sub-committees of the Kent HWBB. These sub-committees will undertake the following work in support of the strategically focussed Kent HWBB:

- Develop CCG level Integrated Commissioning Strategy and Plan
- Ensure effective local engagement
- Local monitoring of outcomes
- Focus on locally determined health, care and public health needs.

2.4 By the end of March 2013, each CCG area will have a HWBB set up for its area. The terms of reference and procedure rules will be based on those of the Kent HWBB. Kent County Council's Code of Conduct for Members will apply to the sub-committees.

2.5 The approach that the HWBB has taken to both operating in shadow form and proactively developing a sub-committee structure, has been described by the Department of Health as a "shining example of what Health and Wellbeing Boards should be doing" and praised our desire to get on with the work of the board without waiting for detailed guidance from Whitehall. This paper formalises arrangements that have proven to work across both tiers, and for which there is clear appetite for across CCGs and local areas.

2.6 This highly innovative approach has meant that Kent is the only two tier authority area to develop an formal structure embedding the principles of localism into its arrangements, enabling CCGs and the District Councils (who have no formal role under the legislation but whom the County Council recognises have an important contribution to make to the health and social care agenda) in their areas to actively engage and deliver a bottom up approach to health and wellbeing. As the approach that Kent has taken is so innovative, the Kent HWBB will review these working arrangements after a year to share best practice and areas of development.

2.7 Selection and Member Services Committee considered the governance arrangements for the Kent Health and Wellbeing Board (including Membership, Terms of Reference and Standing Orders) at its meeting on the 14th March 2013, and recommended to County Council the establishment of the Kent Health and Wellbeing Board and the governance arrangements set out in Appendix A.

3. Developing the Draft Joint Health and Wellbeing Strategy

3.1 The Joint Health & Wellbeing Strategy is a statutory document that aims to inform and influence commissioning decisions about health and social care services in Kent. The commissioning plans produced by the Clinical Commissioning Groups, Public Health and Social Care services must reflect both the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

3.2 The Joint Health and Wellbeing Strategy has been developed from the health needs identified in the Joint Strategic Needs Assessment (JSNA). The current JSNA can be found at http://www.kmpho.nhs.uk/jsna/. The key health issues identified in the JSNA are:

- Improving the health of children in their early years
- Improving lifestyle choices (particularly of young people)
- Preventing ill health and preventing existing health conditions from getting worse
- Shifting care closer to home and out of the hospital (including dementia and end of life care) and improving the quality of care
- Tackling health inequalities (e.g. for people with learning disabilities)

3.3 The shadow Kent Health and Wellbeing Board has led the development of the Joint Health and Wellbeing Strategy. It has received numerous reports and debated the content on seven separate occasions. It has also ensured that the statutory duty to engage and consult on the development of the JHWS was undertaken. Kent County Council developed a full engagement plan for the JHWS, the main elements of which were carried out during late summer and early autumn in 2012. The engagement feedback informed the final version of the JHWS. The engagement

process was designed to also feed into the development of Clinical Commissioning Group's commissioning plans.

3.4 The strategy has been developed against a background of unprecedented change in the NHS, both demographic (ageing population and population increase) and financial pressures. Whilst overall the population of Kent have good levels of health, there are areas where Kent lags behind other parts of the country. We also need to tackle the significant differences in people's health and wellbeing across the county.

3.5 The purpose of the strategy is to provide a focus for commissioners on the key issues that they need to tackle collectively through their commissioning plans with a specific focus on integrating commissioning to better join up services.

3.6 Attached at Appendix B is the final version of the Joint Health and Wellbeing Strategy for Kent. The strategy has identified five outcomes to focus on:

- Every Child has the best start in life
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental ill health issues are supported to live well
- People with dementia are assessed and treated earlier

3.7 With limited resources available to partners, the JHWS focuses on the key health issues identified in the JSNA, including moving our focus from treatment to prevention. Key to this will be a significant shift of resources from the acute sector (hospitals) into community based health care. This will be achieved by increased integrated working between GPs and social care services to make it easier for people to get the provision they need. It also identifies opportunities for new ways of working to ensure services are aligned to meet people's needs.

3.8 We also want to have a more person centred approach, moving from treating individual conditions to treating the whole patient, providing easier access to services whilst enabling people to help them.

3.9 We have taken the decision to produce an initial 12-month strategy, in order that the Kent HWBB can support the timescale for the development of CCGs. A three-year strategy will be produced shortly, building on the knowledge of producing this initial twelve-month strategy.

4. Delivering Better Healthcare for Kent: Discussion Document

4.1 Attached at Appendix C is a KCC discussion document 'Delivering Better Healthcare for Kent.' It was launched by the Leader of the Council on 25th March 2013. 'Delivering Better Healthcare for Kent' sets out how KCC believes that the opportunities of the health reforms could be exploited to deliver better health outcomes for the people of Kent and better use of public money. It sets out the pressing need for a health and care system that is fit for the challenges of the 21st Century. To achieve this, everyone involved in the health and care system will need to take brave steps to radically rethink the way that care and support is delivered,

making it integrated at every step and centred around the needs of the patient. The discussion document sets out KCC's suggestions for how a reformed health and care system could look, if we fully realise the opportunities:

- Healthcare that is predominately based in the community, around GP surgeries and local clinics that offer an extended range of services, and use of new technologies and support to maintain people in their homes
- Use of innovative models such as Pro-Active Care to provide coordinated, enabling support for those most at risk of avoidable hospitalisation
- GPs as the coordinators of their patients' care, with integrated support from social care and other professionals
- A health and care system in the community that is available 24/7 with professionals like District Nurses, Heath Visitors, physiotherapists, occupational therapists and others, providing personalised, coordinated support for patients - developing 'the team around the patient'
- A culture of quality in all areas of the health and care system, with respect dignity and compassion at the heart of everything we do
- Real accountability to patients and their families
- A range of providers of health and care services, encouraging innovation and driving high quality
- Public health services that support people to take responsibility for their health and wellbeing

4.2 'Delivering Better Healthcare for Kent' is accompanied by a short 8 minute film that has been prepared to raise awareness of the potential of the health reforms and what the health and care system could look like if they are realised.

4.3 The discussion document has been sent to all GP surgeries in Kent to invite debate with health colleagues around how the vision could be achieved.

5. Financial Implications

5.1 There are no direct additional financial implications. The outcomes identified in the JHWS will be met within current budgets and via CCG, Public Health and social care commissioning plans.

5.2 A District Council in each of the CCG HWBB areas has agreed to undertake the administration of the CCG HWBBs. The administration of the Kent HWBB has been undertaken for the last 18 months by Democratic Services, who will continue to support the HWBB as a committee of the County Council.

5.3 Due of the breadth of activity covered by the HWBB, the Policy and Strategic Relationships team, Public Health team and Strategic Commissioning team will continue to provide support to the Board and the sub-committees.

6. Risks

6.1 The main risks associated with the health reform agenda are that CCGs and other partners do not take the JHWS sufficiently into account in developing their own commissioning plans. The CCG authorisation process and the NHS Commissioning Board Local Area Team will require clear evidence that CCG Commissioning Plans consider the priorities and actions set out in the JHWS will manage this risk. In

addition, HOSC has the ability to scrutinise the work of the HWBB and partners in delivering health care.

7. Recommendations

7.1 County Council is asked to:

(a) Approve the Terms of Reference and Standing Orders to move the shadow Health and Wellbeing Board to full status in line with legislative requirements,

(b) Adopt the Joint Health and Wellbeing Strategy for Kent 2013 – 2014.

(c) Consider 'Delivering Better Healthcare for Kent' a KCC discussion document outlining the opportunities the health reforms present to improving health and social care in Kent.

Appendices:
Appendix A: Health & Wellbeing Board: Governance Arrangements
Appendix B: Kent Joint Health and Wellbeing Strategy 2013 – 2014
Appendix C: Better Healthcare for Kent: A discussion paper

Background documents:
Section 193 of the Health and Social Care Act 2012 http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
Section 116A of the Local Government and Public Involvement in Health Act 2007 http://www.legislation.gov.uk/ukpga/2012/7/section/193/enacted
Draft Kent Joint Health and Wellbeing Strategy http://consultations.kent.gov.uk/consult.ti/health/consultationHome
Report to Policy and Resources Cabinet Committee 22 November 2012
Report to Health Overview and Scrutiny Committee 7 September and 12 October
Reports to the Kent Shadow Health and Wellbeing Board on the: 23 November 2011, 18 January 2012, 21 March 2012, 18 July 2012, 19 September 2012, 21 November 2012 and 30 January 2013.

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APPENDIX A

Kent Health and Wellbeing Board

Governance Arrangements

Role

The Kent Health and Wellbeing Board (HWB) leads and advises on work to improve the health and wellbeing of the people of Kent through joined up commissioning across the NHS, social care, public health and other services (that the HWB agrees are directly related to health and wellbeing) in order to:

- secure better health and wellbeing outcomes in Kent
- reduce health inequalities and
- ensure better quality of care for all patients and care users.

The HWB has a primary responsibility to make sure that health care services paid for by public monies are provided in a cost-effective manner.

The HWB also aims to increase the role of elected representatives in health and provide a key forum for public accountability for NHS, public health, social care and other commissioned services that relate to people's health and wellbeing.

Terms of Reference:

The HWB:

1. Commissions and endorses the Kent Joint Strategic Needs Assessment (JSNA), subject to final approval by relevant partners, if required.

2. Commissions and endorses the Kent Joint Health and Wellbeing Strategy (JHWS) to meet the needs identified in the JSNA, subject to final approval by relevant partners, if required.

3. Commissions and endorses the Kent Pharmaceutical Needs Assessment, subject to final approval by relevant partners, if required.

4. Reviews the commissioning plans for healthcare, social care (adults and children's services) and public health to ensure that they have due regard to the JSNA and JHWS, and to take appropriate action if it considers that they do not.

5. Has oversight of the activity of its sub committees (referred to as Clinical Commissioning Group level Health and Wellbeing Boards), focussing on their role in developing integrated local commissioning strategies and plans.

6. Works alongside the Health Overview and Scrutiny Committee (HOSC) to ensure that substantial variations in service provision by health care

providers are appropriately scrutinised. The HWB itself will be subject to scrutiny by the HOSC.

7. Considers the totality of the resources in Kent for health and wellbeing and considers how and where investment in health improvement and prevention services could improve the overall health and wellbeing of Kent's residents.

8. Discharges its duty to encourage integrated working with relevant partners within Kent, which includes:

    - endorsing and securing joint arrangements, including integrated commissioning where agreed and appropriate;
    - use of pooled budgets for joint commissioning (s75);
    - the development of appropriate partnership agreements for service integration, including the associated financial protocols and monitoring arrangements;
    - making full use of the powers identified in all relevant NHS and local government legislation.

9. Works with existing partnership arrangements, e.g. children's commissioning, safeguarding and community safety, to ensure that the most appropriate mechanism is used to deliver service improvement in health, care and health inequalities.

10. Considers and advises Care Quality Commission (CQC) and NHS Commissioning Board; monitors providers in health and social care with regard to service reconfiguration.

11. Works with the HOSC and/or provides advice (as and when requested) to the County Council on service reconfigurations that may be subject to referral to the Secretary of State on resolution by the full County Council.

12. Is the focal point for joint working in Kent on the wider determinants of health and wellbeing, such as housing, leisure facilities and accessibility, in order to enhance service integration.

13. Reports to the full County Council on an annual basis on its activity and progress against the milestones set out in the Key Deliverables Plan.

14. Develops and implements a communication and engagement strategy for the work of the HWB; outlining how the work of the HWB will:

    - reflect stakeholders' views s
    - discharge its specific consultation and engagement duties
    - work closely with Local HealthWatch.

15. Represent Kent in relation to health and wellbeing issues in local areas as well as nationally and internationally.

16. May delegate those of its functions it considers appropriate to another committee established by one or more of the principal councils in Kent to

carry out specified functions on its behalf for a specified period of time (subject to prior agreement and meeting the HWB's agreed criteria).

Membership

The Chairman is elected by the HWB.

1. Kent County Council:

   - The Leader of Kent County Council and/or their nominee*
   - Executive Director for Families and Social Care*
   - Director of Public Health*
   - Cabinet Member for Adult Social Care & Public Health
   - Cabinet Member for Business Strategy, Performance and Health Reform
   - Cabinet Member for Specialist Children's Services
   - Any other County Council Member necessary for the effective discharge of HWB functions

2. Clinical Commissioning Group: up to a maximum of two representatives from each consortium (e.g. Chair of the CCG Board and Accountable Officer)*

3. A representative of the Local HealthWatch* organisation for the area of the local authority.

4. A representative of the NHS Commissioning Board Local Area Team*

5. Three elected Members representing the Kent District/Borough/City councils (nominated through the Kent Council Leaders)

   *denotes statutory member.

Procedure Rules

1. **Conduct.** Members of the HWB are expected to subscribe to and comply with the Kent County Council Code of Conduct. Non-elected representatives on the HWB (e.g. GPs and officers) will be co-opted members and, as such, covered by the Kent Code of Conduct for Members for any business they conduct as a member of the HWB.

2. **Declaration of Disclosable Pecuniary Interests.** Section 31(4) of the Localism Act 2011 (disclosable pecuniary interests in matters considered at meetings or by a single member) applies to the HWB and any sub committee of it. A register of disclosable pecuniary interests is held by the Clerk to the HWB, but HWB members do not have to leave the meeting once a disclosable pecuniary interest is declared.

3. **Frequency of Meetings**. The HWB meets at least quarterly. The date, time and venue of meetings is fixed in advance by the HWB in order to coincide with the key decision-points and the Forthcoming Decision List.

4. **Meeting Administration.**

- HWB meetings are advertised and held in public and administered by the County Council.
- The HWB may consider matters submitted to it by local partners.
- The County Council gives at least five clear working days' notice in writing to each member of every ordinary meeting of the HWB, to include any agenda of the business to be transacted at the meeting.
- Papers for each HWB meeting are sent out at least five clear working days in advance.
- Late papers may be sent out or tabled only in exceptional circumstances.
- The HWB holds meetings in private session when deemed appropriate in view of the nature of business to be discussed.
- The HWB meetings will be web cast where the facilities are in place.
- The Chairman's decision on all procedural matters is final.

5. **Meeting Administration of Sub Committees**. HWB sub-committees are administered by a principal local authority, in the case of the Clinical Commissioning Group level HWBs, by a District Council in that area. They will be subject to the provisions stated in these Procedure Rules.

6. **Special Meetings.** The Chairman may convene special meetings of the HWB at short notice to consider matters of urgency. The notice convening such meetings shall state the particular business to be transacted and no other business will be transacted at such meeting.

   The Chairman is required to convene a special meeting of the HWB if they are in receipt of a written requisition to do so signed by no less than three members of the HWB. Such requisition shall specify the business to be transacted and no other business shall be transacted at such a meeting. The meeting must be held within five clear working days of the Chairman's receipt of the requisition.

7. **Minutes.** Minutes of all of HWB meetings are prepared recording:

   - the names of all members present at a meeting and of those in attendance
   - apologies
   - details of all proceedings, decisions and resolutions of the meeting

   Minutes are printed and circulated to each member before the next meeting of the HWB, when they are submitted for approval by the HWB and are signed by the Chairman.

8. **Agenda.** The agenda for each meeting normally includes:

   - Minutes of the previous meeting for approval and signing
   - Reports seeking a decision from the HWB
   - Any item which a member of the HWB wishes included on the agenda, provided it is relevant to the terms of reference of the HWB and notice has been give to the Clerk at least nine working days before the meeting.

The Chairman may decide that there are special circumstances that justify an item of business, not included in the agenda, being considered as a matter of urgency. He must state these reasons at the meeting and the Clerk shall record them in the minutes.

9. **Chairman and Vice Chairman's Term of Office.** The Chairman and Vice Chairman's term of office terminates on 1 April each year, when they are either reappointed or replaced by another member, according to the decision of the HWB, at the first meeting of the HWB succeeding that date.

10. **Absence of Members and of the Chairman.** If a member is unable to attend a meeting, then they may provide an appropriate alternate member to attend in their place, subject to them being of sufficient seniority to agree and discharge decisions of the Board within and for their own organisation. The Clerk of the meeting should be notified of any absence and/or substitution at least five working days prior to the meeting. The Chairman presides at HWB meetings if they are present. In their absence the Vice-Chairman presides. If both are absent, the HWB appoints from amongst its members an Acting Chairman for the meeting in question.

11. **Voting.** The HWB operates on a consensus basis. Where consensus cannot be achieved the subject (or meeting) is adjourned and the matter is reconsidered at a later time. If, at that point, a consensus still cannot be reached, the matter is put to a vote. The HWB decides all such matters by a simple majority of the members present. In the case of an equality of votes, the Chairman shall have a second or casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chairman. For clarity, each Clinical Commissioning Group has one vote, irrespective of whether both the Clinical Lead and Accountable Officer for that Clinical Commissioning Group attend the HWB.

12. **Quorum.** A third of members form a quorum for HWB meetings. No business requiring a decision shall be transacted at any meeting of the HWB which is inquorate. If it arises during the course of a meeting that a quorum is no longer present, the Chairman either suspends business until a quorum is re-established or declares the meeting at an end.

13. **Adjournments.** By the decision of the Chairman, or by the decision of a majority of those members present, meetings of the HWB may be adjourned at any time to be reconvened at any other day, hour and place, as the HWB decides.

14. **Order at Meetings.** At all meetings of the HWB it is the duty of the Chairman to preserve order and to ensure that all members are treated fairly. They decide all questions of order that may arise.

15. **Suspension/disqualification of Members.** At the discretion of the Chairman, any body with a representative on the HWB will be asked to reconsider the position of their nominee if they fail to attend two or more consecutive meetings without good reason or without the prior consent of the Chairman, or if they breach the Kent Code of Conduct for Members.

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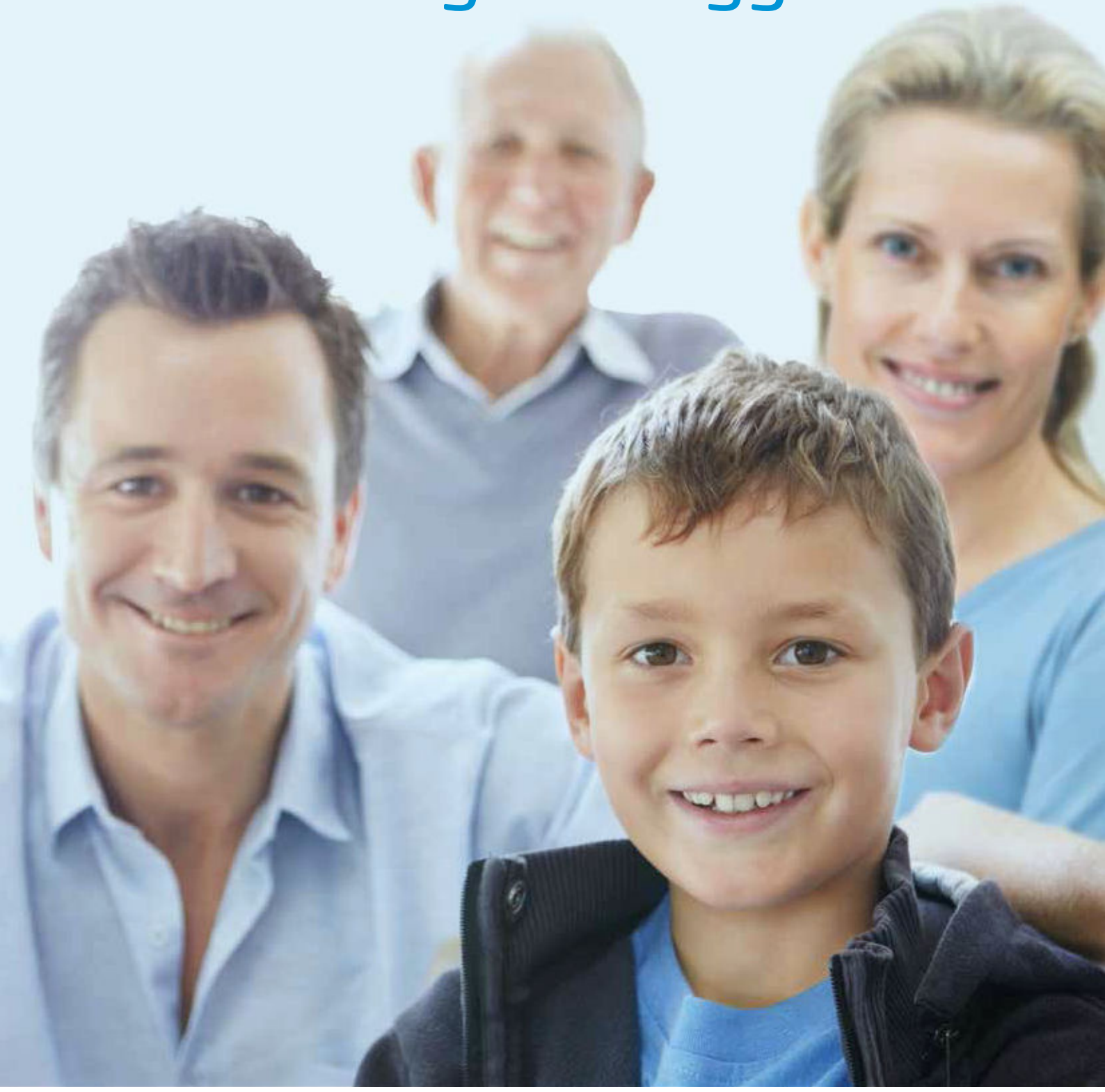
Kent Joint Health and Wellbeing Strategy

Outcomes for Kent



Contents

Foreword

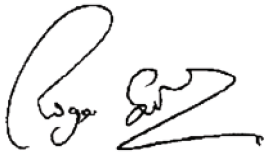
This, the first Kent Health & Wellbeing Strategy, comes at a time of two major changes in health and social care. The first is the introduction of a new partnership between health and local government under the Health and Social Care Act, making it possible for people who are locally focused and locally accountable to take responsibility for better care in Kent. This will be delivered through the Kent Health & Wellbeing Board, bringing together GPs, County and District Councillors, senior officers from Social Care and Public Health, as well as representation from Healthwatch Kent - for the first time putting the patient and public voice at the heart of commissioning decisions.

The second is the growing pressure of demographic change, generating increased need for health and social care services, at a time of financial stringency. We have to change, and to work together more effectively, if we are to achieve better health outcomes for the people of Kent while staying within budget.

This strategy aims to confront that challenge, to improve the areas in which - despite generally good levels of health - Kent lags behind the country as a whole, and to tackle the significant differences in people's health and wellbeing across the county.

We can do this through a greater focus on prevention, on the social conditions that affect health and wellbeing, on helping people take responsibility for their own health, and through more integrated working between GPs and local government. In all this the role of Public Health, coming back to local government from April 2013, is central. We aim to achieve better care closer to home, while focusing hospital and residential care services on those for whom they are truly essential. The end result must be a better quality of life, health and wellbeing, including mental well being, for the people of Kent.

This 12-month strategy sets out our major priorities. It will be for GP-led Clinical Commissioning Groups, the County and District Councils and other partners to produce more detailed plans on how the issues will be addressed in our local communities.



Signed by Roger Gough
Chair of the Shadow Kent Health and Wellbeing Board
Cabinet Member for Business Support & Health Reform

Summary

This 12-month strategy is the starting point for a long term partnership approach to improve health and care services whilst reducing health inequalities in Kent.

Good health and wellbeing is fundamental to living a full and productive life. Although overall Kent has a good standard of health and wellbeing, this hides some significant areas of poorer health and differences in life expectancy (15 years between the healthiest and least healthy wards in Kent).

This is the first Joint Health and Wellbeing Strategy for Kent, and it aims to identify the health and social care outcomes that we want to achieve for the people of Kent. This document will set out the challenges we face, what we are going to do to overcome them and what we will see as a result.

We have made sure that this strategy reflects the evidence base of our current Joint Strategic Needs Assessment and other key data sources and documents that we have already developed with our health and care partners.

The purpose of this strategy is to give an overview and to focus on the issues we need to tackle together without repeating plans that already exist. Our partners already have detailed plans in place for how they will improve health and wellbeing in Kent, including developing new ways of working and spreading best practice across the whole county.

The opportunities presented by this new approach to health and wellbeing are significant. For the first time we have clearly identified shared health and care outcomes for Kent, presenting huge opportunities for new ways of working to ensure that health, care and broader services are aligned to meet people's needs.

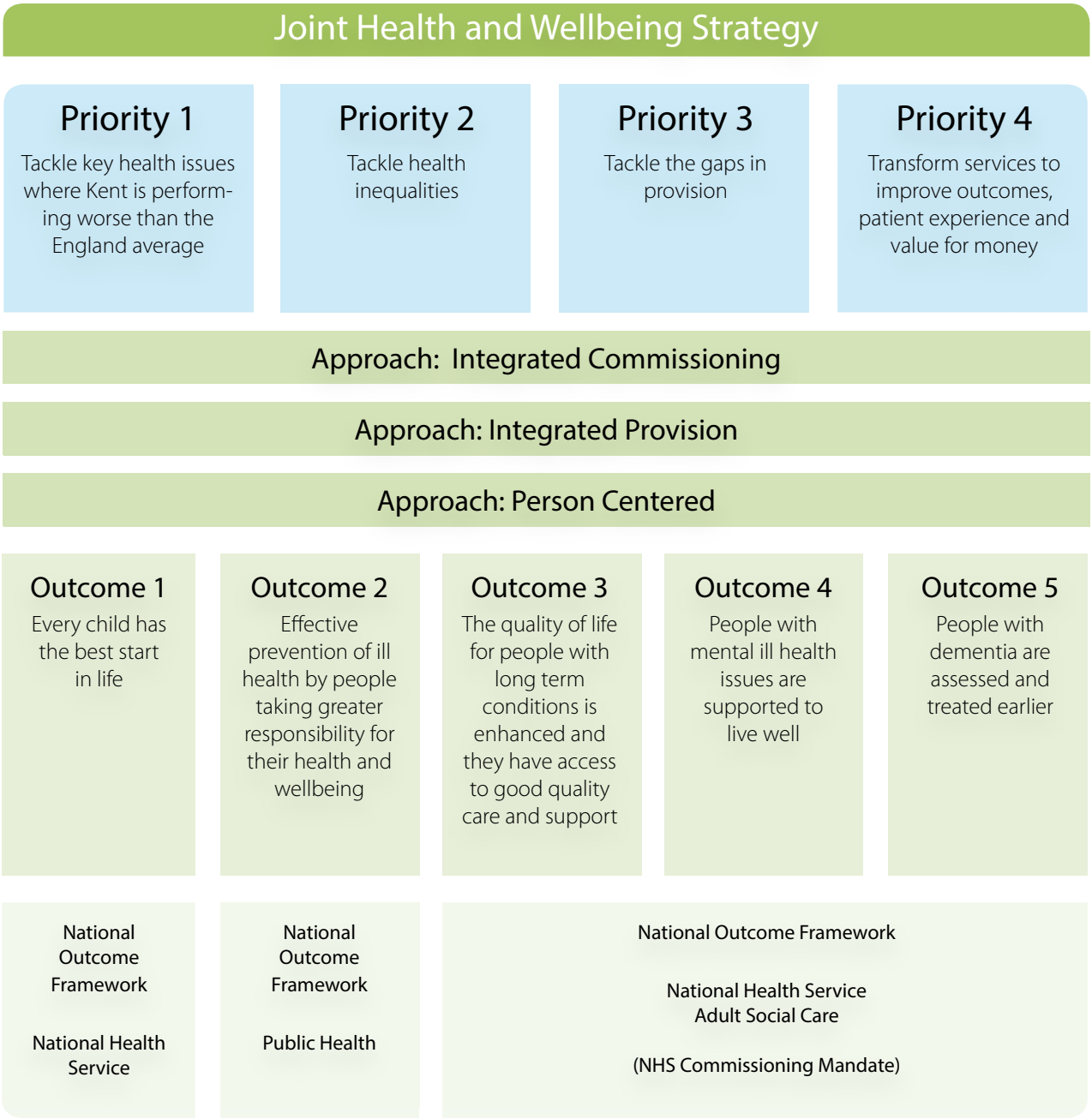
We will make better use of our resources by expanding the integration of health and social care services to provide seamless care, which in turn will support the shift of resources from the acute sector into the community, providing better care, closer to home.

We will act as system leaders and ensure that the residents of Kent have access to high quality care and support wherever they live. We will work to ensure that the health of all the people of Kent will

Our vision:

Our vision in Kent is to improve health outcomes, deliver better coordinated quality care, improve the public's experience of integrated health and social care services, and ensure that the individual is involved and at the heart of everything we do.

The following diagram illustrates the key elements of the Kent Joint Health and Wellbeing Strategy.



Challenges that we face in Kent

Many factors affect our health and wellbeing; our environment, living and working conditions, genetic factors, economic circumstances, how we interact with our local community and the choices we make about our own lifestyles.

The evidence base

This document is based on data and evidence in the Kent Joint Strategic Needs Assessment, the Kent Health Profile 2012, the Kent Health Inequalities Action Plan and guidance from the Department of Health.

Joint Strategic Needs Assessment
www.kmpho.nhs.uk/jsna/

Kent Health Profile 2012
www.healthprofiles.info

Kent Health Inequalities Action Plan: Mind the Gap
www.kmpho.nhs.uk/health-inequalities/?assetdet1118452=228636

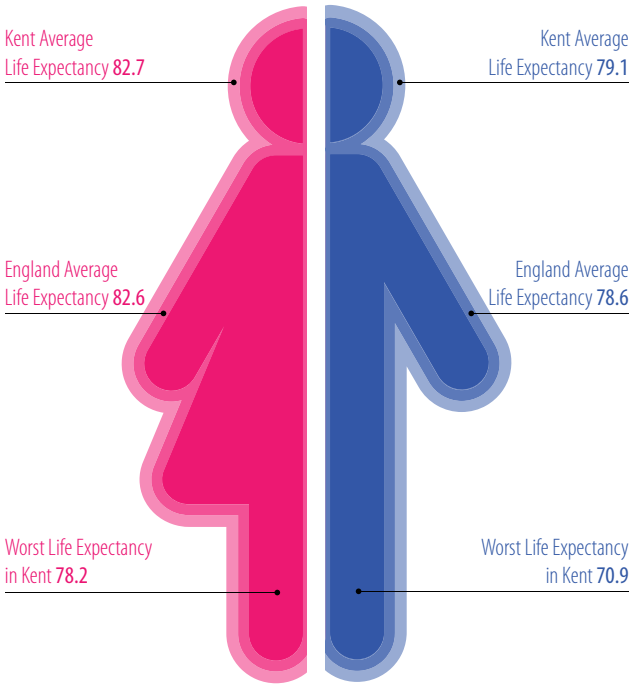
The Joint Strategic Needs Assessment identified the following key priorities that need to be addressed:

- Improving the health of children in their early years
- Improving lifestyle choices (particularly of young people)
- Preventing ill health and preventing existing health conditions from getting worse
- Shifting care closer to home and out of the hospital (including dementia and end of life care) and improving the quality of care
- Tackling health inequalities (e.g. for people with learning disabilities)

Demographic pressures and health inequalities

Kent ranks 102 out of 152 county and unitary authorities in the English Indices of Deprivation 2010 (ID2010). This places Kent within England's least deprived third of authorities (a rank of one indicates the most deprived area). However, there are a significant number of areas which fall within the 20% most deprived in England and a number of communities experience very severe deprivation.

Kent has the largest population of all of the English counties, with just over 1.46 million people.
The health of the people of Kent is mixed. Life expectancy is higher than the England average for both men and women. However, life expectancy is significantly lower in deprived areas, with a man in a deprived area living on average 8.2 years less, giving him a life expectancy of 70.9 years and a woman living on average 4.5 years less, with a life expectancy of 78.2 years (based on average aggregated Kent data for people living in all the deprived areas of Kent).



Just over half of the total population of Kent is female (51.1%) and 48.9% are male. Over the past 10 years Kent's population has grown faster than the national average, growing by 7.8% between 2000 and 2010,

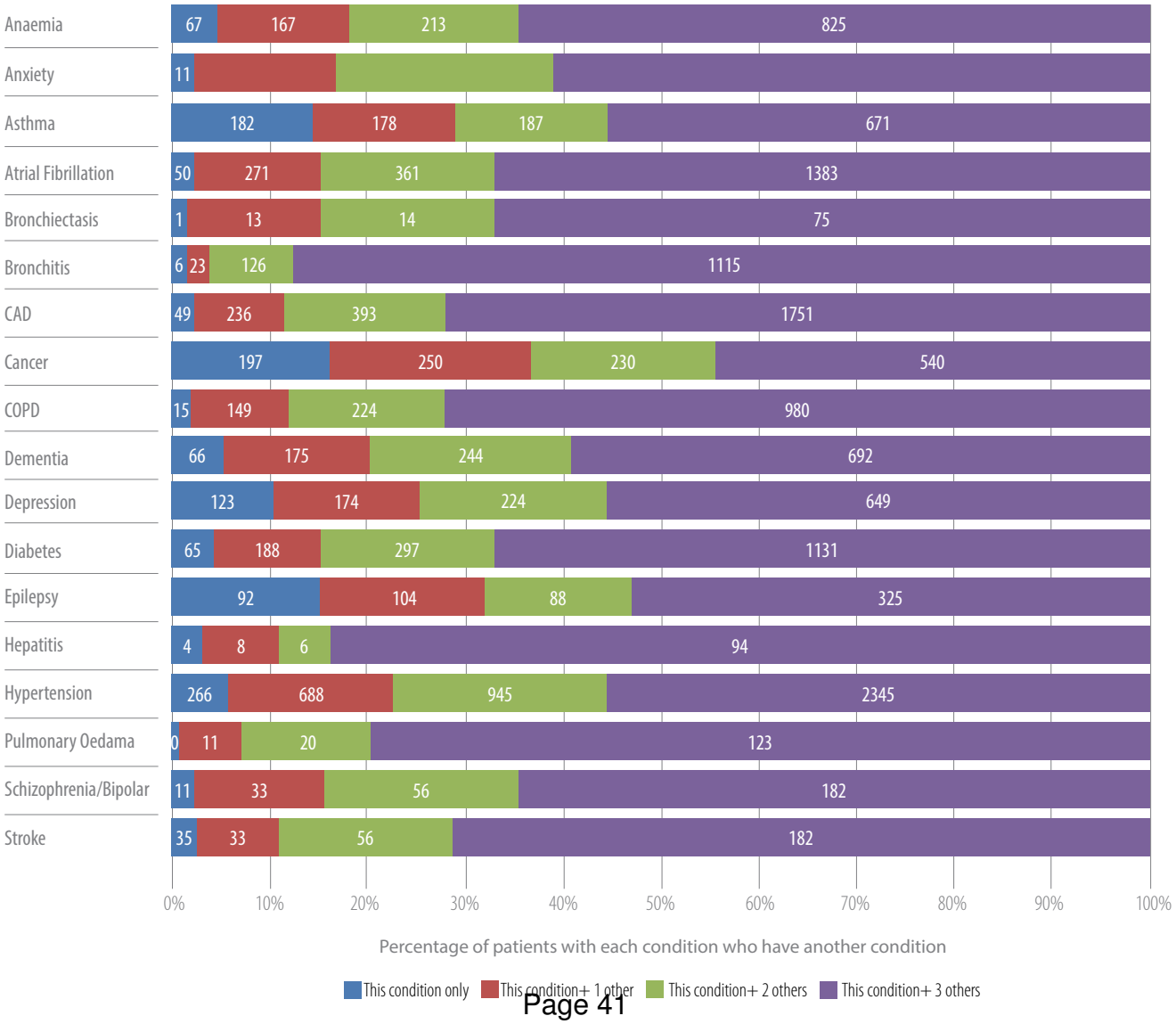
this is above the average both for the South East (6.7%) and for England (6.1%). Kent's population is forecast to increase by a further 10.9% between 2010 and 2026.

Overall the age profile of Kent residents is similar to that of England. However, Kent does have a greater proportion of young people aged 5-19 years and of people aged 45+ years than the England average. Just under a fifth of Kent's population is of retirement age (65+). Kent has an ageing population and forecasts show that the number of people over 65 is forecast to increase by 43.4% between 2010 and 2026, yet the population aged below 65 is only forecast to increase by 3.8%. Kent's ageing population will place significant pressures on health and social care services.

70% of Kent residents describe themselves as being in good health but 16.5% of Kent's population live with a limiting long term illness, and in most cases they have multiple long term conditions (please see the graph below). We need to shift our focus from treating individual illnesses to treating the whole person.

The graph below shows that the top 0.5% (Band 1) of the Kent population who have been identified as having the highest risk of re-hospitalisation are patients who have at least 3 or more long term conditions, indicating that multi morbidity is the norm, not the exception. For example, only 5% of patients with dementia had only dementia, and only 1% of patients with COPD had only COPD.

Number of conditions experiecned by band 1 patients with long Term Conditions in Kent, 2010/11



The health of the people of Kent

Overall the health of the people of Kent is mixed compared to the England average. We are performing better than the national average in the following areas:

- Obese children (Year 6)
- Hospital stays for alcohol related harm
- Drug misuse
- Infant deaths
- Early deaths from heart disease, strokes and cancer
- Acute sexually transmitted infections
- Teenage pregnancy
- Proportion of children in poverty

Where Kent needs to do better

Kent is performing worse than the national average in the following areas:

- Smoking in pregnancy
- Breastfeeding initiation
- Healthy eating among adults
- Obesity in adults
- Injuries as a result of a fall in women aged 65 and over and in people aged 80 and over
- Fractured hips (among people over 80)
- Diagnosis rates for Alzheimer's disease
- First time entrants into the youth justice system
- Number of 16-18 year olds not in employment, education or training
- Rates of chlamydia diagnosis (15-24 year olds)
- Vaccination rates for HPV and PPV and vaccination rates of the atrisk group for influenza

Continued poor performance in these areas will have a significant impact on the health of the population over the coming years with smoking and poor diet being contributory factors to cancer and heart disease, and obesity contributing to the increase in type 2 diabetes.

To improve people's long term health we have to improve healthy lifestyles; encourage healthy eating in adults; address the challenges of an ageing population; give every child the best start in life, and; enhance the quality of life of people with long term conditions, including mental health and dementia. We will need a real focus on differences in outcomes, both within and between communities. In addition to this, we will need to look at how we improve people's knowledge of the symptoms of various diseases such as cancer and what they can do to prevent them, for example by encouraging physical activity. Healthier choices need to become the easier choices to make. For example, people with learning disabilities have poorer health outcomes than other population groups, as they may not be accessing routine screening or health support as consistently as the mainstream population.

We will also need to address the wider determinants of ill health such as lifestyle, access to services, employment status and housing conditions. If these are tackled successfully they will have a significant long term impact on people's health.

Years of life lost by people dying early, which are considered preventable

A simple way to identify the impact of poor health and lifestyle choices on life expectancy is by looking at how many years of life are lost by people dying prematurely. In Kent, the number of years of life lost by people dying of preventable causes before the age of 75 is 165,576. The key diseases leading to this are circulatory disease, cancer and respiratory disease, all of which can be reduced by taking a more proactive approach to health and care.

Economic and financial pressures

These are difficult economic times for everybody. Public sector organisations are facing tough decisions about how to deliver the best, most efficient services with reduced budgets. The challenge is made greater by increased demand

across services and increased expectations of higher quality services among residents.

This strategy is set against the risk of ensuring service sustainability during these times of unprecedented pressure on budgets and increase in need.

We are committed to commissioning the right services that improve health as well as delivering value for money. If a service is best delivered in a community setting rather than in a hospital, we will support this happening. We will focus more on preventing people going into crisis and requiring hospital care, by better use of risk profiling and by moving care out of hospitals into appropriate community settings. We will also look at how we make better use of social care services, so that we can help maintain people's independence for as long as possible.

How we will improve the health of the people in Kent

With limited resources, we need to focus on the key health issues that have been identified through the Joint Strategic Needs Assessment, including moving our focus from treatment to prevention. Key to this will be a sustained shift in resources out of the acute sector (e.g. hospitals with emergency services) into community health services (e.g. nurse-led clinics). Whilst hospitals are the best place for certain types of treatment, they are not the best place for many people with long-term conditions, dementia and other illnesses that can be better treated in the community. We would like to see an annual and ongoing shift of 5% of resources from hospitals into community services, leading to more community nursing, more preventative services and better, joined-up services. To achieve this we will ensure that the integration of services between health and care is the norm, that we make the difficult resourcing decisions together and that we will promote innovative services to improve care and health in Kent.

People should be able to access the right treatment, at the right time and in the right place, so we will also focus on ensuring that more treatment occurs in the community where it is appropriate. In the light of the recent report into Mid Staffs (the Francis Report), we will work with all partners to ensure that services are safer, patient, focussed, of a high quality and that we respond to patient concerns.

We also believe it is important that local communities have a greater role in shaping and influencing services, and improving health and wellbeing. This will be supported by the role of democratically elected members and our local Healthwatch representatives. Patient representation is an integral part of the Health and Wellbeing Board, and not only do we think this will help us tailor services to meet the needs of Kent people, we also understand the value of communities being involved in improving the health and wellbeing of residents.
This will also extend to widening the involvement of voluntary and community services in delivering health and care services in the community. The voluntary sector already play a crucial role in helping to prevent ill health and providing direct services to help keep people healthy and in their own homes. We must not lose sight of this.

We will also work closely with the Academic Science Network and Kent Universities to learn from recent research and evaluated practice to support the implementation of best practice in health and social care in Kent.

To promote healthier lives for everyone in Kent, our priorities are to:

- Tackle the key health issues where Kent is not performing as well as the England average, for example tackling the levels of adult obesity
- Tackle health inequalities within Kent, for example delivering the Kent Health Inequalities Action Plan "Mind the Gap"
- Tackle the gaps in the provision and quality of care and support that the people of Kent receive. In particular we will focus on the adequacy of provision and preventative work in areas of high need. This may involve delivering a number of measures at any one time such as medical interventions, improvements in lifestyle behaviours and improvements to social factors that may cause ill health (poor housing, poverty and unemployment)
- Transform services to improve health and care outcomes, the experience for patients/service users, value for money and quality, for example we want to see better community care, moving services closer to home and improving access for patients and carers

In considering each of these priorities, the approaches and the outcomes outlined in the following pages need to be taken into account, as their success is dependent on all of the elements being delivered.

What the consultation told us:

"We need to prioritise tackling the key health issues where Kent is under performing because continued poor performance will have a significant impact on the health of the population in future years. For example, high obesity levels contributing to an increase in type 2 diabetes"

"If we tackle health inequalities we will be addressing all the priorities"

"The most important issue is to identify and tackle gaps in provision and quality of care as this will inevitably result in an efficient service that will be able to reduce inequalities in health and increase Kent's performance standard"

"We need to improve patient experience and outcomes first. This will produce a natural flow to inequalities, gaps in provision. If we get these things right then it is likely we will improve the key issues where we are performing worse"

"Value for money has to be the main priority, then the gaps can be plugged which in itself will tackle some of the inequalities which should tackle health issues where Kent is performing under average"

"[Transformation] is most important in this era of economic constraint and coinciding with an ageing population with their increased demands for healthcare and social care"

We will deliver our 4 key priorities through the following approaches:

- **Integrated commissioning,** leading to
- **Integrated provision** (delivering seamless services to the public)
- **Person Centred,** focused on treating the whole person and not just the condition; easier to access, supportive, enabling people to help themselves

We want to see a move from treating the condition to treating the whole patient. Quite often patients will experience more than one health problem. These need to be treated together, rather than having a separate treatment and appointment for each health problem, saving patients' time and improving clinical outcomes. The public should experience seamless services. We know that patients sometimes spend longer in hospital than they need to because their home may not have the right adaptations. If we commission services together (integrated commissioning), we can work towards this no longer happening.

The Health and Wellbeing Strategy will inform commissioning decisions made by local partners, especially GP led Clinical Commissioning Groups (CCGs), so that they focus on the needs of patients, service users and communities, tackle factors that impact on health and wellbeing across service boundaries and influence local services beyond health and care to make a real impact on the wider determinants of health (e.g. employment, housing and environment). We will make better use of money to enhance and develop integrated preventative services in the community.

By integrating provision of services we will see more examples of different disciplines working together in one team or in one place. For example, joint teams of district nurses and social care workers will become the norm, meaning that the patient will only have one assessment and it will be easy for them to access support. This will also lead to a more person-centred approach, giving patients and their families the right tools to look after themselves at home. This might be through personal budgets, telehealth, training on self-management of a condition or better access to services in the community.

We are already developing a number of new ways of working, and where successful we want to ensure that they are implemented across the whole of Kent. We see it as a key task of the Health and Wellbeing Board to build on these initiatives and diffuse successful best practice across the whole of the County. In identifying which projects and pilots we should support on a larger scale across the whole of Kent, we will balance a focus on statistical evidence and value for money with "doability" and importance to the health of the people of Kent.

The following initiatives are already starting to provide more opportunities to improve health outcomes:

Annual Health Check for People with Learning Disability (Kent wide) – this is enhanced funding to ensure people with a learning disability get an annual health check. This project is monitored by the Learning Disabilities Partnership Board through the Good Health Delivery Group. Kent has a very active Learning Disability Partnership Board and has recently published the Partnership Strategy for Learning Disability in Kent 2012 - 2015

Connecting Communities (Thanet) – Based on the Beacon project in Cornwall, this is a new approach to community development and empowerment. It promotes the idea of problem solving by working together through agencies and tenants and residents. The aim of it is to get all the people in that area to get together to look at what the problems are and try to find a way forward. (www.healthcomplexity.net). The outcomes in the Beacon project saw a reduction in child asthma rates by 46%, post natal depression down by 70% educational attainment of 10-11 year old boys (achieving level 4 at key stage 2) was up by 100%. We hope to replicate some of these successes with the community of Newington in Ramsgate.

Pro-Active Care (Folkestone) – This programme works with people with at least two long term conditions, which have meant they have had to go into hospital in the last 12 months. Selected patients are offered 12 weeks of intensive support led by their GP, but involving all the relevant services coming together. An action plan is developed to improve the patient's health and wellbeing. Changes might include a review of medicines, use of different equipment or intensive physiotherapy to support independence. So far, patients that have taken part in this programme have seen a reduction in emergency admissions to hospital, if taken to hospital have spent less time there, have needed fewer outpatient appointments and were less likely to be anxious or depressed. It also involves a number of non-medical interventions which have led to self reported improvements in quality of life and self confidence. The initial work led to a 15% reduction in A&E attendances and a 55% reduction in A&E admissions.

Patient Records (across Kent) – Partners across the health system in Kent are working with new patient information systems which will mean that patients and their carers have better access to their records, and if they choose, can let other health and care professionals access their information making it easier and quicker to provide them with health and care services. We are working to remove the need for people to explain their health and care problems over and over again, in line with the Government's drive to empower patients.

Health Visitors (across Kent) - There is currently a programme of work in place to develop effective universal health visiting services, a key element in improving support to children and families at the start of life. The service will deliver the national Healthy Child programme locally, working with Children's Centres, GPs and other local services. Eventually Kent will have the equivalent of over 420 health visitors.

Children's Centres (across Kent) – These offer significant opportunities for integrated working and a team to work with families to improve children's health by ensuring families are able to access wrap around support, services and information so that their children have the opportunity to reach their full potential. Key to this is the wide range of support services available to improve health (reducing smoking in pregnancy, reducing infant mortality, improving healthy eating) These services will work better when supported by primary care services such as GPs, Health Visitors and community based healthcare. We want to see integrated health and care teams focussed on the family. Work is underway to deliver enhanced provision between Children's Centres and GPs.

Integrated Adolescent Support Service (Thanet, Dartford, Ashford and Tunbridge Wells) - The Integrated Adolescent Support Service provides the model for early intervention and prevention services for young people aged 11-19 in the four pilot areas above. The model involves the integration of the work of professionals working with young people in the following agencies: health, education, social care, Connexions, the youth service and youth offending service, the police and schools. The service aims to improve educational outcomes, improve mental health and emotional wellbeing and reduce levels of drug and alcohol abuse.

Integrated Health and Social Care Teams (Kent wide, with a specific focus on Dover and Shepway) - At the centre of health and social care integration is the vision to make life-changing improvements to the experience and outcomes of people using health and social care services in Kent.

This is being delivered through the identification of those people most at risk of admission to long term care and hospital and who may need support. Integrated neighbourhood care teams, together with the patient/service user and their GP, are developing (self) care and support plans, which will identify what the best response to the care needs will be, including the use of teletechnology. In Shepway and Dover this will include the use of integrated personal budgets. Health and social care providers (including GPs) are working with service users, carers and the voluntary sector to strengthen people's ability to manage their own conditions better, at home and in the community. This will reduce unplanned admissions, ensuring people know how and where to seek support, and when support is provided it will be of the highest quality.

Health and Social Care Coordinators (Kent wide with specific focus in West Kent, Canterbury and Swale) – A bespoke model to meet local needs, delivered through a single point of access 7 days a week. People will only have to undertake one assessment and will be supported by health and social care coordinators. Community emergency/ crisis response, enablement services and dementia responses will be highest quality and personalised to meet the needs of the individual and carers.

Assistive Technology (across Kent) – Kent is part of the National Commissioning Board's "3 Million Lives" programme. The aim is to use Telecare, Telehealth and new technologies to support people to manage their own condition, to connect with the community and to receive direct support at home. This will be carried out across Kent, but new ways of working with teletechnology will be explored in Dartford, Gravesham, Swanley, Swale, Shepway and Dover.

CASE STUDY

"Telecare Case Study: *Mrs. K: "I can't enthuse about the system enough, I tell everybody who visits! I was a bit uppity at first, didn't want things in my house, but it has been a God-send and we've used it on about three occasions. It's easy to use, you don't have to phone an ambulance or anything, and the people are so helpful. We had a chap here the other day to change the batteries."*

Urgent Care Work (East Kent) – The development and delivery of integrated Urgent Care and Long Term Condition services is considered as a priority across East Kent. It has been agreed that the four East Kent CCGs will work with social care commissioners and key providers to understand the vision of Integrated Urgent Care and Long Term Conditions, and to design an overall clinical system model that optimises cost effective patient care, and across primary and secondary care interfaces (GPs and Hospitals). This will mean patients and client needs will be met holistically, with the right care and support being put in place when it is needed.

Year of Care Tariff (across Kent) – Kent is playing a leading role as part of a national programme to support the integration of health and social care teams in integrating care, by better aligning funding flows. The work aims to improve outcomes

and deliver a more effective use of resources by moving towards person-centred care irrespective of organisational boundaries.

Integrated Care Around the Family - Part of the development of the Common Assessment Framework and the Team Around the Family aims to provide more integrated care to families at the earliest possible stage. It provides a simple process of the assessment of a family's strengths and weaknesses. The Team Around the Family provides a coordinated service provision as well as more timely support before issues worsen. Initiatives such as Troubled Families and Kent Integrated Adolescent Support Service underpin this integrated approach.

How will we know if we have made a difference?

The earlier pages have described the health and care problems Kent faces, what our priorities are and what approaches we will take to tackle them. We will use outcomes across five areas to measure if we have made a difference. The following outcomes have been agreed with all the health and wellbeing partners in Kent:

- Every child has the best start in life
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental ill health issues are supported to live well
- People with dementia are assessed and treated earlier

There is already a lot of good work going on across Kent in these areas. This strategy is not in place to duplicate the work already taking place, but rather to help spread best practice across the county.

All of this activity will deliver the priorities and targets identified in the National Outcome Frameworks for Public Health, the National Health Service and Social Care. This is important as these outcome frameworks set the national and local priorities for service delivery and outcomes. By identifying what is important for Kent, the Joint Health and Wellbeing Strategy is also the Health and Care Outcomes Framework for Kent.

CASE STUDY

Health and Social Care Coordinators [HSCC] work with local GPs to provide an improved link into community health and social care services.

Tom is 71 years old and was referred to a HSCC by his GP. He presented with BMI of 44, which placed him in the morbidly obese range, and has complex health problems which include heart disease. Due to his size personal hygiene is problematic and the referral was to find alternative bathing facilities.

The HSCC was able to work with health and social care colleagues to pull all existing information together to prevent reconsideration of any solutions which had already been explored. This meant that it was known that the house was too small for adaptation and that suitable bariatric equipment was not available.

In order to help ensure that Tom stays in his own home and doesn't end up in hospital or residential care the HSCC makes sure that the local Neighbourhood Care Team [NCT], which brings together Health and Social Care staff, have a discussion about what could be done to help him. At the meeting a revised care pathway was agreed for Tom. This included access to appropriate equipment, while an alternative place for bathing was also identified and transport to the bathing facilities was also sorted out.

The HSCC then makes sure that everyone follows the plan and updates the GP so they know what is happening with Tom and can monitor any follow-ups as required.

Outcome 1

Every child has the best start in life

We know that improving health and wellbeing in early life contributes considerably to better outcomes in later life and helps reduce inequalities. We need to focus on both physical and emotional and psychological wellbeing. By continuing to take a holistic approach to the child, working with them in the best settings (e.g. schools and children's centres) we can provide a firm foundation for lifelong health and wellbeing. We also want to ensure that every child, including those with a learning disability, has the best start in life.

In pursuing this, we will focus on achieving an increase in mothers breastfeeding their babies, increasing targeted healthy eating support for families leading to an increase in healthy weight level, and an increase in MMR vaccination take up, particularly in East Kent. Kent and Medway will see an additional 421 (whole time equivalent) Health Visitors by 2015 who will support families with young children.

This is what we will do:

- Achieve our ambition of having fully integrated children's services for children aged 0 – 11
- Ensure better use of community assets such as Children's Centres to deliver integrated health and social care to high risk vulnerable families
- Roll out Total Child Pilot to schools to help schools identify health and wellbeing problems for pupils
- Work with families to promote healthy eating and increased physical activity
- Improve child and adolescent mental health services (CAMHS)
- Implement the adolescent support workers programme, to deliver brief interventions as part of a wider team supporting young people and their families
- Ensure all providers get safeguarding right for Kent
- Reduce risk taking behaviour in children and adolescents e.g. smoking, sexual health, teenage conception, drugs and alcohol
- Ensure there is adequate health provision in Special Schools and for children with Special Educational Needs in mainstream schools, including access to Multi Agency Specialist Hubs (MASH)
- Work with partners to improve the uptake of Antenatal and Newborn Screening services

We will measure success by:

- Increasing breastfeeding initiation rates and continuance at 6-8 weeks, until they are at least 50% in all parts of Kent
- Improve MMR vaccination uptake and improve access to the vaccination, particularly for the most vulnerable groups, to attain 95% coverage levels
- Promoting healthy weight for children, particularly those in deprived areas
- Ensuring women have access to good information about health and wellbeing in pregnancy and book their maternity care early
- Working with families to promote healthy eating and increased physical activity
- Reducing the number of pregnant women who smoke through their pregnancies by 50%

"In terms of investment, I believe that outcomes 1 and 2 are the most important – if we can get families with young children to take a greater responsibility for their health and wellbeing then this should have an impact for later life. But I really believe something different has to be done. Children's centres need to be used to really support families ongoing (not just until they are 5) in terms of health outcomes, using experts in their fields. The Children's Centre staff cannot do it all – there has to be a real partnership working with midwives, health visitors as well as colleagues in the voluntary and private sector."

(Joint Health and Wellbeing Strategy Consultation Response)

Outcome 2

Effective prevention of ill health by people taking greater responsibility for their health and wellbeing

We all make decisions which affect our health and wellbeing. We want to ensure we have provided the right environment in Kent for people to make better choices to improve their own health and prevent ill health occurring. By combining the availability of preventative services with increased personal responsibility for healthier choices, we will begin to see the health of the population improve.

Lifestyle choices can cover a wide variety of decisions, such as type and frequency of exercise, the food we eat and whether or not we smoke. They can also be affected by poor access to information about symptoms and awareness, guidance and access to services. We need to target resources so that levels of provision are proportionate to the levels of need to reduce inequalities (e.g. social gradients of ill health; Mind the Gap looks at this in detail). By taking this approach we will narrow the gap in health inequalities.

Kent is performing below average on obese adults and healthy eating and we are average on physically active adults. We have already got some good examples of where we are working with communities to promote healthy living, diet and exercise such as the Change4Life initiative. We will work towards ensuring that patients and the public are better informed about symptoms of major diseases such as cancer. We will support the making of healthier choices as easier choices.

If we do this in Kent we should see the following results: A continued increase in people accessing treatment for drug and alcohol problems; fewer alcohol related admissions to hospital; an increase in people quitting smoking and staying smoke free and more people supported to manage their own conditions.

This is what we will do:

- Develop the NHS Health Check programme, so that invitees and take up exceed national averages across Kent
- Work with young people in school settings (particularly those who are vulnerable) to tackle substance misuse, smoking and underage drinking and other risk taking behaviour
- Provide better information and education so that people can recognise the symptoms of ill health
- Implement the NHS Every Contact Counts initiative
- Ensure that, where appropriate, targeted services are delivered to address specific health and wellbeing issues affecting minority communities
- Ensure that people are aware of early symptoms, particularly of cancer, and encouraged to access services early
- Ensure that across the health care system, collaborative work will be undertaken to ensure that mainstream health services (including preventative services) are equipped to meet the needs of people with learning disabilities
- Ensure that rehabilitation pathways and screening services are in place and systematically applied so all people eligible are offered a service

- Ensure that the critical care pathways are in place across the Kent population to manage acute events according to nationally advised guidance (e.g. NICE) such as heart attacks and strokes
- Ensure that all providers maximise the opportunities to improve people's health
- Ensure primary preventative strategies are systematically in place locally to address the lifestyle contributory causes of the big killers, e.g. smoking, obesity, alcohol and illegal drugs consumption
- Ensure that secondary prevention interventions are systematically in place locally and delivered at scale in order to have an impact on life expectancy- e.g. all people eligible for cardiac rehabilitation are offered this

We will measure success by:

- Reducing the levels of inequalities for life expectancy
- Reducing the mortality rate of people with learning disabilities
- Reducing the rates of deaths attributable to smoking in all persons, targeting those who are vulnerable or most at risk (focusing on social gradient of smoking)
- Improving the proportion of our adult population that enjoy a healthy weight, a healthy diet and are physically active
- Reducing homelessness and its negative impact for those living in temporary accommodation
- Reducing the numbers of hip fractures and falls for people aged 65 and over, where Kent is currently performing significantly worse than the England average
- Reducing the under-75 mortality rate from cancer
- Reducing the under-75 mortality rate from respiratory diseases

"In order to improve health outcomes and reduce costs, particularly in areas where Kent is performing below the national average, it is essential that people are given the tools to take responsibility for their health. For example, any reduction in the incidences of smoking and obesity would enable resources to be targeted to improve health outcomes that prevention cannot address. Improvement on this outcome will have the greatest impact on the other four outcomes."

Outcome 3

The quality of life for people with long term conditions is enhanced and they have access to good quality care and support

We know that our population is ageing and is living longer; we need to focus on not just adding years to life, but life to years. Currently, as we age, we start to experience a number of long term conditions - high blood pressure, COPD (Chronic Obstructive Pulmonary Disorder), and heart problems. These have a limiting effect on quality of life and have an impact on resources.

We want people with long term conditions to experience well-coordinated services which prevent them from being admitted to hospital unnecessarily or experiencing a crisis.

We also want to ensure that high quality end of life care is delivered, which is coordinated around the needs of the individual and their families. This will be done by the systematic identification of patients who are at the end of life, and by providing the appropriate support and coordination of care to support patients, carers and their families.
If we do this in Kent we should start to see the following: more patients and their carers being supported to manage their own care in order to reduce unplanned admissions to hospital and improve health outcomes; improved access to patient information and; a reduction in the number of times patients have to repeat information to professionals (Tell Us Once).

This is what we will do:

- Work with health and social care providers in hospitals and in the community to develop 24/7 access and community based health and social care services, ensuring that the right services are delivered in the right place, at the right time
- Take a person centred approach, including personal budgets, for people with multiple long term conditions, learning disabilities or mental ill health
- Ensure equitable access to health services for people with learning disabilities
- Ensure all agencies who are working with people most at risk of admission to hospital and long term care have access to anticipatory and advanced care plans and 24/7 crisis response services in order to provide the support needed
- Develop a minimum level of service we expect to be available for vulnerable people in the community
- Ensure we have multi-professional teams working together, so that people who need support from a variety of organisations do not face duplication of assessment and numerous referrals around the system

- Ensure people can be supported to live as independently as possible at home and are receiving good quality end of life care as and when needed - currently 62% of people in Kent would prefer to die at home, but only 19% are supported to do so
- Enable General Practitioners to act as navigators, rather than gatekeepers, retaining responsibility for patient care and experiences throughout the patient journey
- Enable clinical records to be shared across the multi-professional team, by accessing patient record schemes e.g. Patient Knows Best
- Deliver the Kent Carers' Strategy
- Ensure all GP practices in Kent are undertaking risk profiling, working in integrated teams (between health, social care and others) and ensuring a range of self management approaches, e.g.
  - Patient and Carer education programmes
  - Medicines management advice and support
  - Provision of Telecare and Telehealth
  - Integrated Personal Budgets
  - Psychological interventions (e.g. Health Trainers)
  - Pain management
  - Patient access to own records, systematic training for health providers in consultation skills that help engage patients
- Ensure risk profiling is carried out consistently across the population of Kent using the same tool and done at scale, using both GP and social care data, which will help to prevent unplanned hospital and long term care admissions

We will measure success through:

- The proportion of older people (65 and over) mostly at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital in reablement / rehabilitation services
- The amount of reablement and rehabilitation services accessed 24/7 and services put in place, avoiding admissions
- The number of anticipatory/ advanced care plans in place on an accessible patient information system
- A reduction in average acute bed days for emergency admissions
- A reduction in the number of medically fit patients on an acute bed awaiting a social care assessment or placement
- Integrated health and social care teams being established in all CCG areas in Kent. These teams will undertake single assessments and care planning , using teletechnology and integrated personal budgets
- An increased employment of people with Long Term Conditions
- Increase in the number of people with long term conditions and, or social care needs who are self reporting an improvement in their quality of life
- An increase in the number of people actively supported during their end of life care.
- Increasing the number of people who are able to choose where they want to be at the end of their life

CASE STUDY

Integrated Personal Budgets

Jo received a social care direct payment through the Kent card. It was then agreed that health and social care would jointly fund the package in order to meet Jo's complex needs.

Jo stated that his family and independence were very important and therefore wanted to remain in control of the care and support he received. Working with an independent health care broker, Jo developed an integrated support plan looking at how he will use the estimated budget to meet his assessed health and social care needs. Jo decided upon a mixed budget (direct payments and commissioned services). He wanted to keep the social care budget as a direct payment enabling him to continue to employ Personal Assistants (PAs) to access social activities and complete domestic duties.

For the rest of the package, Jo wanted the NHS to directly commission the service. For the direct payment monitoring it was agreed that the KCC Personalisation Coordinator would take the lead to reduce duplication and provide continuity.

Outcome 4

People with mental ill health issues are supported to 'live well'

Annually we invest over £126 million in adult mental health services in Kent which is delivered through the Kent wide integrated strategy (Live it Well) for mental health and wellbeing of people in Kent. We have been putting into place the action plan to deliver high quality services for people with mental ill health issues. We know this can only be achieved by organisations working together across Kent, particularly in primary and secondary care. In addition, we will work with partners to continue to improve mental health service provision and implement "No health without mental health".

The three key drivers for the next three years are increased personalisation, partnership working and better use of primary care. Personalisation will see more people in charge of their care plans, fundamentally changing the relationships between service users and mental health staff. No single organisation owns mental health; each organisation must be seen as equally important if holistic, non-stigmatising services are to happen. Primary care has a key role to play in mental health services; over 90% of people with mental health problems are treated exclusively within primary care. By moving resources such as mental health social care staff into primary care, we will help people earlier, before mental health problems become too difficult to manage.

If we do this in Kent we should see the following happen: early recognition of mental ill health will be increased, ensuring that patients and their families can access support at the appropriate time, improving their quality of life; improved access to community support and early intervention services will see an increase in people reporting an improvement in their own mental ill health and wellbeing and the stigma of mental ill health will be reduced.

This is what we will do:

- Promote independence and ensure the right care and support is available to prevent crisis
- Lessen the stigma, discrimination and unhelpful labelling attached to mental ill health and those using mental health services
- Ensure that all people with a significant mental health concern, or their carers, can access a local crisis response service at any time and an urgent response within 24 hours
- Improve awareness raising and access to good quality information
- Work with the voluntary sector, other providers, carers and families to reduce the social isolation of people with mental health issues
- Ensure we have robust audit processes around mental health e.g. suicide prevention
- Use the Safeguarding Vulnerable Adults competency framework to evidence that all staff that come into contact with vulnerable adults are competent to do so

We will measure success by:

- The proportion of older people (65 and over) mostly at risk of long term care and hospital admission, who are still at home 91 days after discharge from hospitals in reablement / rehabilitation services
- The amount of reablement and rehabilitation services accessed 24/7, and services put in place, avoiding admissions
- The number of anticipatory/ advanced care plans in place on an accessible patient information system
- A reduction in average acute bed days for emergency admissions
- A reduction in the number of medically fit patients on an acute bed awaiting a social care assessment or placement
- Integrated health and social care teams being established in all CCG areas in Kent. These teams will undertake single assessments and care planning , using teletechnology and integrated personal budgets
- Increased employment of people with Long Term Conditions
- An increase in the number of people with long term conditions and or social care needs who are self-reporting an improvement in their quality of life
- An increase in the number of people actively supported during their end of life care
- Increasing the number of people who are able to choose where they want to be at the end of their life
- Improving rates of recognition and diagnosis in Kent and getting people into the right services when they need them
- Ensuring more people with mental ill health are recovering
- Ensuring more people with mental ill health have good physical health
- Ensuring more people with mental ill health have a positive experience of care and support, including housing
- Ensuring more people with mental ill health are supported in employment and/or education
- Reducing the number of suicides
- Reducing the number of people reporting that they feel socially isolated
- Increasing the employment rate among people with a mental illness/those in contact with secondary mental health services
- Ensuring that more people with both mental health needs and drug and/or alcohol dependency (dual diagnosis) get the appropriate support and treatment.

Outcome 5

People with dementia are assessed and treated earlier

There are currently 9,200 people living with dementia in Kent, and this figure is set to more than double over the next 30 years. Dementia is a progressive disease (which means it will only get worse) placing a significant strain on services, families and carers, who are often elderly and frail themselves. We have been working hard to ensure we deliver the National Dementia Strategy in Kent. Following Kent County Council's Dementia Select Committee, we have been putting into place the action plan to deliver high quality services for people with dementia. We know this can only be achieved by organisations working together across Kent. In addition we will work with partners to continue to improve mental health service provision for dementia patients with specific needs.

If we do this in Kent the following will happen: Early diagnosis of dementia will become the norm, ensuring that patients and their families can access support at the appropriate time, improving their quality of life, improved access to community support including housing, supported housing options and dementia friendly communities will lead to patients being able to stay within their own communities for longer; GPs and other health and care staff will be able to have appropriate conversations with patients and their families about end of life care.

This is what we will do:

- Work with partners to develop dementi-friendly facilities and communities in Kent
- Improve awareness-raising and access to good quality information to reduce stigma and improve early diagnosis rates, particularly in primary care. A key focus will be on increasing earlier diagnosis by GPs, through better training. This will be linked to greater awareness of support services
- Work with carers and families, health and social care providers and the voluntary sector to reduce the social isolation of people with dementia and their carers
- Invest in the right services in the right place at the right time, focusing on investing in universal services to maximise independence of older people
- Improve the quality of long term care for people with dementia, including the quality of accommodation
- Deliver the Integrated Dementia Plan and KCC Select Committee action plan including specific support for people with learning disabilities and dementia
- Develop an integrated model of care

We will measure success by:

- Improving the rates of diagnosis in Kent to at least 60% of expected levels (currently 39%)
- Identifying information points which deliver high quality information for people with dementia and their carers
- Increased number of peer support groups and dementia cafes across the county
- Increasing effectiveness of post diagnosis care in sustaining independence and improving quality of life for an increased number of people, including early intervention and crisis services in place, reduced care home placements and hospital admissions, an increased number of people supported by these new services
- Increased access to training and development for the health and social care workforce and identified improvements in the hospital environment and long term care establishments
- Reduced reliance on acute mental health beds and reduction in preventable hospital admissions and care home placements
- Integrated hospital and community health and social care teams to include dementia specific support

What happens next?

The Kent Health and Wellbeing Board will have oversight of all health, care and public health activity across Kent. In addition, a series of local Health and Wellbeing Boards reflecting the geography of Clinical Commissioning Groups will use the Joint Health and Wellbeing Strategy to help determine their local health and care priorities and will then work to commission the right services to achieve these.

This strategy has been designed to cover 2013 – 2014. During 2013 work will begin to develop a more comprehensive three year Joint Health and Wellbeing Strategy, which will outline the key health, care and public health needs for Kent until 2017 and what we will do to tackle them.

The Kent Health and Wellbeing Board will use the opportunities of the health reforms to make a real difference to people's lives, with the funding that we have available to us. We will see this through the transformation of community services, through better use of resources, and by ensuring that the patient's voice is heard and that we do not lose sight of delivering high quality services to people who are most in need.

Kent Joint Health and Wellbeing Strategy

Outcomes for Kent

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Please call 08458 247 247 or Text Relay 18001 247 247 for details

A discussion document

Delivering better healthcare for Kent

www.kent.gov.uk

Kent County Council
kent.gov.uk

How health reform can lead to better use of public sector money and better outcomes for people

Foreword

The National Health Service is an institution which is rightly loved and cherished. Its founding vision of universal, high-quality care, free at the point of delivery, is so deeply embedded in our psyche that it is today a key part of our national identity.

Yet, that vision is under threat from the huge demographic and technological advances and changes we face in the 21st century, with life expectancy substantially increased, placing huge financial pressures on our health and care services.

Very simply, if we are to keep the founding vision of the NHS alive, then the health and care system must change to meet the 21st century demands it faces. Every pound must be well spent.

To do this we need a health and care system that is increasingly integrated and streamlined, providing for all of the person's needs, rather than treating individual problems simply as and when they occur.

We need to maximise on prevention by encouraging people to take more responsibility for their own health, and also work together to avoid escalation into high-cost interventions. Essential to this will be improving access to primary and community health services.

We need access to a range of health services that can be delivered in the community, avoiding unnecessary and expensive hospital admissions, and new solutions in managing long-term conditions that an ageing population will inevitably bring.

The changes introduced as part of the Health and Social Care Act, most of which become effective on 1st April 2013, have the potential to do just that.

They put in place a new decision-making structure which takes powers and influence out of the hands of NHS managers and bureaucrats and into the hands of GPs and clinicians. It will allow them to commission new community based services that their patients need and want, rather than simply what the system has always provided.

It also places a duty on GPs and local government to work together through Health and Wellbeing Boards to integrate health and care commissioning, providing local leadership and oversight for local NHS and social care services.

The need for local leadership has never been greater in the NHS. The Francis Report into the scandal at Mid-Staffordshire NHS Trust shows what happens if we let bureaucracy, form filling and targets get in the way of providing the right care for patients.

Government's health reform agenda presents the opportunity for a fresh start, one which places patients, integrated care and GPs at its heart. The potential is there to make the system much more financially sustainable, leading to improved healthcare and better health outcomes.

That will only happen if we reject nostalgia for the way things have always been done and embrace the changes necessary to forge a new health and care system.

In Kent, we have many examples of innovative services that are fundamentally redesigning health and care provision around patients' needs. These are already delivering real results for patients and making better use of precious resources. We need to scale up these successful examples and work towards making them available universally across the county.

If local government and local health service professionals work together, I believe we can provide the local leadership needed to move health and care services out of 20th century models of delivery, and make them fit for the challenges of the 21st century.

This discussion paper outlines our thinking about what that new health and care system might look like, and how we might get there.

Paul Carter, Leader, Kent County Council

What's wrong with the current system?

The current system is one that treats illness rather that promoting wellness. It poorly incentivises prevention and is set up to predominately meet people's needs in an acute hospital setting, often when they have reached crisis point. This bias towards the provision of 'acute' services is a massively expensive way of providing healthcare that is no longer affordable, does not meet people's needs effectively and does not lead to the best health outcomes. Instead of rewarding process and outputs we should reward outcomes such as reductions in hospital admissions and keeping people well through preventative and community based care. We know that we could do much more to help people stay healthy and well in their own homes and communities.

The current system also treats patients as a series of conditions and problems rather than taking a holistic approach around the person. This results in multiple visits, multiple assessments and multiple treatment and support plans that often do not link together; wasting money and failing to provide the best support for the person.

A consequence of the inefficiencies in the system is that patients often face unacceptable delay and inconvenience to get help. Patients are not getting the customer-focused, patient-friendly service that they need. Access to primary and community health care needs to be improved to stop people going to Accident & Emergency unnecessarily because they cannot get help when the doctor's surgery is closed.

In community care, many people are also facing a long wait to get specialist help, particularly in areas like mental health. We also know that community services which provide support to people at home could be more responsive by removing unnecessary processes. If a person finds they need increased support to enable them to stay at home this must happen quickly; time is critical to ensuring people do not get admitted to hospital when all they need is more support at home. Delays in services to help people regain their independence after a hospital stay not only delay discharge from hospital, but can create an ongoing dependence on support services. Quicker access to services such as physiotherapy, and help to manage day to day activities can prevent this.

The health and care system has for too long held control centrally, away from people and communities and the professionals who work with them on a daily basis. It has become focussed on targets around process instead of those things that really matter to people; access to good care, respect and dignity.

It is clear that we cannot continue to prop up the existing inefficient systems, but must instead think boldly and radically about how we can deliver better outcomes using the resources available.

Child and Adolescent Mental Health Services (CAMHS)

One of the areas where people's needs have not been effectively met by Kent's health and care system is in care for adolescents with mental and emotional health needs. In some cases families are still facing an unacceptable delay before receiving help. Some young people are being referred to higher-level specialist mental health services when their needs could have been met by lower level preventative support delivered earlier.

In response to this problem, KCC and the local NHS are working together to commission new services, so that there is appropriate support for children and young people at every level of need. There is a particular emphasis on early intervention and prevention. A single point of referral has been introduced, and initial assessment of need is carried out by a number of professionals from different services working together.

There is still much work to be done in redesigning CAMHS in Kent, including looking at how organisations work together to support young people with mental health needs as they become adults.

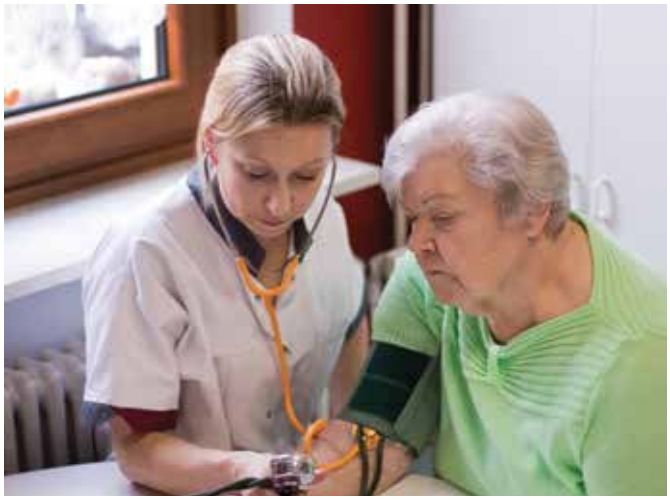
What it should look like

Despite the challenges of the current system, there are already exciting examples of the kind of health and care services we want to see. We believe that by working together, we can seize the opportunities of government's health reforms to create a health and care system for the whole of Kent that makes better use of public money and delivers better outcomes for patients. These are our suggestions for what it should look like:

- Healthcare that is predominately based in the community, around GP surgeries and local clinics that offer an extended range of services and use of new technologies and support to maintain people in their homes
- Use of innovative models such as Pro-Active Care to provide coordinated, enabling support for those most at risk of avoidable hospitalisation
- GPs as the coordinators of their patients' care, with integrated support from social care and other professionals
- A health and care system in the community that is available 24/7 with professionals like District Nurses, Heath Visitors, physiotherapists, occupational therapists and others, providing personalised, coordinated support for patients - team around the patient
- A culture of quality in all areas of the health and care system, with respect, dignity and compassion at the heart of everything we do
- Real accountability to patients and their families
- A range of providers of health and care services, encouraging innovation and driving high quality
- Public health services that support people to take responsibility for their health and wellbeing

Bringing care closer to home

We cannot afford to continue to use hospitals as a default position for care. This means we need to be able to provide a greater range of services in primary care settings, such as GP's surgeries. Estuary View surgery in Whitstable is an example of this. Through the innovation of Dr Ribchester, his GP partners and lead clinicians, the surgery has developed a range of services including onsite minor injury unit, x-ray and day surgery facilities. The minor injury unit is open from 8am to 8pm, 7 days a week, 365 days a year and is a stunning example of how innovative thinking can provide services that meet people's need in their own community.



End of life care at home is a good example of how care can be provided more effectively closer to home compared with in a hospital setting. Most people would prefer to be cared for at home or in a hospice at the end of their life but most do not get this choice. This cannot continue and we want to see more investment in community based end of life care, so that people do have a choice.

We also need to provide choice for people as they get older so they can be supported to live at home for as long as possible. Hospitals, social care and GPs all have a crucial part to play in making sure there is an alternative.

A key part of our transformation of adult social care is looking at ways in which we can integrate health and care around a person's needs.

To make this happen, people need to be able to access support when and where they need it. For example, people living with dementia, and their carers, often need support in the middle of the night or at the weekend and we believe community health and care support should be available 24/7 for those in need. It will mean working with health colleagues and voluntary agencies to ensure that support is coordinated around a person's needs to create a team around the patient. This will include an increased number of key professionals including Health Visitors and District Nurses who can play a vital role in coordinating care between all the professionals and agencies involved.

We will also need integrated health and care facilities in our communities that provide preventative and enabling care. Intermediate care is a range of integrated services that promote faster recovery from illness, prevent unnecessary admission to hospital or residential homes, and support people to live independently. They also allow people to be discharged from hospital more quickly by providing a 'stepping stone' to going home. Intermediate care units, which already exist in some parts of Kent, provide intensive short-term care to help people regain as much independence as possible. Reablement at home following a hospital stay, crisis or increasing difficulty managing day to day is another way in which short-term investment in intensive intermediate support can help to improve people's health and wellbeing and minimise the need for ongoing costly care. In Kent we know that by increasing the number of eligible people who receive a reablement service, we could save over £12 million in ongoing domiciliary care costs.

The relationship between patients and their GP is central to any discussion about future community care and support. GPs are close to their patients and communities and understand their needs. Through this trusted relationship GPs must have a central role in enabling patients to manage their conditions by providing access to good quality information, technology and equipment to keep people independent where needed.

Dementia patients - high cost hospital care

One example of the high and avoidable cost of treating people in an acute hospital setting rather than through community care is the treatment of dementia patients. Research suggests that at any one time up to a quarter of hospital beds across the country are being used by people with dementia over 65, placing a huge pressure on NHS resources. The longer people with dementia are in hospital, the worse the effect on the symptoms of dementia and the individual's physical health, making them increasingly dependent on the care and support system. Over a third of people with dementia who go into hospital from living in their own homes are discharged to a care home setting. This places further pressure on the health and care system to meet people's increasing needs. Research by the Alzheimer's Society has found that supporting people with dementia to leave hospital one week sooner by enabling them to manage at home and moving their care to a community setting could result in savings of at least £80 million a year, and result in better outcomes for the patient and their carers.

West View Integrated Care Centre

West View in Tenterden is an example of an Integrated Care Centre where health and social care professionals work together to provide a range of therapeutic services designed to promote recovery from illness. The support offered is time-limited (normally no longer than six weeks,) and is targeted at people who no longer need hospital treatment but do require some support after coming out of hospital. The support offered means that people do not face unnecessarily prolonged hospital stays. They also provide support to people who have experienced a health or social care crisis in their own home and who may otherwise face avoidable admission to acute hospital care or long-term residential care. By working together to provide support in this way, professionals can support patients to return to their own home and live as independently as possible.

Bringing a wider range of health services into the community - Whitstable Medical Practice

Community health services in the Whitstable area are being transformed. Estuary View Medical Centre in Whitstable is a new comprehensive Medical Centre offering full NHS General Practice services and healthcare services normally provided by hospitals. These include GP and consultant led outpatient clinics, a range of diagnostic tests and day surgery. In addition, there is an 8am-8pm 7 days a week, 365 days a year minor injury unit including x-ray facilities. It has 19 GPs and over 100 staff serving the health needs of more than 33,000 patients. As a result of this innovative set up they have been able to provide better patient care, closer to home with shorter waits and at less cost to the NHS. For example, it costs 21% less to treat a patient for cataracts in the clinic compared with a hospital, and up to 83% less to treat Carpal Tunnel Syndrome. It is estimated that the total saving per year of the Minor Injury Unit could be up to £400,000.

Treating the person – not just the condition

Very often, people who need help with their health and wellbeing have more than one condition. Particularly as we live longer, people's needs become a complex combination of physical illness and disability, mental health problems and the need for help with day-to-day living. Historically, health and care only sees the immediate problem and delivery of services can be fragmented. This is upsetting and frustrating for the person and does not lead to the best results for the person's health and wellbeing. It is also a massive waste of resources.

Services need to be joined up so that care and support is centred around the person's needs. We want to see doctors, nurses, occupational therapists, social workers and others deciding together how best to help a person and having one single plan for improving their health and wellbeing. We are working on a **Pro-Active Care pilot** that identifies people most at risk of emergency hospital admission and, supported by their GP, works with them and all relevant services to improve their health and wellbeing. This may mean changes to medicines or extra support to maintain independence but what is significant is that the support is built around the patient's needs, with services working together to ensure the best outcomes. In other areas it has already made reductions in expensive hospital admissions and acute care.

One of the ways of helping us to achieve integrated care around the person is sharing information between professionals so we build up a complete picture of a person's needs and people do not have to tell their story over and over. In Kent we are looking at innovative ways of doing this including piloting the electronic record system 'Patient Knows Best.' To create an environment where patients have ownership over their care and support, we also need to take the time to understand the other forms of help and support people have in their lives. The person's family, friends and other sources of support can be an important part of the solution.

Patient Knows Best

In Kent we have a small pilot underway in two CCG areas, South Kent Coast and Swale, looking at the use of an electronic system, Patient Knows Best. This is an electronic record owned and controlled by the patient that could in time hold their care plan, GP records and assessment documentation. This will enable patients to have greater control in the management of their care and through integration of patient records facilitate more timely and seamless communications between professionals.

We must remove all unnecessary delay in the system when people need care and support. This means that services must be responsive to people's needs - providing the right care and support in the right place at the right time. We think GPs are best placed to lead care for their patients and should have access to a full range of professionals from other agencies to support

them. This could mean the Health Visitor working even more closely with the GP and the local Children's Centre so that professionals are working together to holistically meet a patient's needs within the community.

To help make this happen, we want to see the money that all the individual organisations spend on a person's health and wellbeing brought together so it can be used in the best way. This will mean starting to commission services to meet people's needs in a different way, such as 'Year of Care' commissioning for people with long-term conditions. We want professionals to work side by side, based in shared offices and clinics, and for their managers and leaders to make sure they are working towards the same goals. We need to truly meet the needs of each person, rather than doing what is convenient for each organisation.

The factors that affect a person's health and wellbeing go beyond the remit of traditional health and care services. There needs to be better cross-referral between health and other services including housing, employment support, education and leisure, providing seamless and effective support for these massive influences on people's lives.

Pro-Active Care

The Pro-Active Care model brings together many of the changes that we want to see in improving outcomes for people's health and wellbeing. It is being introduced by the South Kent Coast Clinical Commissioning Group. People are selected to take part by using risk stratification, which involves identifying the people who are at most risk of emergency admission to hospital. Selected people are offered 12 weeks of intensive support led by their GP, involving all the relevant services involved in their care and support. Changes might include a review of medicines, use of different equipment or intensive physiotherapy to support independence. So far, people that have taken part in this programme have seen an 88% reduction in admissions to hospital and if taken to hospital the average length of stay has reduced by 56%. They are also less likely to be anxious or depressed, and have less difficulty in getting around and washing and dressing themselves, reducing their need for support from social care services. This has meant an overall cost saving of 77%.

A system that treats people with humanity, respect and compassion

When people are unwell or having difficulties living their day to day lives, they expect and deserve high quality support and care. The health and care system must treat people with humanity, respect and compassion. This applies whether someone is in hospital, in a care home, visiting their GP or receiving care at home. Unfortunately, we know that this does not always happen in the current system. Investigations like the Francis report into the failings at Mid Staffordshire NHS Trust have highlighted this. What was found was a worrying acceptance of bad quality care and systemic failings caused by poor management and leadership. There should be a culture running through every part of the health and care system that treats people the way we would like ourselves and our loved ones to be treated. The culture of caring needs to be the top priority in recruiting, training and rewarding doctors, nurses, carers and other professionals.

Accountability in health and care

Every organisation involved in providing care and support must be truly accountable for the service that they provide, with strong leadership from the top by Chief Executives and Boards who must take personal responsibility. Ultimately, organisations must be accountable to the people who use them and the public. Local government can play a role in making this happen, by opening up information to the public, so everyone can see how their money is being spent, and by giving people the power to change services when they are not good enough.

The Kent Health and Wellbeing Board will introduce real local democratic legitimacy by bringing together locally elected and accountable councillors, directors of adult social services, children's services, public health, Clinical Commissioning Groups and patients' representatives. Kent County Council will have responsibility for the Board. We will use our influence to ensure that the services that are commissioned meet the health and care needs of the county.

The introduction of 'Healthwatch' is another element of the health reform and has the potential to put more power in the hands of patients and local people, and give them a voice. **Healthwatch Kent** will be an independent organisation that supports local people to share their concerns and views about local health and care services. They will represent patients on the Kent Health and Wellbeing Board, giving the opportunity for patients' views to have real influence on the way health and care services in Kent are provided.

Providers and innovation

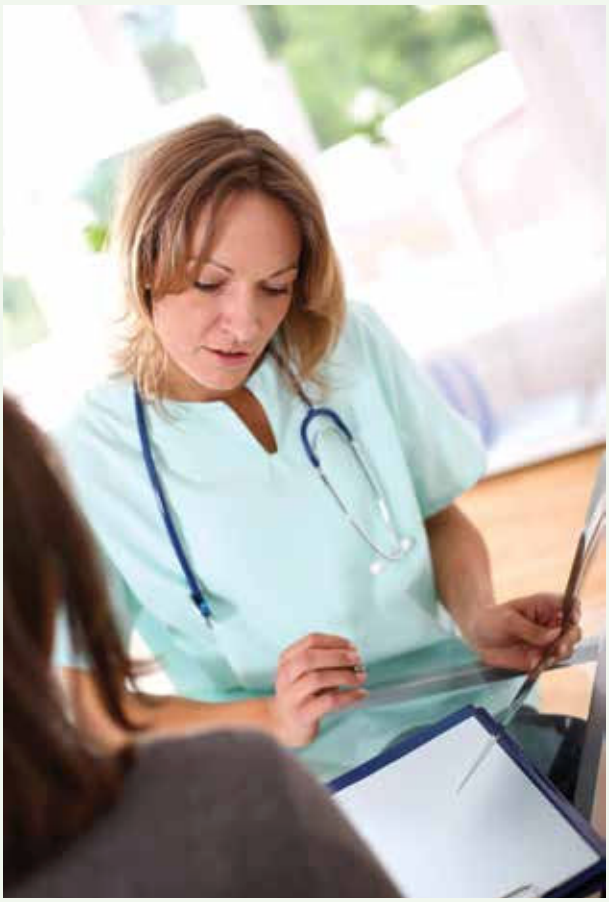
One of the ways in which we can improve the quality of care and support that people receive is to make sure there is a choice of services available from a range of providers. Who provides a service is not important - what is important is the quality and consistency of care provided. Where charities, social enterprises and private companies can meet needs and provide good value for money, they must be encouraged to take over the provision. There are many examples where new types of providers are delivering better outcomes and better value for money by taking innovative approaches.

We believe it is the role of the Health and Wellbeing Board to provide system-wide leadership over the commissioning of services to meet local needs. Where choice and quality is lacking, the Board has a role in supporting new integrated services to develop. GPs are best placed to know what services will meet the needs of their patients, and they must be in the driving seat of deciding what to spend the money on. We would like to see GPs having a choice of high quality, responsive services at their fingertips to support their patients.

Services that are not delivering value for money and good outcomes for patients must be decommissioned. This will be one of the measures of success for the new health and care system. Only by stopping what does not work will we release resources and create the space for innovative new models, new services and new providers. We need to move away from measuring and funding services based on quantity or processes and instead measure real outcomes and quality, only funding what works well.

Virgin Care

Virgin Care is the care arm of the Virgin Group. It is providing over 180 NHS services across the country, including community hospitals, GP services, minor injury units, planned outpatient care and mental health. Through the redesign and integration of services, they are delivering good health outcomes for patients and more efficient use of resources. For example, through their use of a 'Virtual Ward' to treat complex patients in the community, A&E attendances for the patients involved reduced from 1,010 to 51 over six months, GP attendance reduced from an average of 5 per month to an average of 0.5 per month, and patient confidence to manage their own health needs increased from a score of 4.3 out of 10 to 8 out of 10.



British Heart Foundation

Voluntary sector providers have an essential role to play, especially in preventative care where they have often been the first to adopt innovative new ways of supporting and empowering people to manage their own health. An example of the sector's valuable contribution is the British Heart Foundation's health professionals service. This service significantly reduces hospital admissions by providing clinical, emotional and social support to sufferers of coronary heart disease, providing advice on healthy lifestyles and self-care. For patients using this service, hospital admissions have reduced by an average of 35%, achieving a saving of £1,826 per patient, a total saving of over £8 million in a single year.

Public Health - People taking responsibility for their health and care

From April 2013 public health responsibilities transfer to Local Authorities. This will mean that local government plays a far greater role in ensuring that the health and wellbeing of the population is improving. To achieve this, we will work with health partners to focus on priority areas. These include reducing mortality for people with diseases such as cancer and cardiovascular disease. It also includes encouraging lifestyle and behavioural change such as reducing smoking and obesity. Another priority is tackling the social determinants of health and wellbeing such as poor education, poverty and worklessness.

We want to create the conditions in Kent where people are able to take ownership and responsibility for their health. We know that with the right treatments and interventions we can reduce the number of deaths from cardiovascular disease, and that if people understand the symptoms of major diseases such as cancer they can get access to treatment and support earlier. However for these treatments and interventions to work practitioners must ensure that patients get the best possible advice and information and that we work to identify with communities the barriers to accessing services. We must also work together (schools, health and the local authority) with young people to reduce risk taking behaviours such as smoking, substance misuse and underage drinking.

In return individuals must also take responsibility for their health and wellbeing, acting on the advice and information they are given to manage their conditions or to take steps to ensure that they stay healthy–for example eating healthily, taking exercise, or stopping smoking. In Kent we know we have a particular challenge to reduce the number of obese adults and to promote physical activity. GPs, social workers, health visitors and health trainers to name a few must all play a central role in this challenge. It is through their knowledge and their relationships with their communities that we can ensure people are reducing their risks of disease and poor health.

Kent Health Commission

Kent Health Commission has been set up to explore how best to use the new health and care reforms working within the new Clinical Commissioning Group model to empower local GPs and health commissioners to deliver better quality care, improve health outcomes, improve patient experience and make better use of public money. We are listening to the providers of acute hospital care, community and social care, charities and social enterprises and of course GPs themselves. At the heart of our recommendations is a desire to shift at least 5% of activity from acute hospital care to primary and community health. Releasing in Kent some £59m a year – or £5m per Kent District – this will enable new community services to be developed and then commissioned and provided to patients in a setting more accessible and suitable both for them and for their health needs. Joint commissioning and pooled budgets between health and care are fundamental to the change we seek; issues over who pays simply deflect from patient care.

Drivers for change

Change is possible. The reforms being introduced by the Government through the Health and Care Act restructure the NHS and place local GPs at its heart through the development of Clinical Commissioning Groups (CCGs). CCGs will be responsible for commissioning the majority of health services for their local population and will control 60% of the NHS budget.

At the same time, the reforms also bring together health and care commissioners in new Health and Wellbeing Boards, which are designed to promote the integration of health and care services, and provide system-wide leadership of health and care at a local level. Public health services have been transferred back to local authority control, so they can be better planned and delivered alongside other council services such as education and leisure. The creation of new local, legally independent Healthwatch organisations should help ensure that scandals such as Mid-Staffordshire never happen again.

In essence, these reforms turn the structure of the health service upside down. Instead of being driven by a top-down, command and control approach, where decisions are taken about local care by Whitehall, the design and commissioning of local health services becomes a matter for local communities, built from the bottom-up by local clinicians and based on local patient and population need.

National and local leaders in the NHS and local government must ensure that the opportunities offered by these reforms are not missed, as they have been all too often in previous attempts at reform. Unless the need for change is embraced by GPs, local authorities and patients, these reforms will fail, placing unsustainable financial pressure on the NHS. But change is not just a word. If we are going to seize upon these reforms, the services that patients access will have to look and feel different to what is provided today.

To provide better services, health and care commissioners must be brutally honest with each other about the state of current services and how much

money we are wasting on duplication and inefficiency. There needs to be 'open book' accounting in both health and social care, so we each understand how much services truly cost and what outputs and outcomes they are delivering for local people. Professional pride in the NHS or political considerations in local authorities must not be allowed to get in the way of this honest debate.

Once the base position is known, health and care commissioners must be ruthless in decommissioning provision that doesn't deliver the best outcomes for patients or provide value for money, even when these services have been provided in the same way, in the same location, by the same provider for many years. This will mean engaging with patients and local communities about the need for change, and involving them in the design and delivery of new service. Leaders in health and care must support each other in making the case for change. It will also mean embracing the innovation of new providers from the private, voluntary and social enterprise sector. The only determining factor in commissioning should be quality of care that can be provided.

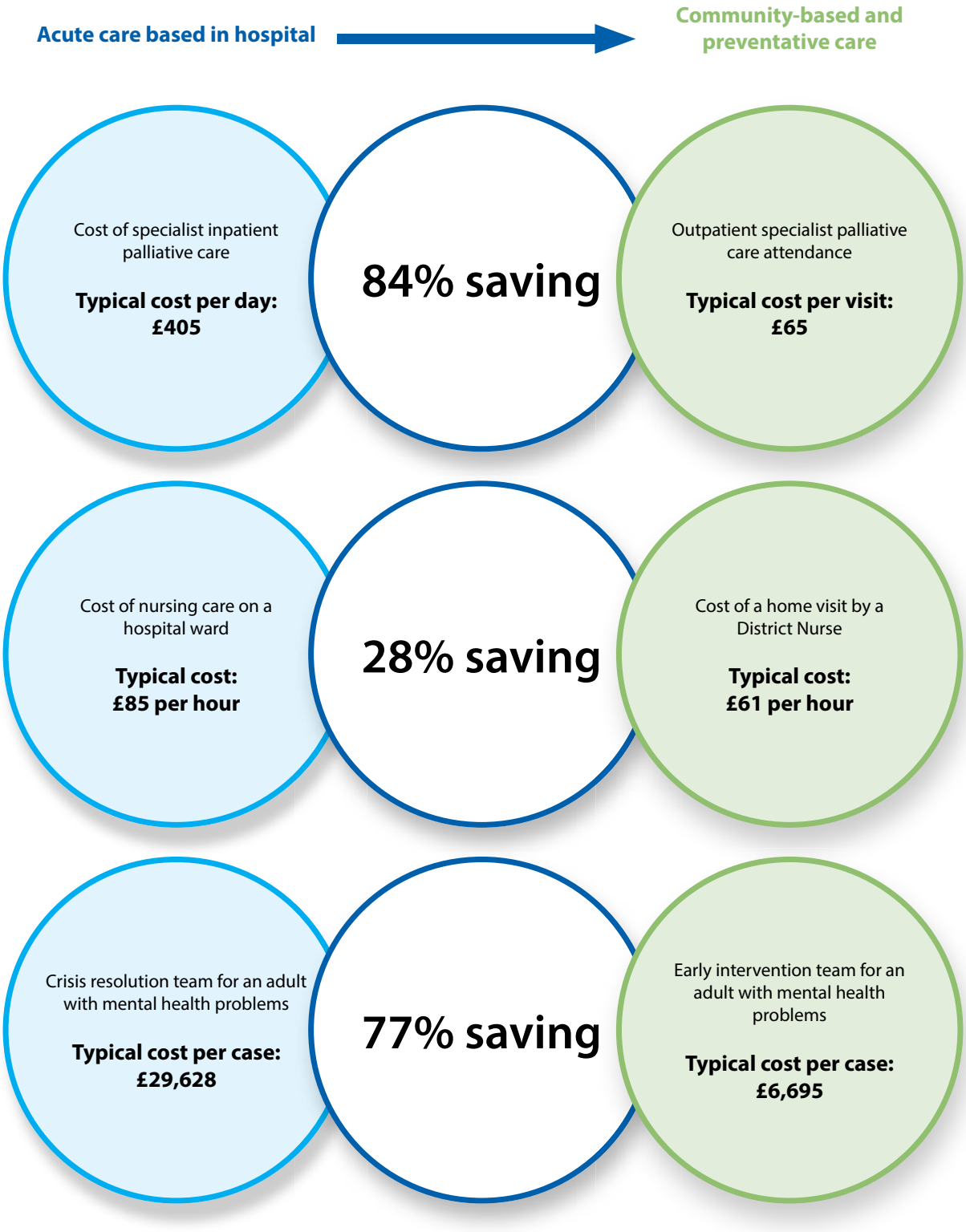
The NHS National Commissioning Board, which will still commission some local health services, and which will commission CCGs to provide primary care (i.e. general practice), must ensure that CCGs are free to innovate and experiment, decommission and re-commission services at a local level. The NHS National Commissioning Board must ensure that it doesn't default to a command and control culture when

undertaking its role locally. Instead, it needs to use its role and influence to challenge CCGs to be as innovative as possible to meet the health needs of their patients. Health and Wellbeing Boards and local Healthwatch organisations need to support CCGs in challenging any top-down culture that resists local decision-making and change.

Shifting away from the bias towards 'acute' services in hospitals towards community-based and preventative care is key to delivering and health and care system that meets people's needs and makes best use of limited resources. The diagrams below demonstrate the stark reality of the unaffordable cost of unnecessary acute care. The shift will have a knock-on effect on the services that local NHS hospitals currently provide. Some NHS hospitals may want to become centres of excellence in a specialist area, expand their range of services, or increasingly seek to provide community health services as well as acute services.

Change is possible. By working together, local government and health leaders can seize upon the exciting opportunities that the health reforms provide, to create a health and care system that is fit for the 21st Century.

The need to shift from acute to community-based preventative care

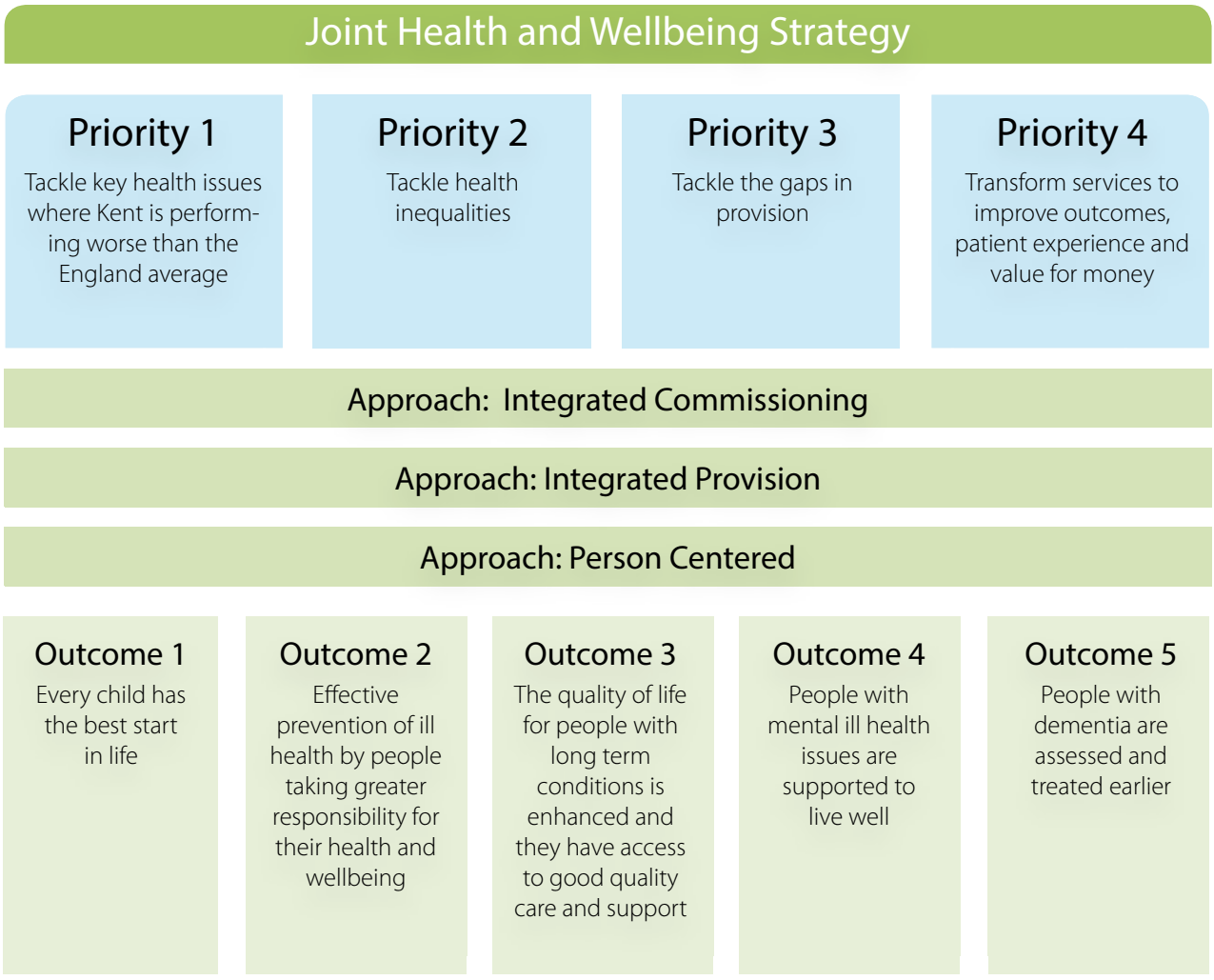


Illustrations based on figures from Unit Costs of Health & Social Care 2012, University of Kent.

Making it happen

To realise the changes to the health and care system that we need, we have a long journey ahead. The first step on that journey has been the development and agreement of the Joint Health and Wellbeing Strategy for Kent, owned by the Kent Health and Wellbeing Board. It is a public document, which jointly identifies health and social care outcomes for the people of Kent. This strategy will help us to work together to meet the health and care needs of the Kent community, focusing on the needs of patients rather than organisational needs and structures.

The Health and Wellbeing Strategy for Kent is informed by the Joint Strategic Needs Assessment for Kent, which identified priorities that we need to work towards to improve people's health and wellbeing in Kent. Achieving these priorities will also help us meet the national Outcomes Frameworks for the NHS, public health and adult social care. The four priorities, and the approaches that the Health and Wellbeing Board will take to achieve them, are set out below.



"The vision set out in this discussion document is by no means a certainty. The health reforms provide the potential to deliver better health in Kent but this will require us to be open to taking brave, bold steps. To deliver the change that is needed, we will all need to think differently and work differently."

Paul Carter, Leader, Kent County Council

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Please call 08458 247 247 or Text Relay 18001 247 247 for details

By: Alex King, Deputy Leader

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

Geoff Wild, Director of Governance and Law

To: County Council – 28 March 2013

Subject: Revision of Terms of Reference and Protocols for the Health Overview and Scrutiny Committee.

Summary: This report invites the County Council to approve changes to the Terms of Reference and Protocols for Health Overview and Scrutiny in Kent contained within the Constitution to reflect changes introduced by the Health and Social Care Act 2012, as recommended by the Selection and Member Services Committee.

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1. Introduction

(a) The current Protocol for Health Overview and Scrutiny assumes that the legislation underpinning health scrutiny established in the Health and Social Care Act 2001 and consolidated in the National Health Service Act 2006 would continue to operate.

(b) The Health and Social Care Act 2012 established a new framework for local health scrutiny. The details are contained in The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the Regulations) published on 8 February 2013. The regulations come into effect on 1 April 2013. These need to be reflected in revised Terms of Reference and Protocols.

(c) The Health and Social Care Act 2012 has also led to the formal introduction of the Health and Wellbeing Board and the transfer of significant public health responsibilities to Kent County Council, along with broader changes to the structure of the health economy. These also need to be reflected in the Constitution.

(d) The Health and Social Care Act 2012 preserved health scrutiny as a function of local authorities with social services responsibilities, but conveyed the powers to the whole County Council, rather than to a specific committee. It remains a non-executive function and can be delegated to a committee (under section 102 of the Local Government Act 1972), an overview and scrutiny committee, or joint overview and scrutiny committee. It cannot be delegated to an officer of the authority or to the Health and Wellbeing Board.

(e) The core powers to require information and attendance at meetings remain part of health scrutiny. These powers extend over the NHS Commissioning Board, Clinical Commissioning Groups and providers of NHS and public health services commissioned by the NHS Commissioning Board, Clinical

Commissioning Groups and local authorities. These are analogous to currently existing powers and are there to enable health scrutiny to 'review and scrutinise any matter relating to the planning, provision and operation of the health service in its area'.

(f) As currently, there is a requirement for the County Council to be consulted on service reconfigurations. Where a service reconfiguration affects the areas of more than one council with health scrutiny functions, a joint overview and scrutiny committee must be established, or the responsibility delegated to a committee in a different area. Additional requirements have been introduced to require the relevant health service body and local authority to try and reach agreement where there are differences of opinion.

(g) The ability to make a report to the Secretary of State on a service reconfiguration ('referral') continues on the same existing three grounds:

a. The consultation with the Committee on the proposal is deemed to have been inadequate in relation to content or time allowed;

b. The reasons given for not consulting with the Committee on a proposal are inadequate;

c. The proposal is not considered to be in the interests of the health services of the area.

(h) The decision to refer a service reconfiguration to the Secretary of State must be carried out by full Council unless the health scrutiny function has been delegated specifically to an Overview and Scrutiny Committee or Joint Overview and Scrutiny Committee and not a Committee or Sub-Committee set up under s.102 of the Local Government Act 1972.

2. Key Points

(a) The revised protocols assume that the Health Overview and Scrutiny Committee (HOSC) will continue and will be the default means through which the statutory health scrutiny function of Kent County Council is to be exercised. The exception to this is the situation where a joint overview and scrutiny committee is required due to a service reconfiguration affecting more than one area.

(b) The decisions of the Health and Wellbeing Board do not necessarily all come under the statutory remit of health scrutiny. The Health and Wellbeing Board covers children's services, social services and public health as well as health. The remit of statutory health scrutiny will cover the commissioning decisions of the Clinical Commissioning Groups who are statutory members of the Board, but not the other commissioners present. It will also cover any health services commissioned by public health or the Clinical Commissioning Groups. The commissioning decisions taken by the local authority will be considered separately under the Cabinet Committee system.

(c) Similarly, the wide-ranging nature of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies means that HOSC is likely to be

interested in their contents and be able to add value to their development, but this does not mean it need necessarily carry out the role of a Cabinet Committee in relation to the Health and Wellbeing Board..

(d) A few examples of the way the Health and Wellbeing Board and HOSC would interact strategically are set out in Section 5 of the revised Protocol.

(e) Local Health Watch retains the power currently enjoyed by the LINk to formally refer matters relating to the planning, provision and operation of the health service in its area to the HOSC.

(f) As under the previous legislation, health scrutiny remains a function of upper tier authorities. Borough/City/District Councils are still able to scrutinise health topics under their 'general well being' powers, although the ability to delegate some health scrutiny powers where appropriate remains. Sub-architecture for the Health and Wellbeing Board is being developed and involves Borough/City/District Councils. This may become more of a focus for Borough/City/District Councils involvement in health matters than health scrutiny.

(g) Where health scrutiny is carried out at the Borough/City/District Council level, the Constitution already contains the previously agreed Protocol for Overview and Scrutiny Inter-Authority Co-Operation.

(h) The revised Terms of Reference will replace those currently in the Constitution Appendix 2, Part 2.

(i) At its meeting on Thursday 14 March, this report was considered and approved by the Selection and Member Services Committee for onward submission to the County Council.

3. Recommendation

That County Council approve the revised terms of Reference and Protocol for Health Overview and Scrutiny in Kent as set out in Appendix A of this report and recommends that Appendix 2, Part 2, of the Constitution be amended accordingly.

Background Documents

Department of Health, *Local Authority Health Scrutiny: A summary of consultation responses*, 14 December 2012
http://www.dh.gov.uk/health/2012/12/health-scrutiny-response/

Health and Social Care Act 2012
http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
http://www.legislation.gov.uk/uksi/2013/218/contents/made

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Annex B:
Terms of Reference and Protocol for Health Overview and Scrutiny in Kent

Terms of Reference for Health Overview and Scrutiny Committee (HOSC)

"To review and scrutinise matters relating to the planning, provision and operation of health services in Kent through exercising the powers conferred on Kent County Council under Section 244 of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012."

Protocol for Health Overview and Scrutiny

1. Core Principles.

(1) This protocol puts into effect the statutory obligations of Kent County Council under section 244 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

(2) The operation of the protocol is underpinned by Part 4 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (as amended from time to time).

(3) The work of the HOSC is built around the following four principles:

(a) Democratic legitimacy – Membership is drawn from elected representatives.

(b) Institutional memory – a strand of continuity as well as a body of knowledge and experience is built up cumulatively over time.

(c) Strategic perspective – HOSC is a statutory body able to scrutinise health matters as they affect the whole county.

(d) Operational freedom – an independent perspective is brought to the scrutiny of health issues through the ability to treat commissioners and providers of health services equally.

2. Key Tasks and Work Programme

(1) The work programme of the HOSC is underpinned by the four principles and reflects the key tasks outlined below:

(a) To examine the strategic direction for local health services, how the key objectives and priorities have been determined and whether there exists the means to achieve them, in terms of plans, resources, skills, and capabilities.

(b) To examine policy proposals affecting local health services, review areas of emerging policy, or where existing policy is deficient, make proposals.

(c) To examine the performance of the commissioners and providers of local health services, and the relationships between spending and delivery of

outcomes.

(d) To conduct scrutiny of plans for substantial variations of service.

(e) To review the implementation and impact of substantial variations of service and changes to the provision of health services.

(f) To produce timely reports to inform debate in County Council and the Health and Wellbeing Board, and to examine matters raised.

(g) To assist the County Council in better engaging with the public by ensuring that the work of the HOSC is accessible to the public.

(2) The HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services to bring an item to the HOSC's attention, as well as taking into account the referral of issues by Health Watch and other third parties.

(3) The HOSC will not consider individual complaints relating to health services. All individual complaints about a service provided by the NHS should be directed to the NHS body concerned.

3. Operating Arrangements.

(1) The exercise of formal health scrutiny powers shall be through meetings of the whole HOSC. Exceptions are set out in paragraph 3(2), below.

(2) Informal Member Groups may be established with the approval of the HOSC, in order to consider issues in more depth and can include elected representatives from KCC or Borough/City/District Councils in Kent who are not members of HOSC. Informal Member Groups cannot exercise any formal health scrutiny powers.

(3) Agenda items present at the request of health bodies shall be accompanied by a clear indication of the outcome sought from the HOSC and sufficient information provided for inclusion in the agenda to enable the HOSC to respond appropriately.

(4) Commissioners and providers of local health services are required to provide the HOSC with such information about the planning, provision and operation of health services in the area of that authority as the authority may reasonably require in order to discharge its relevant functions.

(5) Nothing in paragraph 3(4) requires the provision of:

(a) confidential information which relates to and identifies a living individual, unless at least one of the conditions specified in paragraph 3(6) applies; or

(b) any other information the disclosure of which is prohibited by or under any enactment, unless paragraph 3(7) applies.

(6) The conditions referred to in paragraph 3(5)(a) are:

(a) the information is or can be disclosed in a form from which the identity of the individual cannot be ascertained; or

(b) the individual consents to the information being disclosed.

(7) This paragraph applies where:

(a) the prohibition on the disclosure of information arises because the information is capable of identifying an individual; and

(b) the information is or can be disclosed in a form from which the identity of the individual cannot be ascertained.

(8) In a case where the disclosure of information is prohibited by paragraph 3(5), the HOSC may require the person holding the information to put the information in a form from which the identity of the individual concerned cannot be identified in order that the information may be disclosed.

(9) Paragraph 3(4) does not apply in relation to:

(a) information contained in, or relating to, a trust special administrator's report or draft report under sections 65F or 65I of the National Health Service Act 2006;

(b) information contained in, or relating to, recommendations by a health special administrator on the action which should be taken in relation to a company subject to a health special administration order under section 128 of the Health and Social Care Act 2012.

(10) Subject to paragraph 3(14), the HOSC may require any member or employee of a local health service commissioner or provider to attend before the HOSC to answer such questions as appear to the HOSC to be necessary for discharging its relevant functions.

(11) Subject to paragraphs 3(12) and 3(13), it is the duty of any such member or employee to comply with any such requirement.

(12) The HOSC may not require a person to attend in accordance with paragraph 3(10) unless reasonable notice of the intended date of attendance has been given to that person.

(13) Nothing in paragraph 3(11) requires any person to answer any question put to that person by the local authority:

(a) to the extent that the answer requires the provision of information of a type specified in paragraph 3(5); or

(b) if that person would be entitled to refuse to answer in, or for the purposes of, proceedings in a court in England and Wales.

(14) The HOSC may not require a member or employee of a responsible person to attend before it to answer questions in relation to:

(a) a trust special administrator's report or draft report under sections 65F or 65I of the National Health Service Act 2006;

(b) a health special administration order under section 128 of the Health and Social Care Act 2012, or recommendations by a health special administrator on the action which should be taken in relation to a company subject to such an order.

(15) Where appropriate, the HOSC may also request information for agenda items and attendance at formal meetings from organisations and individuals not specified in statutory regulations. Whenever information is either required or requested, sufficient notice shall be given to enable the relevant information to be gathered and attendees confirmed along with a clear indication of the outcome sought.

4. Working with other organisations

(1) It is recognised that Borough/City/District Councils in Kent may wish to engage with health matters in ways other than through overview and scrutiny. The exercise by KCC of the statutory health scrutiny function shall not prejudice this activity, and information shall be shared freely between the HOSC and Borough/City/District Councils.

(2) Health scrutiny activity at the County and Borough/City/District Council level shall seek to be complementary and not unnecessarily duplicate work. The HOSC may determine to delegate the exercising of the health scrutiny function over a specific issue to an overview and scrutiny committee of a Borough/City/District Council. Due regard will be given to the Protocol for Overview and Scrutiny Inter-Authority Co-Operation (contained in Appendix 4 Part 4 Annex A of the Constitution) and the relevant regulations.

(3) Borough/City/District Council representatives shall have rights of participation in a manner to be determined by the County Council.

(4) The role that Health Watch fulfils in promoting effective health care is recognised as is the statutory role of Health Watch on the Health and Wellbeing Board. Information will be shared where appropriate and Health Watch shall have the right to refer issues to HOSC, but there is no automatic right for Health Watch members to formal HOSC membership.

(5) Issues referred by Health Watch will receive an acknowledgment within 20 working days and Health Watch will be kept informed of any actions taken.

(6) Monitor, the Care Quality Commission and other regulatory bodies, undertake valuable roles distinct from that of HOSC. Information may be shared with them, but the operational independence and work programme of HOSC shall not be determined by that of other bodies.

(7) Regular liaison shall be maintained with health scrutiny in Medway and if a Joint HOSC is required by statute, or where it is deemed appropriate by the relevant Committee in each authority, one shall be established in line with the manner agreed between both authorities.

(8) Regular liaison shall be maintained with health scrutiny bodies across the South East region and elsewhere, to consider and share information about broader strategic health matters affecting the entire region.

(9) If a Joint HOSC is required by statute or where it is deemed appropriate by the relevant Committee in each authority concerned, one shall be established in line with the manner agreed between the authorities. Options shall include the establishment of a formal Joint HOSC, or the delegation of the scrutiny function for the specific issue under discussion to another HOSC or equivalent Committee.

5. Relationship with the Health and Wellbeing Board

(1) The strategic reciprocity of the HOSC and the Health and Wellbeing Board (HWB) is recognised in relation to the unique role each fulfils. Membership of one will exclude membership of the other.

(2) The HOSC shall seek to add value to the work of the HWB while maintaining a distinct identity as a 'critical friend'. The HOSC has a role in contributing to the development of the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). It may also provide, where appropriate and upon request, a third party perspective on perceived conflicts between the JHWS and health commissioning plans.

(3) The HWB may request (but not require) that the HOSC undertakes specific reviews and makes recommendations.

6. Substantial Variations of Service

(1) Proposed changes to local health services shall be communicated on a regular basis to the HOSC by health service commissioners and providers. The HOSC shall advise where it considers a change to be substantial and it wishes to consider a proposal in more detail.

(2) The HOSC shall advise where, in cases when the relevant health service body has not requested the opportunity to bring a specific proposal to the HOSC, it considers a change to be substantial and it wishes to consider a proposal in more detail.

(3) Where a decision has been taken without allowing time for consultation because of a risk to safety or welfare of patients and staff, the HOSC shall be informed as soon as is practicable.

(4) Where the HOSC deems a given proposed service change as being not substantial, this shall not prevent the HOSC from reviewing the proposed change at its discretion and making reports and recommendations to the relevant health commissioner or provider.

(5) Where a proposed service change is being considered by a Joint HOSC or where there has been delegation of the scrutiny function for the specific issue to another committee or body, it shall be only this Committee or body which shall consider the decision and not the HOSC.

(6) Where the HOSC determines a proposed change of service to be substantial, a timetable for consideration of the change shall be agreed between the HOSC and relevant organisation(s). Changes to the timetable will be possible by mutual agreement. The timetable shall include the proposed date that the relevant organisation(s) intends to make a decision as to whether to proceed with the proposal and the date by which the HOSC will provide any comments on the proposal.

(7) Where the HOSC makes a recommendation on a proposal for a substantial variation of service with which the relevant organisation(s) does not agree, the HOSC shall be notified and such steps as are reasonably practicable taken by all parties to try and reach agreement.

(8) The HOSC's consideration of any substantial variation of service will include the whole context of the local health economy, e.g. whether it delivers lasting

clinical change, is sustainable, and whether it meets the Secretary of State's four tests of service reconfiguration:

(a) that they have support of general practitioner commissioners;

(b) arrangements for public and patient engagement, including local authorities, are strong;

(c) there is clarity about the clinical evidence base underpinning any proposals; and

(d) the proposals take into account the need to develop and support patient choice.

(9) A substantial variation of service may only be referred to the Secretary of State for Health where one of the following applies:

(a) The consultation with the HOSC on the proposal is deemed to have been inadequate in relation to content or time allowed;

(b) The reasons given for not consulting with the HOSC on a proposal are inadequate;

(c) The proposal is not considered to be in the interests of the health services of the area.

(10) The proposer of the substantial variation of service shall be informed of the date on which the HOSC intends to make a determination on referring an issue to the Secretary of State for Health. Full Council will be kept informed of the HOSC's intention to determine whether to refer an issue to the Secretary of State for Health. Where practicable, full Council will be given the opportunity to comment of the HOSC's intention to refer and the HOSC shall consider these comments before making a final determination.

(11) Any report of a referral to the Secretary of State shall be accompanied by full evidence of the case for referral. It will also include evidence all other options for resolution have been explored.

By: Mr Mark Dance, Cabinet Member for Regeneration and Economic Development

Mr Mike Hill, Cabinet Member for Customer and Communities

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

To: County Council – 28 March 2013

Subject: **Select Committee: Apprenticeships**

Summary: To comment on and endorse the report of the Select Committee on Apprenticeships.

Introduction

1. The Leader of the Council proposed in November 2013 a select committee to explore ways to improve apprenticeships in Kent.

Select Committee Process

Membership

2. The Select Committee commenced its work in December 2012. The Chairman of the Select Committee was Mr Kit Smith. Other members of the Committee were Mr Rob Bird, Mr Alan Chell, Mr Leslie Christie, Mr David Hirst, Mr Steve Manion, Mr Michael Northey and Mrs Carole Waters. In addition, Mr Richard Lees was co-opted onto the Committee.

Terms of Reference

3. The final terms of reference were:

- To explore apprenticeships in Kent within the wider context of the UK and the EU, and to consider how apprenticeships in Kent may evolve in the future.

- To investigate the demand for apprenticeships from employers and learners in Kent and consider ways in which apprenticeships can be championed and promoted to young people as well as employers.

- To examine the current quality of apprenticeships in Kent, delivered by a multiplicity of providers, and explore the extent to which successful completion of apprenticeships leads to sustainable employment.

- To consider the role of Kent County Council in implementing suggestions put forward in the Richard Review of Apprenticeships.

- For the Apprenticeships Select Committee to make recommendations after having gathered evidence and information throughout the review.

Evidence

4. The Committee used a number of evidence sources to inform its investigations, including oral and written evidence from a wide range of stakeholders, about forty rapporteur sessions and evidence and information from five official visits.

Report

5. A copy of the report's Executive Summary and its recommendations is attached in Appendix 1. The full report is available on request from the report's authors, Gaetano Romagnuolo (gaetano.romagnuolo@kent.gov.uk or 01622 694292) and Simon Shrimpton (simon.shrimpton@kent.gov.uk or 01622 694126)

Conclusion

6. We would like to congratulate the Select Committee on completing this challenging piece of work. We would also like to thank all the witnesses who gave evidence to the Select Committee.

7. Recommendations

We recommend that:-

(a) the Select Committee report be endorsed by the County Council;

(b) the Select Committee be thanked for a useful report on a complex and challenging issue; and

(c) the witnesses and others who provided evidence and made valuable contributions to the work of the Select Committee be thanked.

Background Information: *None*

Mr Mark Dance, Cabinet Member for Regeneration and Economic Development

Mr Mike Hill, Cabinet Member for Customer and Communities

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

Appendix 1

1. Executive Summary

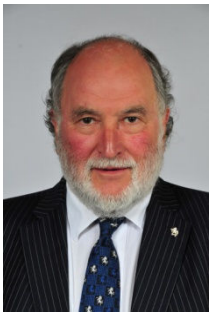
1.1. Committee Membership

1.1.1. The Committee consists of nine Members of Kent County Council (KCC): six Members of the Conservative Party, one Member of the Labour Party, one Member of the Liberal Democrat Party and one Member of the Swanscombe and Greenhithe Residents' Association.

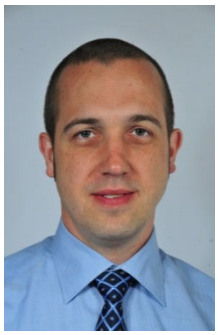
Mr Rob Bird
Liberal Democrat
Maidstone Central

Mr Alan Chell
Conservative
Maidstone South

Mr Leslie Christie
Labour
Northfleet & Gravesend



Mr David Hirst
Conservative
Herne Bay



Mr Richard Lees
Swanscombe and Greenhithe Residents' Association

Mr Steve Manion
Conservative
Dover North

Mr Michael Northey
Conservative
Canterbury South East

Mr Kit Smith
Conservative
Deal
(Chairman)

Mrs Carole Waters
Conservative
Romney Marsh

Scene Setting

1.1.2. Young people are the future of England and its economy. Raising their aspirations and creating the right opportunities to enhance their skills and attitudes in order to enter sustainable employment are crucial both for their independence and the quality of their lives, as well as for the country's economic recovery and growth.

1.1.3. Addressing the employability of young people is a critical task if we want to contribute to the country's economic recovery as well as provide the best possible prospects for future generations of workers in Kent.

1.1.4. Kent County Council recognises the importance placed upon apprenticeships by employers, young people and government at both a local and national level and has taken a major lead in the progress Kent has made in increasing the number of apprenticeships, which now stand at around 10,000.

1.1.5. Following last year's Student Journey Select Committee review, which explored ways of improving the employability of young people in Kent, it was decided to organise a shorter review to investigate in more detail the issue of apprenticeships across the county.

1.1.6. The Apprenticeships Select Committee was tasked with making recommendations to the Council that can help to ensure that, in the future, apprenticeships in Kent will:-

- Meet the needs of a changing economy.
- Provide sustainable pathways for young people into jobs through the acquisition of relevant skills.
- Consistently achieve professionally recognised high quality qualifications and skills which both employers and learners need.

1.2. Terms of Reference

- To explore apprenticeships in Kent within the wider context of the UK and the EU, and to consider how apprenticeships in Kent may evolve in the future.
- To investigate the demand for apprenticeships from employers and learners in Kent and consider ways in which apprenticeships can be championed and promoted to young people as well as employers.
- To examine the current quality of apprenticeships in Kent, delivered by a multiplicity of providers, and explore the extent to which successful completion of apprenticeships leads to sustainable employment.
- To consider the role of Kent County Council in implementing suggestions put forward in the Richard Review of Apprenticeships.

- For the Apprenticeships Select Committee to make recommendations after having gathered evidence and information throughout the review.

1.3. Scope

1.3.1. The breadth and complexity of this review requires a clear and focused approach, especially when looking to the future. For each of the terms of reference in Section 1.3 possible key themes and issues to be covered by the review are set out below:

- To explore apprenticeships in Kent within the wider context of the UK and the EU, and to consider how apprenticeships in Kent may evolve in the future.

    a. To explore the present landscape of apprenticeships in Kent within the wider context of the UK and the EU.

    b. To consider how apprenticeships in Kent may evolve in the future.

- To investigate the demand for apprenticeships from employers and learners in Kent and consider ways in which apprenticeships can be championed and promoted to young people as well as employers.

    a. To investigate the demand for apprenticeships from employers and learners in Kent.

    b. To consider ways in which apprenticeships can be championed and promoted to young people and employers.

- To examine the current quality of apprenticeships in Kent, delivered by a multiplicity of providers, and explore the extent to which successful completion of apprenticeships leads to sustainable employment.

    a. To examine the suitability of the current range of skills and qualifications provided by apprenticeships within Kent.

    b. To explore the extent to which the successful completion of apprenticeships leads to sustainable employment.

- To consider the role of Kent County Council in implementing suggestions put forward in the Richard Review of Apprenticeships.

    a. To consider the implications of the Richard Review for apprenticeships in Kent.

    b. To explore the ways in which Kent County Council can implement suggestions from the Richard Review in Kent.

- For the Apprenticeships Select Committee to make recommendations after having gathered evidence and information throughout the review.

1.4. Recommendations

Recommendation 1

The Skills and Employability Service in Kent County Council (KCC) should further raise awareness about apprenticeships and their benefits amongst young people, their parents/carers and employers. It is important to contribute to a shift in the perception of apprenticeships; from poorly paid jobs to funded training which significantly enhances employability.

Recommendation 2

The Skills and Employability Service should ensure that there is a single point of contact to provide information and support for apprenticeships both to young people and to local businesses in Kent. Particular support should be offered to SMEs employing less than 100 people and to vulnerable learners.

Recommendation 3

KCC should consider the use of Gateway Centres to provide information, recruitment and employment services traditionally associated with Jobcentre Plus. KCC should also consider the use of its own website to highlight these services.

Recommendation 4

The Cabinet Member for Education, Learning and Skills should write to Ofsted to urge that the provision and assessment of careers information, advice and guidance (IAG) in schools is reviewed. Ofsted should ensure that IAG is provided to all pupils at key transition points in their secondary education, and that it becomes a compulsory element in the Agency's assessment of schools' overall performance within 5 years. Ofsted should also assess, as part of its inspection framework, whether IAG in schools is impartial, high quality, and delivered by professionally trained and accredited people.

Recommendation 5

The Skills and Employability Service should develop, in collaboration with the National Apprenticeship Service (NAS) and the Skills Funding Agency (SFA), an inclusive kitemark to recognise both learning and skills providers and employers who deliver high quality apprenticeships in the county. The kitemark should consist of two awards; one to secure a minimum achievement of Kent high standards of delivery, the other to recognise outstanding provision and excellence.

Recommendation 6

The Skills and Employability Service should recommend to the NAS and the SFA that they promote and finance in Kent:

- initiatives such as Apprenticeship Training Agencies (ATAs), whereby businesses can offer apprenticeships without employing young people directly, and without all the accompanying "red tape". It is hoped that initiatives such as

this will incentivise local SMEs - and micro businesses in particular - to take up apprentices.

- schemes whereby an apprenticeship can be offered jointly by a group of local businesses. The apprentice will work in each of those businesses. The larger business within the group will deal with the administration and organisation of the apprenticeship, in order to fulfil its social responsibility role towards smaller businesses and the wider community.

- a "safety net" system which allows apprentices to complete their courses even if the businesses employing them cease to trade.

Recommendation 7

KCC's Education Learning and Skills Directorate and the Economic Development and Regeneration Divisions should actively encourage the setting up of an apprenticeship model – similar to that run by BT - where a large employer quality assures, endorses and offers resources to enable the provision of apprenticeships to SMEs within the same sector.

The administration, teaching and bureaucracy are removed from both the SME and the large business, and are instead dealt with by learning and skills providers. The quality assurance of apprenticeships guarantees that SMEs offer high standard skills and knowledge that the large employer requires.

Recommendation 8

The Cabinet Member for Education, Learning and Skills should ask the Secretary of State for Education to further encourage the teaching of soft skills and functional skills in primary schools. He should also further encourage secondary schools to organise work experience placements for all their students in order to prepare them for the world of work.

Recommendation 9

KCC's Regeneration and Economic Development Division and Education, Learning and Skills Directorate should jointly pilot a scheme whereby post-16 students can gain valuable experience of work by using their skills to help local businesses with particular projects.

Recommendation 10

KCC's Regeneration and Economic Development Division and Education, Learning and Skills Directorate should develop a mechanism to ensure that students in Kent are offered apprenticeships as part of the September Guarantee.

Recommendation 11

The Skills and Employability Service should encourage schools and public bodies in Kent to employ apprentices as part of their workforce.

Recommendation 12

KCC's Education, Learning and Skills Directorate and Regeneration and Economic Development Division should liaise with Further Education representatives across Kent (through groups such as KAFEC) to promote the vision that each college develops an area of apprenticeship specialisation (beyond Level 2).

Recommendation 13

All KCC directorates should implement an internal performance indicator to ensure that they employ a set number of apprenticeships, including higher level apprenticeships. KCC's ambition should be to deliver high quality, reputable apprenticeships that offer good progression opportunities.

Recommendation 14

All KCC directorates should make certain that the requirement for contractors to deliver one apprenticeship opportunity for each £1 million spend on labour is fully implemented.

Recommendation 15

KCC should review its status as a provider of apprenticeship courses, and move towards a more strategic and enabling role. It should offer more support to providers of apprenticeships, in order to stimulate their growth in a competitive, free market environment.

Recommendation 16

In order to identify new growth sectors in Kent's economy, as well as to support existing ones, it is essential that KCC fulfils a strong strategic and coordinating role. This should be achieved by increasing synergy through the sharing of labour market information between each of its directorates. This information should be cascaded effectively to providers and employers in order to secure confidence in the provision of apprenticeships.

Recommendation 17

The Skills and Employability Service should launch, in collaboration with the NAS, a summit to develop strategies aimed at promoting the growth of apprenticeships in the county.

By:	Cabinet Member for Finance and Business Support
To:	County Council – 28 March 2013
Subject:	Treasury Management 6 Month Review 2012/13
Classification:	Unrestricted

Summary: To present the Treasury Management 6 Month Review.

FOR INFORMATION

INTRODUCTION

1. This is a 6 month update on treasury management issues.

BACKGROUND

2. The Treasury Management Strategy for 2012/13 has been underpinned by the adoption of the Chartered Institute of Public Finance and Accountancy's (CIPFA) Code of Practice on Treasury Management 2011, which includes the requirement for determining a treasury strategy on the likely financing and investment activity for the forthcoming financial year.

3. The Code also recommends that members are informed of Treasury Management activities at least twice a year-in fact we report to each meeting of this committee. This report therefore ensures this authority is embracing Best Practice in accordance with CIPFA's recommendations.

4. Treasury management is defined as: "The management of the local authority's investments and cash flows, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks."

5. Although formally this report is to 30 September it covers developments in the period since up to the end of November 2012.

6. The report was agreed by Governance & Audit Committee on 19 December 2012.

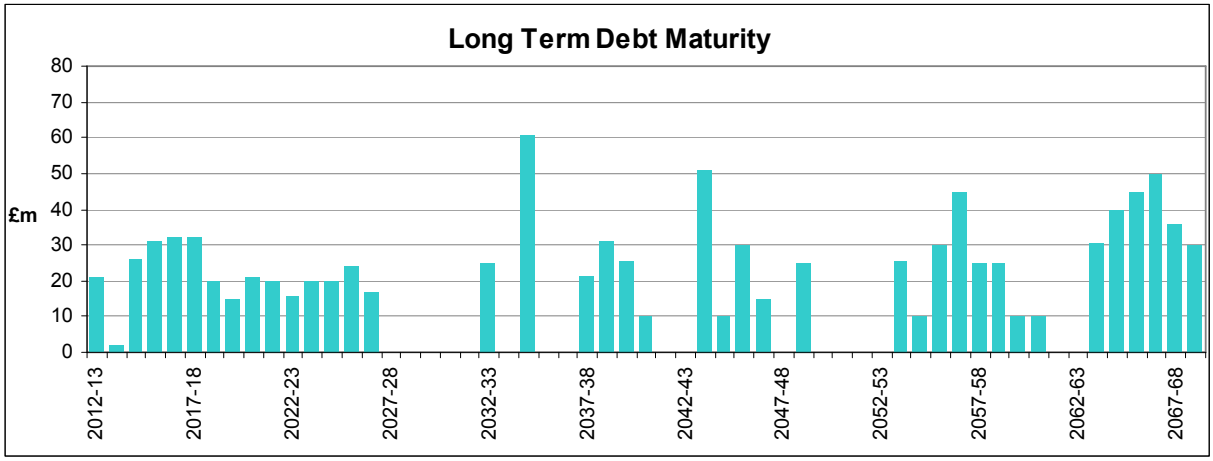
DEBT MANAGEMENT

7. The PWLB remains the preferred source of borrowing for the Council as it offers flexibility and control. From 1 November 2012, the Government reduced by 20 basis points (0.2%) the interest rates on loans from the PWLB to principal local authorities who provided the required information on their plans for long-term borrowing and associated capital spending. KCC completed the information request and, as a consequence, qualifies to receive the certainty rate discount on PWLB loans from 1 November 2012 to 31 October 2013.

8. The large downward move in gilt yields in the second quarter resulted in PWLB rates falling across all maturities. However taking new borrowing still involves a very significant long term revenue cost to the Council. For the Council the use of internal resources in lieu of borrowing has continued to be the most cost effective means of funding capital expenditure. This has lowered overall treasury risk by reducing both external debt and temporary investments.

9. During August a £55m PWLB loan was repaid using the Council's cash balances and there was no rescheduling of existing debt in the 6 months.

10. As at 30 September the Council had long term borrowings of £1,033million with a maturity profile as follows:



Total external debt included £44.3m of pre LGR debt relating to Medway Council and £2.7m for other bodies.

11. In November a further £20m PWLB loan was repaid using cash in hand.

12. As a result of repaying the loans the average portfolio interest rate for 2012-13 has increased by 0.14% to 5.44% and the average life of the portfolio from 30.13 years to 30.83 years.

13. It is forecast that debt costs for 2012-13 will be £2.8m less than budget due to deferring borrowing in 2011-12 and no new borrowing being taken in 2012-13.

INVESTMENTS

14. The Guidance on Local Government Investments in England gives priority to security and liquidity and the Council's aim is to achieve a yield commensurate with these principles. This has been maintained by following the Council's counterparty policy as set out in its Treasury Management Strategy Statement for 2012/13.

15. The Council's criteria for the selection of counterparties are:

- A strong likelihood of Government intervention in the event of liquidity issues based on the systemic importance to the UK economy.

- Publicised credit ratings for institutions (the Council's minimum long-term counterparty rating is A- or equivalent).
- Other financial information e.g. Credit Default Swaps, share price, corporate developments, news, articles, market sentiment, momentum.
- Country exposure e.g. Sovereign support mechanisms, GDP, net debts as a percentage of GDP.
- Exposure to other parts of the same banking group.
- Reputational issues.

16. New investments have been made in Term Deposits and Certificates of Deposit (CDs) with the following UK Banks and Building Societies systemically important to the UK:

    - Barclays
    - HSBC
    - Lloyds Banking Group
    - Royal Bank of Scotland
    - NatWest
    - Santander UK
    - Standard Chartered
    - Nationwide

    and in T-Bills and DMADF (Debt Management Office) deposits

17. In June Moody's completed its review of banks with global capital market operations, downgrading the long-term ratings of all of them by between one to three notches. The banks on the Council's lending list which were affected by the ratings downgrades were Barclays, HSBC, Royal Bank of Scotland. Separately, the agency also downgraded the ratings of Lloyds Bank, Bank of Scotland, National Westminster Bank and Santander UK plc. None of the long-term ratings of the banks on the Council's lending list were downgraded to below the Council's minimum A- credit rating threshold.

18. As a result of the ratings downgrades deposit durations were shortened in June. They were then extended at the end of July having taken account of advice from Arlingclose whose assessment of the creditworthiness of the financial institutions had shown continued signs of stabilisation, and in some cases, considerable improvement. At the present time the maximum durations advised by Arlingclose for UK institutions are:

    - Santander UK for a maximum period of **100 days**;
    - Royal Bank of Scotland, National Westminster, Lloyds TSB and Bank of Scotland for a maximum period of **6 months**;
    - HSBC Bank, Standard Chartered, Nationwide BS and Barclays for a maximum period of **12 months**.

    The Council's maximum maturities for new investments are:

    - Royal Bank of Scotland, National Westminster, Santander UK **- overnight**
    - Lloyds TSB, Bank of Scotland, Barclays and Nationwide BS for a maximum period of **100 days**

- HSBC Bank and Standard Chartered for a maximum period of **12 months**.

19. At its meeting in September Cabinet approved the use of the following Australian and Canadian counterparties. At the current time not all of the banks listed take deposits and rates are quite low. However, we now have alternative options to using the DMO in the event of further downgrades of UK financial institutions.

    - Australia and New Zealand Banking Group
    - National Australia Bank
    - Westpac Banking Corp
    - Commonwealth Bank of Australia
    - Bank of Montreal
    - Bank of Nova Scotia
    - Canadian Imperial Bank of Commerce
    - Royal Bank of Canada
    - Toronto Dominion Bank

    The maximum duration is 12 months and the maximum limit with any one bank is £25m with the maximum exposure to either country being £50m. To date no deposits have been made with these counterparties.

20. A list of the Council's deposits on 16 November is attached at Appendix 1.

21. The average cash balances during the 6 months were £325m representing the Council's reserves, working cash balances, capital receipts and schools balances etc. This figure will come down with the debt repayment of £75m. Cash balances are expected to be lower towards the end of the financial year.

22. The UK Bank Rate has been maintained at 0.5% since March 2009 and is not expected to rise until 2015/2016. New investments were made at an average rate of 0.84%. The Council anticipates an investment outturn of £2.57m / 0.86% for the whole year.

ICELAND

23. Current recoveries from Icelandic banks are £37.7m comprising:

    - Heritable dividends totalling 74.56p in £ or £13.7m
    - Landsbanki - 3 dividends of £8.1m, 47.63% of the total due
    - Glitnir – in March 2012 a full recovery was made.

COMPLIANCE WITH PRUDENTIAL INDICATORS

24. The Council can confirm that it has complied with its Prudential Indicators for 2012/13 set as part of the Council's Treasury management Strategy Statement. Details can be found in Appendix 2.

RECOMMENDATION

25. Members are asked to note the report.

Alison Mings
Treasury and Investment Manager
Ext: 7000 6294

Appendix 1

KCC Deposits as at 16 November 2012

Instrument Type	Counterparty	Principal Amount	End Date	Interest Rate	Territory
		£		%	
Fixed Deposit	Bank of Scotland	5,000,000	07/05/2013	1.6	UK Bank
Fixed Deposit	Bank of Scotland	5,000,000	06/02/2013	1.3	UK Bank
Fixed Deposit	Barclays Bank	5,000,000	31/05/2013	6.8	UK Bank
Same day Call Deposit	Barclays Bank (FIBCA)	20,000,000	n/a	0.7	UK Bank
Same Day Call Deposit	Lloyds TSB	6,250,000	n/a	0.75	UK Bank
Fixed Deposit	Lloyds TSB	5,000,000	01/02/2013	1.3	UK Bank
Fixed Deposit	Lloyds TSB	5,000,000	03/05/2013	1.6	UK Bank
Same Day Call Deposit	NatWest	23,350,000	n/a	1.15	UK Bank
LIBOR Fixed Deposit	Royal Bank of Scotland	5,000,000	18/10/2013	1.1325	UK Bank
Same Day Call Deposit	Royal Bank of Scotland	45,000,000	n/a	1.25	UK Bank
Same Day Call Deposit	Santander UK	25,000,000	n/a	0.8	UK Bank
Certificate of Deposit	Standard Chartered	10,000,000	22/11/2012	0.85	UK Bank
Certificate of Deposit	Standard Chartered	10,000,000	30/11/2012	0.92	UK Bank
Certificate of Deposit	Standard Chartered	20,000,000	03/12/2012	0.92	UK Bank
Certificate of Deposit	Standard Chartered	10,000,000	12/12/2012	0.92	UK Bank
	Total UK Bank Deposits	**199,600,000**			
Fixed Deposit	Nationwide Building Society	900,000	19/11/2012	0.35	UK Building Society
	Total UK Building Society Deposits	**900,000**			
Treasury Bill	Debt Management Office	20,000,000	03/12/2012	0.338	UK Government
	Total UK Govt. Deposits	**20,000,000**			
	Total Icelandic Bank Deposits	**16,840,924**			Iceland Bank
	Grand Total of All Deposits	**237,340,924**			

2012-13 Qtr 2 Monitoring of Prudential Indicators

1. Estimate of capital expenditure (excluding PFI)

Actual 2011-12 £265.761m

Original estimate 2012-13 £278.885m

Revised estimate 2012-13 £256.344m (this includes the rolled forward re-phasing from 2011-12)

2. Estimate of capital financing requirement (underlying need to borrow for a capital purpose)

	2011-12 Actual	**2012-13 Original Estimate**	**2012-13 Forecast as at 31-10-12**
	£m	**£m**	**£m**
Capital Financing Requirement	1,495.873	1,538.083	1,521.559
Annual increase in underlying need to borrow	22.273	21.939	25.686

In the light of current commitments and planned expenditure, forecast net borrowing by the Council will not exceed the Capital Financing Requirement.

3. Estimate of ratio of financing costs to net revenue stream

Actual 2011-12	12.85%
Original estimate 2012-13	11.77%
Revised estimate 2012-13	14.06%

4. Operational Boundary for External Debt

The operational boundary for debt is determined having regard to actual levels of debt, borrowing anticipated in the capital plan, the requirements of treasury strategy and prudent requirements in relation to day to day cash flow management.

The operational boundary for debt will not be exceeded in 2012-13

a) Operational boundary for debt relating to KCC assets and activities

	Prudential Indicator 2012-13 £m	**Position as at 31.10.12 £m**
Borrowing	1,154	989
Other Long Term Liabilities	0	0
	1,154	989

(b) Operational boundary for total debt managed by KCC including that relating to Medway Council etc (pre Local Government Reorganisation)

	Prudential Indicator 2012-13 £m	**Position as at 31.10.12 £m**
Borrowing	1,198	1,033
Other Long Term Liabilities	0	0
	1,198	1,033

5. Authorised Limit for external debt

The authorised limit includes additional allowance, over and above the operational boundary to provide for unusual cash movements. It is a statutory limit set and revised by the County Council. The revised limits for 2012-13 are:

a) Authorised limit for debt relating to KCC assets and activities

	£m
Borrowing	1,195
Other long term liabilities	0
	1,195

(b) Authorised limit for total debt managed by KCC including that relating to Medway Council etc

	£m
Borrowing	1,238
Other long term liabilities	0
	1,238

The additional allowance over and above the operational boundary has not needed to be utilised and external debt, has and will be maintained well within the authorised limit.

6. Compliance with CIPFA Code of Practice for Treasury Management in the Public Services

The Council has adopted the Code of Practice on Treasury Management and has adopted a Treasury Management Policy Statement. Compliance has been tested and validated by our independent professional treasury advisers.

7. Upper limits of fixed interest rate and variable rate exposures

The Council has determined the following upper limits for 2012-13

Fixed interest rate exposure	100%
Variable rate exposure	50%

These limits have been complied with in 2012-13.

8. Upper limits for maturity structure of borrowings

	Upper limit	**Lower limit**	**As at 31.10.12**
	%	**%**	**%**
Under 12 months	10	0	2
12 months and within 24 months	25	0	0.2
24 months and within 5 years	40	0	8.6
5 years and within 10 years	30	0	10.4
10 years and within 20 years	30	10	11.8
20 years and within 30 years	30	5	14.4
30 years and within 40 years	30	5	12.7
40 years and within 50 years	40	10	17.5
50 years and within 60 years	40	10	22.4

9. Upper limit for principal sums invested for periods longer than 364 days

Indicator	Actual
£50m	£10m

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By: Alex King, Deputy Leader

Geoff Wild, Director of Governance and Law

To: County Council – 28 March 2013

Subject: Authority to participate in legal proceedings and Rights of Audience

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Summary: This report invites the County Council to approve a change to Article 13.3 to the County Council's Constitution to clarify that the Monitoring Officer may authorise others to participate in legal proceedings on behalf of the Authority, as recommended by the Selection and Member Services Committee.

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1. Legal Background

(1) The power for the Council to bring and defend legal proceedings has a statutory basis, which is reflected in the Council's Constitution. Without arrangements giving authority to various officers, the Council could not bring or defend legal proceedings or appear before a court. In order to do this, there needs to be two specific levels of authorisation:

(a) Authority to institute, defend or participate in and settle any legal proceedings; and

(b) Authority to appear in court

(2) Under the Council's Constitution, these authorisations are currently only given to the Monitoring Officer, without provision for other Council officers to be duly authorised. A number of directorates and divisions, for reasons related to the functions of their business, have been instituting, defending, participating, or settling legal proceedings and appearing in court without being clear as to whether the two specific levels of authorisation above are in place. The relevant divisions are:

- Waste management: to carry out statutory functions, directed surveillance under the Regulation of Investigatory Powers Act 2000 and to make applications before a Magistrates' Court;
- Insurance: to bring small claims related to their business operations and to appear in the County Court;
- Countryside Access Service: to carry out statutory functions and appear before Public Enquiries;
- Integrated Youth Services: to carry out statutory functions and appear before Magistrates' Courts to make applications on behalf of the Council; and
- Trading Standards: to carry out statutory functions and to appear before Magistrates' Courts to make applications on behalf of the Council.

The functions for these divisions and officer details can be found at **Appendices 1 and 2**.

(3) Section 222 of the Local Government Act 1972 ('LGA 1972') provides a power for the Council to prosecute or defend legal proceedings:

> *"Where a local authority consider it expedient for the promotion or protection of the interests of the inhabitants of their area*
>
> *(a) they may prosecute or defend or appear in any legal proceedings and, in the case of civil proceedings, may institute them in their own name, and*
>
> *(b) they may, in their own name, make representations in the interests of the inhabitants at any public inquiry held by or on behalf of any Minister or public body under any enactment."*

(4) The Legal Services Act 2007 ('LSA 2007') sets out a regulatory framework for the provision of legal services and prescribes how 'rights of audience' to appear in court are granted. Sections 12, 18 and 19 make clear that a person shall only have a right of audience before a court in relation to any proceedings where that person is either an 'exempt person' or an 'authorised person'. The LSA 2007 at paragraph 1(3), Schedule 3, provides that an 'exempt person' includes a person who has a right of audience before a court granted under any enactment. An 'authorised person' is a solicitor, barrister or legal executive who is a member of their relevant professional regulatory body. As long as an authorised person remains a member of such a body and complies with their rules and restrictions, they may exercise rights of audience and conduct litigation in all proceedings in all courts.

(5) Section 223 of the LGA 1972 is an enactment relevant to 'exempt persons' and provides that:

> *"Any Member or officer of a local authority who is authorised by that authority to prosecute or defend on their behalf, or to appear on their behalf in, proceedings before a Magistrates' Court shall be entitled to prosecute or defend or to appear in any such proceedings, and, to conduct any such proceedings."*

(6) Article 13.3 of the Council's Constitution gives effect to the legislative provisions above by:

> (a) delegating the power to prosecute or defend legal proceedings in s.222 of the LGA 1972 to the Monitoring Officer, and
>
> (b) authorising the Monitoring Officer to appear in any court proceedings:
>
> *"The Monitoring Officer is authorised to institute, defend or participate in and settle any legal proceedings in any case where such action is necessary to give effect to decisions of the Council or in any case where he considers that such action necessary to protect or pursue the Council's interests or where he considers it expedient for the promotion or protection of the interests of the inhabitants of Kent."*

It is important that the Monitoring Officer should remain an 'authorised person', as detailed above, in order to be able to, represent the Council in any court.

(7) The combination of the legislative provisions above and Article 13.3 gives the Monitoring Officer authority to conduct and appear in any legal proceedings on behalf of the Council, whether they are civil or criminal in nature. However, the Monitoring Officer does not have specific delegated authority to authorise other officers, whether within Legal Services or outside Legal Services, pursuant to the statutory provisions above. Recommendations to correct this are made below.

2. Authority to Appear in Court

(1) Any officer who represents the Council in a civil or criminal court for a hearing or trial must (a) have a right of audience and (b) be duly authorised, in accordance with the provisions above. A right of audience is the right to appear before and address a court, without which a party cannot appear before a court. There is no common law right of audience and a right of audience cannot be granted by consent of other parties to the case.

Magistrates' Courts

(2) As regards legal proceedings in the Magistrates' Court, s.223 LGA 1972 has the effect of giving local authority officers that right of audience after the officer is duly authorised by the Council. Otherwise, only an admitted solicitor or barrister may normally exercise a right of audience before a Magistrates' Court. Section 223 LGA 1972 only permits Council officers to appear in a Magistrates' Court and not any other court (e.g. Crown Court, County Court, High Court or any Appeal Court). Therefore, the Council (whether by delegated authority or otherwise) may only properly authorise officers who are not legally qualified with rights of audience to appear in the Magistrates' Court and not any other court.

(3) The proposed amendment to Article 13.3 below, allows the Monitoring Officer to delegate authority to other officers so that they may be duly authorised to appear in the Magistrates' Court as required by s.223 LGA 1972.

All other courts

(4) Only solicitors or barristers and certain regulated legal executives with rights of audience under the LSA 2007 are permitted to appear in criminal or civil proceedings in all courts. This is because they normally have rights of audience as 'authorised persons' under the LSA 2007 (as detailed above at paragraph 1(4)) without needing prior authorisation under s.223 of the LGA 1972. It is not possible for other Council officers to appear in any legal proceedings (apart from in a Magistrates' Court when duly authorised as an 'exempt person', described in paragraph 2(3) above).

3. Authority to institute, defend or participate in and settle any legal proceedings

Legal Officers

(1) As a part of their job and in furtherance of the Council's interests, Qualified Lawyers within Legal Services are regularly required to institute, defend or participate in and settle any legal proceedings. In order to give the Monitoring Officer delegated authority to authorise Qualified Lawyers, it is necessary to amend Article 13.3 as recommended below. This recommendation ensures that the Monitoring Officer has

delegated authority to authorise Qualified Lawyers to give effect to s.222 of the LGA 1972. The recommendation also permits the Monitoring Officer to authorise Non-Qualified Legal Services' officers to appear in the Magistrates' Court (but not any other court).

(2) It shall be the responsibility of the Monitoring Officer to hold a list of authorised officers pursuant to the proposed amendment to Article 13.3 and to review the list periodically or as appropriate.

Non-Legal Officers

(3) As mentioned above, Council officers who are not Qualified Lawyers may only appear in a Magistrates' Court after being duly authorised by the Council. In some cases, officers have been working under the impression that they have already been duly authorised to bring proceedings and appear before a Magistrates' Court (see **Appendix 2** and paragraph 1(2) above). However, on a closer review of the authorities presented by relevant divisions, this does not appear to be the case.

(4) As a result, it unwise for the Council to rely on existing authorities that may not be sufficient and necessary for the purposes of s.222 and s.223 of the LGA 1972. The proposed amendments to Article 13.3 below, would permit the Monitoring Officer to oversee and regularise the position with the necessary ability to give the required levels of authorisation described above.

(5) The proposed amendment to Article 13.3 would make it more efficient and cost effective for the Monitoring Officer to delegate authority to officers pursuant to s.222 and s.223 of the LGA 1972, rather than bringing a report to the full Council for decision on each occasion.

(6) The recommendation will provide resilience to court action brought by or against the Council, will serve to increase efficiency and reduce both costs and the risk of acting ultra vires.

PROPOSED AMENDMENT

4. Proposed Amendment to Article 13.3

(1) In order to give effect to the recommendations above, a simple amendment to Article 13.3 is proposed, as underlined below:

> **"The Monitoring Officer is authorised to institute, defend or participate in and settle any legal proceedings, <u>or authorise others to do so</u>, in any case where such action is necessary to give effect to decisions of the Council or in any case where he considers that such action necessary to protect or pursue the Council's interests or where he considers it expedient for the promotion or protection of the interests of the inhabitants of Kent."**

(2) At its meeting on Thursday 14 March, this report was considered and approved by the Selection and Member Services Committee for onward submission to the County Council.

5. Recommendations

1. That the County Council approves the following amendment to Article 13.3, as underlined below:

> **"The Monitoring Officer is authorised to institute, defend or participate in and settle any legal proceedings, or authorise others to do so, in any case where such action is necessary to give effect to decisions of the Council or in any case where he considers that such action necessary to protect or pursue the Council's interests or where he considers it expedient for the promotion or protection of the interests of the inhabitants of Kent."**

2. That the Monitoring Officer be authorised to hold a list of authorised officers pursuant to Article 13.3 and that the Monitoring Officer be authorised to make additions, removals or amendments to the list as appropriate in his opinion.

Contact:
Peter Sass
Head of Democratic Services
peter.sass@kent.gov.uk
Ext 4002

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Fee Earner Full Name	Legal Services Team	Qualified Lawyer: Solicitor / Barrister / Legal Executive with Rights of Audience
Ben Watts	Litigation & Social Welfare Group	Solicitor
Clark, Ian	Litigation & Social Welfare Group	Solicitor
Frankham, Frances	Litigation & Social Welfare Group	Solicitor
Bentley, Graeme	Litigation & Social Welfare Group	Solicitor
Boholst Madeira, Pamela	Litigation & Social Welfare Group	Solicitor
Brown, Michelle	Litigation & Social Welfare Group	Solicitor
Choi, Che Fung	Litigation & Social Welfare Group	Solicitor
Clark, Amelia	Litigation & Social Welfare Group	Solicitor
Dolan, Julia	Litigation & Social Welfare Group	Solicitor
Dholakia, Jyoti	Litigation & Social Welfare Group	Solicitor
Frost, Donna	Litigation & Social Welfare Group	Solicitor
Inglis, Fiona	Litigation & Social Welfare Group	Solicitor
Ismail, Nasim	Litigation & Social Welfare Group	Solicitor
Khatib, Sarah	Litigation & Social Welfare Group	Solicitor
McGowan,Noelle	Litigation & Social Welfare Group	Solicitor
Murphy, Michelle	Litigation & Social Welfare Group	Solicitor
Robinson, Penelope	Litigation & Social Welfare Group	Barrister
Sagaga, Vatau	Litigation & Social Welfare Group	Solicitor
Hannah Simpson	Litigation & Social Welfare Group	Solicitor
Siggins, Laura	Litigation & Social Welfare Group	Solicitor
Spicer, Laura	Litigation & Social Welfare Group	Solicitor
Usher, Jenny	Litigation & Social Welfare Group	Solicitor
Webb, Rebecca	Litigation & Social Welfare Group	Solicitor
Yip, Ling	Litigation & Social Welfare Group	Solicitor
Matthew Waterworth	Litigation & Social Welfare Group	Solicitor
Bakshi, Irvinder	Litigation & Social Welfare Group	Barrister
Bradley, Mark	Litigation & Social Welfare Group	Solicitor
Burrin, David	Litigation & Social Welfare Group	Solicitor
Clarke, Samantha	Litigation & Social Welfare Group	Solicitor
Clements, Lucy	Litigation & Social Welfare Group	Solicitor
Ffrench, Erica	Litigation & Social Welfare Group	Solicitor
Fulton, Ben	Litigation & Social Welfare Group	Solicitor
Holt, Katharine	Litigation & Social Welfare Group	Solicitor
Honeyman, Michael	Litigation & Social Welfare Group	Solicitor
Kremers, Katherine	Litigation & Social Welfare Group	Solicitor
Patel, Shejal	Litigation & Social Welfare Group	Solicitor
Rogers, Laura	Litigation & Social Welfare Group	Solicitor
Singh, Gurpreet	Litigation & Social Welfare Group	Barrister
Walsh, Peter	Litigation & Social Welfare Group	Solicitor
Warley, Simon	Litigation & Social Welfare Group	Solicitor
Gibbons,Myles	Litigation & Social Welfare Group	Legal Executive (With Rights of Audiance)
Vickerman, Karina	Litigation & Social Welfare Group	Legal Executive (With Rights of Audiance)
Trevor Chapman	Litigation & Social Welfare Group	Solicitor
Inoka Ho	Litigation & Social Welfare Group	Solicitor
Jennifer Nankivell	Litigation & Social Welfare Group	Solicitor
Loucia Kyprianou	Litigation & Social Welfare Group	Solicitor
Amen Randhawa	Litigation & Social Welfare Group	Solicitor
Beth Forrester	Litigation & Social Welfare Group	Solicitor
Catherine Bowcock	Litigation & Social Welfare Group	Solicitor
Carmel Maher	Litigation & Social Welfare Group	Solicitor
Carolyn Barber	Litigation & Social Welfare Group	Solicitor
Heidi Ali	Litigation & Social Welfare Group	Solicitor
Jacqui Sansom	Litigation & Social Welfare Group	Legal Executive (With Rights of Audiance)
Karina Sagaga	Litigation & Social Welfare Group	Solicitor
Kerry Short	Litigation & Social Welfare Group	Solicitor
Lauren McCann	Litigation & Social Welfare Group	Solicitor

Mikal Anderson	Litigation & Social Welfare Group	Solicitor
Moya Stirrup	Litigation & Social Welfare Group	Solicitor
Pam McFarland	Litigation & Social Welfare Group	Solicitor
Roger Hall	Litigation & Social Welfare Group	Solicitor
Sally Barter	Litigation & Social Welfare Group	Solicitor
Sarah Galvin	Litigation & Social Welfare Group	Solicitor
Toli Sagaga	Litigation & Social Welfare Group	Solicitor
Trazer Lyles	Litigation & Social Welfare Group	Solicitor
Vivien Bowles	Litigation & Social Welfare Group	Legal Executive (With Rights of Audiance)
Bussell, Oliver	Planning & Highways Team	Solicitor
Judge, Victoria	Planning & Highways Team	Solicitor
Bonser, Sarah	Planning & Highways Team	Solicitor
Emsley, Liezl	Planning & Highways Team	Solicitor
Everden, Nicola	Planning & Highways Team	Solicitor
Khroud, Amandeep	Planning & Highways Team	Solicitor
Rummins, Mark	Planning & Highways Team	Solicitor

Fee Earner Full Name	Legal Services Team
Briggs, Michael	Litigation & Social Welfare Group
Debono, Mandy	Litigation & Social Welfare Group
Sweeting, Julia	Litigation & Social Welfare Group
Tanton, Natasha	Litigation & Social Welfare Group
Watts, Vicki	Litigation & Social Welfare Group
Ashby, Ruth	Litigation & Social Welfare Group
Beasley, Sarah	Litigation & Social Welfare Group
Gore, Debra	Litigation & Social Welfare Group
Lawlor, Tricia	Litigation & Social Welfare Group
Skinner, Charlotte	Litigation & Social Welfare Group
Radford, Mark	Litigation & Social Welfare Group

Non-Qualified Lawyer / Trainee
Legal Assistant
Senior Legal Assistant
Principal Legal Assistant
Trainee Solicitor
Legal Assistant
Senior Legal Assistant
Trainee Legal Officer
Legal Assistant
Senior Legal Assistant
Legal Secretary / Legal Assistant
Legal Consultant

Full Name of Officer	Department / Team	Job Title	Circumstances in which Legal Proceedings Conducted
John Evans	Waste management	Enforcement Manager	Fulfilment of Statutory Functions: sections 33 (Prohibition of harmful deposit, treatment or disposal of waste), 34 (Duty of care as respects waste) and 71 (Obtaining information from persons and authorities) of the Environmental Protection Act 1990; section 108 (Powers of entry) of the Environment Act 1995; section 28 (Authorisation of directed surveillance), Regulation of Investigatory Powers Act 2000; and section 38 (Making an applicaition before a Magistrates' Court) Protection of Freedoms Act 2012.
Geoff Cloke	Waste management	Senior Environmental Crime Enforcement Officer	Fulfilment of Statutory Functions: sections 33 (Prohibition of harmful deposit, treatment or disposal of waste), 34 (Duty of care as respects waste) and 71 (Obtaining information from persons and authorities) of the Environmental Protection Act 1990; section 108 (Powers of entry) of the Environment Act 1995; section 28 (Authorisation of directed surveillance), Regulation of Investigatory Powers Act 2000; and section 38 (Making an applicaition before a Magistrates' Court) Protection of Freedoms Act 2012.
Darryl Mattingly	Finance & Procurement - Insurance	Insurance Manager	
Lee Manser	Finance & Procurement - Insurance	Claims Manager	
Chris Wade	Countryside Access Service	Principal Legal Orders Officer	Appearance before Public Inquries pursuant to Statutory Duties contained in the Constitution Appendix 2, Part 3 :C, Countryside Access Service Scheme of Delegation, CC-CS Business Plan.
Rick Carter	Youth Offending Team, Integrated Youth Service	Practice Supervisor	Prosecution of Youth Offences, Pursuant to Statutory Duties
Pat Rouse	Youth Offending Team, Integrated Youth Service	Practice Supervisor	Prosecution of Youth Offences, Pursuant to Statutory Duties
Mark Ford	Youth Offending Team, Integrated Youth Service	Practice Supervisor	Prosecution of Youth Offences, Pursuant to Statutory Duties
Mary Steeples	Youth Offending Team, Integrated Youth Service	Practice Supervisor	Prosecution of Youth Offences, Pursuant to Statutory Duties
Rhian Taylor	Youth Offending Team, Integrated Youth Service	Practice Supervisor	Prosecution of Youth Offences, Pursuant to Statutory Duties
Rebecca Partridge	Youth Offending Team, Integrated Youth Service	Practice Supervisor	Prosecution of Youth Offences, Pursuant to Statutory Duties
Kathryn Wendt	Youth Offending Team, Integrated Youth Service	Practice Supervisor	Prosecution of Youth Offences, Pursuant to Statutory Duties
Elaine Simcock	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Teresa Potter	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Emma Gibbs	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Kathy Mark-Evans	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Claire Robinson	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Catherine Craddock	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Lisa Stace	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Alison Ketch	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Bridget Hoyte	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Carol Gibbs	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Declan Henry	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Derek Baffoe	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Lisa Coward	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Sara Fletcher	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Sarah Ervin	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Hayley Bodiam	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
John Pledger	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties

Tamara Pickett	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Louise Dewing	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Katie Knight	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Louise Gregory	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Tennille Barry	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Elmarie Page	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Liz Terry	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Peter Jeffries	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Fiona Roche	Youth Offending Team, Integrated Youth Service	Social Worker	Prosecution of Youth Offences, Pursuant to Statutory Duties
Lorraine Longley	Youth Offending Team, Integrated Youth Service	Probation Officer (seconded staff)	Prosecution of Youth Offences, Pursuant to Statutory Duties
Annette Varker	Youth Offending Team, Integrated Youth Service	Probation Officer (seconded staff)	Prosecution of Youth Offences, Pursuant to Statutory Duties
Sian Townsend	Youth Offending Team, Integrated Youth Service	Probation Officer (seconded staff)	Prosecution of Youth Offences, Pursuant to Statutory Duties
Christopher Dunn	Youth Offending Team, Integrated Youth Service	Probation Officer (seconded staff)	Prosecution of Youth Offences, Pursuant to Statutory Duties
Lesley Croucher	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Laura Mateer	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Caroline Dipple	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Joseline Madigan	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Derek Farnham	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Laura Fawcett	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Louise Tidbury	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Nicky Skinner	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Steve Thompson	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Yvette Stammers	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Diane Eageling	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Paul Manwaring	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Louise Wilson	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Christine Parsons	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Brad Foreman	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Paula Venn	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Colette Baumback	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Nikki Keen	Youth Offending Team, Integrated Youth Service	YOS Officers	Prosecution of Youth Offences, Pursuant to Statutory Duties
Mark Vincent Rolfe	Trading Standards (East)	Trading Standards Manager	Statutory Functions
Claire Louise Dartnell	Trading Standards (East)	Operations Manager	Statutory Functions
Tammy-Louise Rose Carroll	Trading Standards (East)	Trading Standards Officer	Statutory Functions
Neil Victor Butcher	Trading Standards (East)	Trading Standards Officer	Statutory Functions
Andrew Leslie Salmon	Trading Standards (East)	Trading Standards Officer	Statutory Functions
Heather Hanaway	Trading Standards (East)	Principal Trading Standards Officer	Statutory Functions
Amy Kate Mealham	Trading Standards (East)	Principal Trading Standards Officer	Statutory Functions
Samatha Padfield	Trading Standards (East)	Trading Standards Officer	Statutory Functions
Lee Simon Slaney	Trading Standards (East)	Operations Manager	Statutory Functions
Lynda Anne Reynard	Trading Standards (East)	Principal Trading Standards Officer	Statutory Functions
Stephen James Tugwell	Trading Standards (East)	Trading Standards Officer	Statutory Functions
Steven Michael Kite	Trading Standards (East)	Trading Standards Officer	Statutory Functions
Wendy Sarah May	Trading Standards (East)	Trading Standards Officer	Statutory Functions
James Whiddett	Trading Standards (East)	Operations Manager	Statutory Functions
Thomas Hew Williams	Trading Standards (East)	Trading Standards Officer	Statutory Functions
Clive Benjamin Phillips	Trading Standards (East)	Principal Trading Standards Officer	Statutory Functions
Michael Christopher Walters	Trading Standards (East)	Trading Standards Officer	Statutory Functions
Elaine Mount	Trading Standards (East)	Trading Standards Officer	Statutory Functions
Jeremy Charles Kennett	Trading Standards (East)	Principal Trading Standards Officer	Statutory Functions

Sara Frances Whiteley	Trading Standards (East)	Trading Standards Officer	Statutory Functions
Richard Neal Strawson	Trading Standards (West)	Trading Standards Manager	Statutory Functions
Regina Marie Douglas	Trading Standards (East)	Trading Standards Officer	Statutory Functions
Clare Michelle Hooper	Trading Standards (West)	Trading Standards Officer	Statutory Functions
Alexander Marcus Ian Brander	Trading Standards (West)	Trading Standards Officer	Statutory Functions
Rebecca Lindsay Simmons	Trading Standards (West)	Trading Standards Officer	Statutory Functions
Oliver Lee Jewell	Trading Standards (West)	Trading Standards Officer	Statutory Functions
Jeremy Lloyd Marsh	Trading Standards (West)	Principal Trading Standards Officer	Statutory Functions
Mark Elliott Norfolk	Trading Standards (West)	Operations Manager	Statutory Functions
Esther Katherine Flinders	Trading Standards (West)	Trading Standards Officer	Statutory Functions
Claire Mary Robinson	Trading Standards (West)	Trading Standards Officer	Statutory Functions
Karen Ann Springford	Trading Standards (West)	Principal Trading Standards Officer	Statutory Functions
Catherine Lucy Diblicek	Trading Standards (West)	Trading Standards Officer	Statutory Functions
Wendy Loraine Smith	Trading Standards (West)	Trading Standards Officer	Statutory Functions
Clare Louise Cunningham	Trading Standards (West)	Trading Standards Officer	Statutory Functions
Samantha Jane Goacher	Trading Standards (West)	Trading Standards Officer	Statutory Functions
Nathan Jay Martin	Trading Standards (West)	Trading Standards Officer	Statutory Functions
Christopher Green	Trading Standards (West)	Principal Trading Standards Officer	Statutory Functions
Gillian Powell	Trading Standards (West)	Trading Standards Officer	Statutory Functions
Steven Mark Rock	Trading Standards (West)	Operations Manager	Statutory Functions
Susan Harvey	Trading Standards (West)	Operations Manager	Statutory Functions

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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 Wednesday, 19 December 2012.

PRESENT: Mr R L H Long, TD (Chairman), Mr A R Chell, Mr B R Cope, Mr K A Ferrin, MBE, Mr R A Marsh, Mr R J Parry, Mr T Prater, Mr J Tansley, Mr R Tolputt and Mr C T Wells

ALSO PRESENT: Mr A J King, MBE, Mr J D Simmonds and Mr D Wells

OFFICERS: Ms N Major (Interim Head of Internal Audit), Ms A Simmonds (Commercial Services Internal Audit Manager), Mr N Vickers (Head of Financial Services), Mr M Rolfe (Trading Standards Manager (East)), Mr R Hallett (Head of Business Intelligence), Mr M Scrivener (Corporate Risk Manager) and Mr A Tait (Democratic Services Officer)

ALSO IN ATTENDANCE: Mr D Wells from Grant Thornton

UNRESTRICTED ITEMS

47. Election of Vice Chairman
(Item 3)

The chairman moved, seconded by Mr B R Cope that Mr J R Parry be elected Vice-Chairman of the Committee.

Carried with no opposition

48. Minutes
(Item 5)

RESOLVED that:-

(a) the Minutes of the meeting of the Committee held on 25 September 2012 are correctly recorded and that they be signed by the Chairman; and

(b) the Minutes of the Trading Activities Sub-Group held on 28 September 2012 be noted.

49. Committee Work and Member Development Programme
(Item 6)

(1) The Interim Head of Internal Audit proposed an updated forward committee work and Member development programme.

(2) RESOLVED that approval be given to the forward work programme to December 2013 to meet the Committee's Terms of Reference.

50. Corporate Risk Register
(Item 7)

(1) The Head of Business Intelligence reported that the Corporate Risk Register had recently been refreshed. He therefore presented it to the Committee, together with an overview of the key changes and an outline of the ongoing process of monitoring and review.

(2) The Corporate Risk Manager agreed to send all Members of the Committee an update on the benefit of the ICT actions set out in the Summary Risk Profile appended to the report.

(3) RESOLVED that the report be noted for assurance.

51. Treasury Management 6 Month Review 2012/13
(Item 8)

(1) The Head of Financial Services presented the Treasury Management 6 Month Review.

(2) Members of the Committee recorded their compliments to the Treasury Management Team.

(3) RESOLVED that the report be endorsed for submission to the County Council.

52. Debt Management
(Item 9)

(1) The Head of Financial Services gave a report on the County Council's debt position. In response to Members' questions, he agreed to provide all Members of the Committee with specific information on PCTs, EduKent and Woodard Academies.

(2) RESOLVED that the report be noted for assurance and that a further report be presented to a future meeting of the Committee highlighting some of the actions that are taking place.

53. RIPA report on surveillance , covert human intelligence source and telephone data requests carried out by KCC between 1 April 2012 and 30 September 2012
(Item 10)

(1) The Trading Standards Manager outlined work undertaken by KCC officers on surveillance, the use of covert human intelligence source and access to telecommunications governed by the Regulation of Investigatory Powers Act (RIPA) during the first half of the 2012/13 business year. He also reported the necessary changes to KCC policy to meet the requirements of the Protection of Freedoms Act 2-012 which had taken effect on 1 November 2012.

(2) The Committee agreed that owing to public concern over local authority actions under RIPA, it would request details on the authorisations granted to be reported at its next meeting.

(3) RESOLVED that the report be noted for assurance and that a further report be presented to the next meeting giving details on the authorisations granted.

54. Audit Commission Annual Letter
(Item 11)

(1) Mr Darren Wells from Grant Thornton (representing the Audit Commission for this item) provided a summary of the most important findings from the Audit Commission's 2011/12 audit.

(2) RESOLVED to:-

(a) receive the Annual Audit Letter for assurance;

(b) note that the requirement of the External Auditors to prepare and issue an Annual Audit letter to the County Council had been met;

(c) note the proposed actions for publication of the Annual Audit Letter; and

(d) place on record the Committee's appreciation of the work of the Cabinet portfolio holder; the Corporate Director of Finance and Procurement and all staff in the Finance and Procurement Team for their work in enabling the production of the Annual Audit letter (containing unqualified opinions) earlier than nearly every other local authority.

55. External Audit progress report December 2102
(Item 12)

(1) Mr Darren Wells from Grant Thornton provided recent updates and information on the external auditor's programme of audit planning, grants certification and publications in 2012/13.

(2) The Committee noted that this was the first report it had received from Grant Thornton as the external auditors and welcomed Mr Darren Wells in that capacity.

(3) RESOLVED that the report be noted.

56. External Audit Fee Letter 2012/13
(Item 13)

(1) Mr Darren Wells from Grant Thornton presented the external audit fee for the County Council in 2012/13.

(2) RESOLVED that approval be given to the fees proposed in the fee letter.

57. Internal Audit Progress Report
(Item 14)

(1) The Interim Head of Internal Audit summarised the outcomes of Internal Audit activity since the previous Committee meeting in September 2012.

(2) Committee Members commented on the terminology of the Assurance Levels and agreed to consider this issue at its next meeting.

(3) RESOLVED that:-

(a) progress against the 2012/13 Audit Plan and proposed additions be noted;

(b) the assurances provided in relation to the County Council's control environment as a result of the outcome of Internal Audit work completed to date be noted; and

(c) a report giving consideration to the terminology of the Assurance Levels be presented to a future meeting of the Committee.

58. Kent Commercial Services Internal Audit work programme (June 2012 - March 2013)
(Item 15)

(1) The Commercial Services Internal Audit Manager gave a report detailing the Kent Commercial Services Internal Audit Work Programme for 2012/13.

(2) RESOLVED that the report be noted.

59. Effectiveness of Internal and External Audit Liaison
(Item 16)

(1) The Interim Head of Internal Audit summarised the effectiveness of the liaison arrangements between Internal and External Audit.

(2) Mr Darren Wells from Grant Thornton informed the Committee that he agreed with the report's conclusions.

(3) RESOLVED that the report be noted for assurance.

60. Anti-Fraud and Corruption Progress Report
(Item 17)

(1) The Interim Head of Internal Audit gave a summary of progress of anti-fraud and corruption activity as well as the outcome of investigations concluded since the last meeting of the Committee in September 2012.

(2) RESOLVED that the progress of ajnti0fraud and corruption be noted, together with the assurance provided in relation to the anti-fraud culture and fraud prevention/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, 11 December 2012.

PRESENT: Mr J A Davies (Chairman), Mr C P Smith (Vice-Chairman), Mr R E Brookbank, Mr J R Bullock, MBE (Substitute for Mr R J Parry), Mr A R Chell, Mr I S Chittenden, Mr T Gates, Mr W A Hayton, Mr J D Kirby, Mr J F London, Mr S C Manion, Mr R F Manning, Mrs P A V Stockell, Mr R Tolputt (Substitute for Mr P J Homewood), Mrs E M Tweed and Mr A T Willicombe

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

68. Minutes - 6 November 2012
(Item A3)

RESOLVED that the Minutes of the meeting held on 6 November 2012 are correctly recorded and that they be signed by the Chairman.

69. Oaken Wood Public Inquiry
(Item)

(1) The Head of Planning Applications Group informed the Committee that the Public Inquiry into the proposed westerly extension to Hermitage Quarry, Aylesford (see Minute 2011/37) had commenced on 27 November 2012. It was expected that the Inquiry would close on 18 December 2012 and that decision would be taken early in 2013.

(2) The Chairman thanked Mrs Sharon Thompson, Mr Mike Clifton and Ms Angela Watts on behalf of the Committee for their hard work and professional input in this matter.

70. Site Meetings and Other Meetings
(Item A4)

The Committee agreed to visit Tunstall CEP School during the afternoon of Wednesday, 16 January 2013 in respect of an application for temporary change of use of the land from agriculture to car parking.

71. Proposal TW/12/1442 (KCC/TW/0151/2012) New primary school with associated hardcourt play areas, access, parking and landscaping at Land South of Rolvenden Road, Benenden, Cranbrook; KCC Property and Infrastructure Support
(Item D1)

(1) Mr R F Manning informed the Committee that he had been spoken to about the application by many of his constituents in his capacity as Local Member. He also had two grandchildren who attended the school. He had not, however, in any way pre-determined the application, nor given anyone cause to believe that he had. Nor did he have a significant other interest. He was therefore able to approach this matter with a fresh mind.

(2) Mr J R Bullock informed the Committee that he had been involved at the earliest stages of site selection in his capacity as a Tunbridge Wells Borough Councillor. He had not, however, made any decision on which of the proposed sites should be selected, nor had he pre-determined his views on the particular site that was under consideration at the meeting.

(3) Mr J A Davies informed the Committee that he considered that he had an Other Significant Interest in the application and would not be participating in its determination. He vacated the Chair and left the Chamber.

(4) Mr C P Smith thereupon assumed the Chair for this item.

(5) The Head of Planning Applications Group informed the Committee that 6 further letters of support had been received since publication of the report, including one from the Director of the Canterbury Diocesan Board of Education.

(6) The Head of Planning Applications Group informed the Committee that the phrase “Benenden Village Hall Management Committee” in paragraph 132 of the report should read “Harmsworth Memorial Trust.”

(7) Mrs Judith Norris (Judith Norris Ltd) addressed the Committee on behalf of a number of objectors to the application. Mrs B Holmes, Mrs Jo Bird, Mr Edward Sarton and Mrs Mary Kellett (Benenden PC) also spoke in objection. Mr Sean Holden (local Borough Councillor), Ms Liz Butler-Graham, Mr David Harmsworth (Chair of Governors) and Mrs Jenny Reich (Head Teacher) spoke in support. Mr Chris Gabriel (KCC Property Services) and Mr Matthew Blythin (DHA Planning) spoke in reply.

(8) The Head of Planning Applications Group agreed to amend the proposed off-site traffic calming scheme and vision splays conditions so that they would be implemented prior to the construction of the new school.

(9) Mr R F Manning moved, seconded by Mr W A Hayton that the recommendations of the Head of Planning Applications Group be agreed.

(10) The proposer and seconder of the motion accepted an amendment to the proposed conditions in respect of the submission of a planting and seeding scheme. This set out that the scheme would include a range of semi- mature and younger species.

(11) The proposer and seconder also accepted an amendment to the Informative to the applicants (paragraph 132 of the report) to the effect that the applicant would be strongly urged to explore further with the Harmsworth Memorial Trust the possibility of shared school access and parking arrangements within the Village Hall.

(12) On being put to the vote, the motion as amended was carried unanimously.

(13) RESOLVED that:-

(a) permission be granted to the application subject to conditions, including conditions covering a 5 year implementation period; the development being carried out in accordance with the permitted details; details of all external materials being submitted for approval; the submission of off-site traffic calming scheme measures and their implementation prior to the construction of the new school; the submission of details of visibility splays (including details of hedgerow planting), their implementation prior to the construction of the new school and maintenance in perpetuity thereafter; details of car park surface treatment being submitted for approval; vehicle and cycle parking (as proposed in the application) being provided prior to first occupation of the new school; details of all fencing (including specification and colour treatment) being submitted for approval; details of public right of way surface treatment(s) being submitted for approval; details of site levels, finished floor levels and building heights being submitted for approval; details of sustainable energy measures (including Ground Source Heat Pump, photovoltaic panels and solar thermal hot water) being submitted and implemented prior to first occupation; submission of a School Travel Plan, its implementation and ongoing monitoring; submission of a Community Use Scheme (covering proposed hours of use); details of a reptile mitigation strategy being submitted and implemented prior to the removal of the hedgerow; erection of reptile fencing prior to the commencement of construction activities; removal of vegetation being carried out outside of the bird breeding season (or being supervised by a qualified ecologist); full implementation of the ecological recommendations for precautionary mitigation being carried out prior to commencement and during the construction of the development; submission of a site biodiversity management plan covering the green roof, meadow areas and native hedgerows; submission of a detailed landscape/vegetation planting and seeding scheme (to include a range of semi- mature and younger species), its implementation within the first planting season following the completion of the development and its maintenance for a period of 5 years thereafter; tree protection details being implemented (as detailed in the application) in accordance with British Standard 5837:2005 (as amended); submission of lighting details for car park/general areas for approval; no external lighting being installed on or around the Multi Use Games Area; submission of foul and surface water drainage schemes for approval; submission for approval of a Code of Construction Practice (including measures such as wheel cleaning equipment, parking and storage of materials during construction activities); the hours of construction (08:00 to 18:00 hours Monday to Friday and 08:00 to 13:00 on Saturdays, with no working on

Saturday afternoons, Sundays, Bank and Public Holidays); measures to prevent mud and debris being tracked out onto the public highway; parking being made available within the site for construction operatives vehicles during construction activities; and removal of Permitted Development Rights; and

(b) the applicant be advised that notwithstanding the conclusion that the access and car parking arrangements considered as part of this application are considered acceptable in planning and highway terms, the applicant is strongly urged to explore further with the Harmsworth Memorial Trust the possibility of shared school access and parking arrangements with the Village Hall. The applicant is therefore requested to initiate further discussions with the Harmsworth Memorial Trust to consider again the options for such a possibility and to inform the County Planning Authority of the outcome before any development is commenced.

72. Proposal TM/12/2777 (KCC/TM/0273/2012) - Extensions and alterations to existing office, swimming pool and nursery buildings at St Katherine's School, St Katherine's Lane, Snodland; Governors of St Katherine's School
(Item D2)

(1) Mr A R Chell informed the Committee that his granddaughter attended St Katherine's School. Mr C P Smith informed the Committee that he was a member of Tonbridge and Malling BC but had not taken part in any discussions of the proposal. He also knew one of the objectors; although this was not a close personal relationship. Neither Mr Chell nor Mr Smith considered that they had a significant other interest and they both therefore were able to participate in the determination of the proposal.

(2) In agreeing the recommendations of the Head of Planning Applications Group, the Committee included a condition ensuring that vehicle movements associated with construction activities would not conflict with the start and finish of the school day.

(3) RESOLVED that permission be granted to the proposal subject to conditions, including conditions covering the standard 5 year time limit; the development being carried out in accordance with submitted details; a scheme of landscaping being submitted prior to commencement of the nursery extension; restriction on the hours of operation of the proposed nursery extension to 07.30am to 6.30pm Monday to Friday only; restriction on the hours of working during construction to between 0800 and 1800 Monday to Friday and between the hours of 0900 and 1300 Saturdays with no operation on Sundays or Bank Holidays; vehicle movements associated with construction activities not conflicting with the start and finish of the school day; .restriction of the development to school use only as described in the application; submission (prior to commencement of work on site) of details of construction access, construction vehicle loading, unloading, turning, circulation and parking for the duration of the construction works; restoration and making good of any disturbed areas of field or planting; provision (prior to commencement of work on site) of parking facilities for site personnel and visitors for the duration of the construction works; provision (prior to the commencement of the

development) of measures to prevent the discharge of surface water onto the highway; provision of wheel washing facilities prior to commencement of work on site and for the duration of construction; implementation of the School Travel Plan; and protection for breeding birds.

73. Proposal TH/12/755 (KCC/TH/0291/2012) - Retrospective application for two timber framed chalet style buildings at Cliftonville Primary School, Northumberland Avenue, Margate; Governors of Cliftonville Primary School
(Item D3)

(1) The Head of Planning Applications Group informed the Committee of correspondence from Mr M J Jarvis, the Local Member, fully supporting the application.

(2) RESOLVED that permission be granted to the proposal subject to a condition requiring the chalet buildings to be removed from the site in the event of these buildings no longer being needed for the use applied for.

74. 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 the Town and Country Planning (Environmental Impact Assessment Regulations 2011; and

(e) Scoping opinions under the Town and Country Planning (Environmental Impact Assessment) Regulations 2011 (None).

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PLANNING APPLICATIONS COMMITTEE

MINUTES of a meeting of the Planning Applications Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 16 January 2013.

PRESENT: Mr J A Davies (Chairman), Mr C P Smith (Vice-Chairman), Mr R E Brookbank, Mr A R Chell, Mr I S Chittenden, Mr T Gates, Mr W A Hayton, Mr C Hibberd, Mr P J Homewood, Mr J D Kirby, Mr R J Lees, Mr R F Manning, Mr R J Parry, Mrs E M Tweed and Mr A T Willicombe

ALSO PRESENT: Mrs T Dean

IN ATTENDANCE: Mrs S Thompson (Head of Planning Applications Group), Mr J Wooldridge (Team Leader - Mineral Developments), Mr J Moat (Planning Officer), Mr R White (Development Planning Manager) and Mr A Tait (Democratic Services Officer)

UNRESTRICTED ITEMS

1. Minutes - 11 December 2012
(Item A3)

(1) In respect of Minute 71, Mr R F Manning (as the Local Member) thanked the Members of the Committee and the Planning Officers for the quality of the report and debate on the Benenden CEP School planning application.

(2) RESOLVED that the Minutes of the meeting held on 11 December 2012 are correctly recorded and that they be signed by the Chairman.

2. Site Meetings and Other Meetings
(Item A4)

(1) Two provisional additional Committee meeting dates were announced to determine an anticipated high number of school building applications. These were: Tuesday, 16 April 2013 and Thursday, 18 April 2013. The Committee also agreed to set aside a date in early April to tour some of these sites, should it prove necessary.

(2) The Committee agreed to hold a site meeting on Tuesday, 12 February 2013 in respect of an application to include domestic “black bag” and source-separated food waste at the waste transfer facility at Lakesview Business Park, Hersden. It also agreed to hold a site meeting on Wednesday, 13 March 2013 in respect of an application for an end of life vehicle processing and storage facility at Glebe Farm in Shadoxhurst.

3. Application TM/12/2549 (KCC/TM/0296/2012) - Anaerobic Digestion Plant and reconfigured Advanced Thermal Conversion Plant at Blaise Farm Quarry, Kings Hill, West Malling ; New Earth Solutions Group Ltd
(Item C1)

(1) Mrs T Dean was present for this item pursuant to Committee Procedure Rule 2.24 and spoke.

(2) The views of Mrs S V Hohler had been circulated to all Members of the Committee prior to the meeting. A hard copy of these views was also tabled at the meeting and was referred to by the Head of Planning Applications Group during the presentation of her report.

(3) Mr Matthew Balfour, Mrs Claire Innis (local residents) and Mr David Stretton (Chairman of Offham PC) addressed the meeting in opposition to the application. Mr Brett Spiller (New Earth Solutions) spoke in reply.

(4) Following a suggestion by Mrs Dean, the Chairman agreed to write on behalf of the Committee to the Cabinet Portfolio Holder for Environment, Highways and Waste asking him to consider setting up a "Task and Finish" Group to look into local concerns over the monitoring of odour control at Blaise Farm Quarry.

(5) During discussion of the application, the Committee agreed to the amendment to the condition specifying that all loaded, open backed vehicles entering or leaving the site would be properly and completely sheeted. It also agreed to the inclusion of an additional condition requiring the doors to only be open when vehicles enterer or left the facility and for maintenance purposes.

(6) RESOLVED that the application be referred to the Secretary of State for Communities and Local Government as required under the 2009 Direction and that subject to no intervention by him permission be granted to the application subject to the prior satisfactory conclusion of a Section 106 Legal Agreement to secure Heads of Terms requiring the continuation of the Blaise Farm Site Liaison Committee, HGV routing, and site restoration (including the availability of restoration materials); the applicant meeting all reasonable administrative Planning and Legal costs associated with the prior completion of the Section 106 Legal Agreement; and to conditions, including conditions covering a 5 year implementation period; the operation being time limited to 20 years from first commercial use of the Anaerobic Digestion (AD) Facility with all plant, buildings and equipment being removed upon expiration of this period; the development being carried out in accordance with the permitted details; site noise control (to ensure that noise associated with site operations does not exceed background noise levels at the nearest residential receptors); waste catchment areas being restricted to the following geographical areas for the life of the development: Kent, Medway, Thurrock, Havering, South East London Waste Partnership Authorities (London Borough's of Greenwich, Southwark, Lewisham, Bromley and Bexley), Surrey, West Sussex, East Sussex, Brighton and Hove, Essex and Southend-on-Sea; the total site processing capacity (including In-vessel Composting (IVC)), AD and Advanced Thermal Conversion (ATC) plants) not exceeding 100,000 tpa; the ATC plant operating with only the waste imported to the site pursuant to the existing Composting Facility (as covered by planning permission TM/09/3231), packaging and any associated residual waste arising from the AD plant; restoration of the AD and ATC plant area (at the end of the 20 year period) as part of the details approved on the main Composting Facility permission (TM/09/3231) including provision for biodiversity enhancement; hours of use

being 24 hours a day, 7 days a week (with deliveries and exports being limited to those set out in the table in paragraph 28 of the report; external colour treatment of all plant and buildings as detailed in the application; combined HGV movements (including IVC, AD and ATC plants) being limited to 120 HGV movements per day; appropriate measures to control mud and debris; records of HGV numbers being maintained by the operator; signs being erected and maintained for the duration of operations advising HGV drivers not to travel through the settlements of Offham, Mereworth and West Malling unless they are collecting waste from within those settlements; the surface of the haul road being maintained; all loaded, open backed vehicles entering or leaving the site being properly and completely sheeted; details of surface water drainage being agreed prior to commencement of operations; details of site lighting being agreed prior to implementation; and the doors to the facility only being open when vehicles enter or leave the site or for maintenance purposes.

4. 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 the Town and Country Planning (Environmental Impact Assessment) Regulations 2011; and

(e) Scoping opinions under the Town and Country Planning (Environmental Impact Assessment) Regulations 2011 (None).

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PLANNING APPLICATIONS COMMITTEE

MINUTES of a meeting of the Planning Applications Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 12 February 2013.

PRESENT: Mr J A Davies (Chairman), Mr C P Smith (Vice-Chairman), Mr A R Chell, Mr I S Chittenden, 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, Mrs P A V Stockell, Mrs E M Tweed and Mr A T Willicombe

ALSO PRESENT: Mr D A Hirst

IN ATTENDANCE: Mrs S Thompson (Head of Planning Applications Group), Mr M Clifton (Team Leader - Waste Developments), Mr J Crossley (Team Leader - County Council Development), Ms A H Hopkins (Principal Planning Officer - Enterprise and Environment), Mr J Wooldridge (Team Leader - Mineral Developments) and Mr A Tait (Democratic Services Officer)

UNRESTRICTED ITEMS

5. Minutes - 16 January 2013
(Item A3)

RESOLVED that the Minutes of the meeting held on 16 January 2013 are correctly recorded and that they be signed by the Chairman.

6. Site Meetings and Other Meetings
(Item A4)

(1) The Committee noted that the site visit to the waste transfer facility at Lakesview Business Park in Hersden originally scheduled for 12 February would now take place during the afternoon of Monday, 25 February 2013 followed by a public meeting at 6pm at Hersden Neighbourhood Centre.

(2) The Committee Members were also asked to keep two days free for a possible tour of school building application sites on either Wednesday, 27 March or Wednesday, 3 April 2013.

(3) The Democratic Services Officer undertook to write to all Members of the Committee setting out the meeting and site visit arrangements over the next two months.

7. Application CA/12/2121 (KCC/CA/0398/2012) - Construction of two walk-in kiosks at Herne Bay Wastewater Treatment Works, May Street, Herne Bay; Southern Water
(Item C1)

(1) Mr D A Hirst was present for this item pursuant to Committee Procedure Rule 2.27 and spoke.

(2) In agreeing the recommendations of the Head of Planning Applications Group, the Committee added an Informative encouraging Southern Water to take active involvement in the work of Canterbury CC in its preparation of the Canterbury District Local Development Framework.

(3) RESOLVED that:-

(a) permission be granted to the application subject to conditions, including conditions covering the development being commenced within 5 years; the development being carried out in accordance with the submitted plans and any approved pursuant to the conditions attached to the permission; the external lighting proposed being implemented in accordance with the application documents; controls on the construction phase to minimise any impact on the public highway during this period, including precautions to guard against the deposit of mud and similar substances on the public highway; and controls on the hours of operation during the construction period; and

(b) the applicants be informed by Informative of the Committee's view that they should be encouraged to take active involvement in the work of Canterbury CC in its preparation of the Canterbury District Local Development Framework.

8. Application SW/0089/2012 - Section 73 application to continue development without complying with conditions 3,21 and 24 of Permission SW/10/1436 at Ridham Dock Road, Iwade; Countrystyle Recycling Ltd
(Item C2)

(1) Mr A T Willicombe informed the Committee that although he was a Member of Swale BC, he had not taken part on any of that Authority's discussions on this application. He was therefore able to approach its determination with a fresh mind.

(2) RESOLVED that permission be granted to the application subject to conditions, including conditions covering the development being carried out strictly in accordance with drawing number 11.09B.01 B (which also identifies an area for storage of unprocessed wood); a restriction on the times of use of external plant; noise; mitigation measures set out in the dust and odour management plans; restrictions on the wood waste throughput to 10,000 tonnes per annum and evidence to demonstrate compliance; and external stockpiles being restricted to 3m in height.

9. Application SH/12/1032 (KCC/SH/0333/2012) - Retrospective change of use from a Vehicle Crash Repair site to a metal recycling facility and parking of two skip hire delivery lorries at Unit 1, Park Farm Industrial Estate, Folkestone; Johnson's Recycling Ltd
(Item C3)

(1) The Head of Planning Applications Group asked the Committee to agree the hours of operation for potential noise generating activities to bring them into line with

the hours of opening except for a 30 minute period between 0730 and 0800 on Mondays to Fridays when only those activities unlikely to give rise to noise impacts could take place. This was agreed.

(2) RESOLVED that permission be granted to the application subject to conditions, including conditions covering a 5 year implementation period; the development being carried out in accordance with the submitted application and any subsequently approved details; a restriction on waste types to those described in the application; a limit on the annual maximum throughput to 5,050tpa; a prohibition on end of life vehicles (ELV) being accepted at the site for breaking and on general domestic and industrial/commercial skip hire waste from being delivered, stored, transferred or held within the site; hours of opening being restricted to between 0730 and 1700 Mondays to Fridays and between 0830 and 1200 on Saturdays with no operation on Sundays and Bank Holidays; hours of operation for potential noise generating activities (e.g. receiving waste, moving waste in the yard and operating machinery in the building) being limited to between the hours of 0800 and 1700 Mondays to Fridays and 0830 and 1200 on Saturdays; use of the bailer, shearer and cable stripper being only inside the building; storage of waste batteries being only within the building; outdoor storage for metal waste being limited to 4 skips at any one time and the skips being covered at night; the parking of skip delivery vehicles on site being limited to two vehicles and skip storage being restricted to specified locations; provision and permanent retention of the vehicle parking and cycle parking spaces on site; site drainage being contained and discharged to foul sewer; the containment and bunding of oil and fuel storage facilities; operational safeguarding measures in relation to dust, odour, lighting, mud and debris on the road; and the noise condition recommended by KCC's Noise Consultant.

10. Proposal CA/12/1681 (KCC/CA/0338/2012) - Partial demolition of Adult Education Centre (AEC), and erection of a new 2-storey building within the retained facade, at St John's Primary School, Canterbury; KCC Property Group *(Item D1)*

(1) On being put to the vote, the recommendations of the Head of Planning Applications Group were carried by 9 votes to 4 with 2 abstentions.

(2) 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 submission of details of all materials to be used externally, including glazing; the submission of details of windows and doors; detailed drawings showing the junctions between the retained facades and the new build elements of the development; details of all external lighting; a scheme of landscaping, including hard surfacing, its implementation and maintenance; measures to protect those trees to be retained; details of fencing, gates and means of enclosure, including colour finishes; retention of the historic flint walls as well as the brick walls and piers at the school entrance via St John's Place; no tree removal taking place during the bird breeding season; the development according with the

recommendations of the ecological surveys; the submission of biodiversity enhancement measures; a programme of archaeological works; a programme of building recording; the submission of a detailed surface water drainage scheme; the submission of flood resistance/resilience measures; the submission of a flood evacuation plan; the submission of finished floor levels; land contamination; the submission of a revised School Travel Plan, its implementation and ongoing review; hours of working during construction and demolition being restricted to between 0800 and 1800 Mondays to Fridays and between the hours of 0900 and 1300 on Saturdays, with no operations on Sundays and Bank Holidays; a construction management plan, 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 applicant be advised by Informatives that:-

(i) account should be taken of the Environment Agency's advice relating to flood risk, land contamination, drainage, and the storage of fuel, oil and chemicals; and

(ii) account should be taken of the County Council's Public Rights of Way Officer's general Informatives with regard to works that cannot be undertaken on or immediately adjacent to the footpath.

11. Proposal SW/12/884 (KCC/SW/0180/2012) - Four single storey extensions to main school building at Ethelbert Road Primary School, Ethelbert Road, Faversham; KCC Education Learning and Skills
(Item D2)

(1) The Head of Planning Applications Group informed the Committee of correspondence from Mr T Gates, the Local Member in support of the recommendations.

(2) RESOLVED that permission be granted to the proposal (as now amended) subject to conditions, including conditions covering the development being commenced within 5 years; the development being carried out in accordance with the permitted details; details of all external materials being submitted for prior approval; the existing boundary wall being protected and maintained on site; precautions to prevent the deposit of mud on the highway; and controls on the hours of operation during construction work.

12. County 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;

(c) County Council developments;

(d) Screening opinions under the Town and Country Planning (Environmental Impact Assessment) Regulations 2011; and

(e) Scoping opinions under the Town and Country Planning (Environmental Impact Assessment) Regulations 2011 (None).

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PLANNING APPLICATIONS COMMITTEE

MINUTES of a meeting of the Planning Applications Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 13 March 2013.

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 P J Homewood, Mr J D Kirby, Mr S J G Koowaree (Substitute for Mr I S Chittenden), Mr R J Lees, Mr J F London, Mr S C Manion, Mr R F Manning, Mr R J Parry, Mrs P A V Stockell, Mrs E M Tweed and Mr A T Willicombe

IN ATTENDANCE: Mrs S Thompson (Head of Planning Applications Group), Mr M Clifton (Team Leader - Waste Developments), Mr J Crossley (Team Leader - County Council Development), Mr J Moat (Planning Officer), Mrs R Goudie (Strategic Transport and Development Planner) and Mr A Tait (Democratic Services Officer)

UNRESTRICTED ITEMS

13. Minutes - 12 February 2013
(Item 4)

RESOLVED that the Minutes of the meeting held on 12 February 2013 are correctly recorded and that they be signed by the Chairman.

14. Site Meetings and Other Meetings
(Item A4)

(1) The Democratic Services Officer informed the Committee that the provisional date of Tuesday, 16 April for an additional meeting would not now be needed. A final decision on the need for a meeting on Thursday, 18 April would be notified to all Committee members at a later stage.

(2) The Committee noted that the afternoon's site meeting at Glebe Farm, Shadoxhurst had been cancelled due to the inclement weather, the prevailing road conditions in the Ashford area, and the likelihood that the site itself would not be seen in its normal condition. An enhanced visual presentation would be made to the Committee meeting which determined the application.

(3) The Committee agreed to visit Lady Boswell School in Sevenoaks and Otford Primary School on Wednesday, 27 March 2013.

15. Planning Policy Guidance and Development Plan changes
(Item B1)

RESOLVED that the contents of the report be:-

(a) noted in respect of the South East Plan and the National Planning Policy Framework; and

(b) taken into consideration in the determining of planning applications.

16. Application TM/97/1064/R2, R5, R12 and R14 - Non-material amendments to allow revisions to approved details and timescales for the restoration of Margetts Pit Landfill Site, Margetts Pit, Burham; Aylesford Newsprint Ltd
(Item C1)

RESOLVED that approval be given (pursuant to Conditions 2, 5, 12 and 14 of Permission TM/97/1064) to allow revisions to approved details and timescales for the infilling and restoration of Margetts Pit Landfill Site, together with a proposed aftercare scheme. This permission is subject to a condition limiting HGV movements to no more than 150 per day (75 in / 75 out) and to an Informative reminding the applicant that all other conditions imposed under Permission TM/97/1064 remain in effect.

17. Proposal MA/13/15 (KCC/MA/0427/2012) - Two classroom extension, internal alterations, playground area and fencing at St John's CE Primary School, Grove Green, Maidstone
(Item D1)

(1) Correspondence from Boxley Parish Council was tabled at the meeting.

(2) The Head of Planning Applications Group informed the Committee of three minor amendments to the Proposal. These consisted of a second door on the North elevation exiting from the cloakroom area, the alteration to the canopy over the door and extra rooflights. These amendments had been accepted by Maidstone BC in its role as a statutory consultee.

(3) In agreeing the recommendations of the Head of Planning Applications Group, the Committee included a condition requiring compensatory planting to mitigate the loss of landscaping as requested by Maidstone BC and Boxley PC.

(4) RESOLVED that permission be granted to the Proposal (as amended in (2) above) subject to conditions, including conditions covering the standard time limit; the development being carried out in accordance with the permitted details; the submission of details of all materials to be used externally; details of all external lighting; a scheme of landscaping, including hard surfacing, its implementation and maintenance; compensatory planting to mitigate the loss of landscaping; measures to protect those trees to be retained; no tree removal taking place during the bird breeding season; fencing being installed in accordance with the submitted details; cycle parking being provided prior to occupation of the development; hours of working during construction and demolition being restricted to between 0800 and 1800 Mondays to Fridays and between 0900 and 1300 on Saturdays, with no operations on Sundays and Bank Holidays; a construction management plan, 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.

18. Proposal SW/12/1317 (KCC/SW/0342/2012) - Temporary change of use of land from agricultural to a 10 space car park for a period of 5 years at Tunstall CE Primary School, Tunstall Road, Tunstall; Governors of Tunstall CE Primary School
(Item D2)

(1) Mrs Allyson Spicer (a local resident) addressed the Committee in opposition to the proposal. Mr Robert Stevenson from John Bishop Associates spoke in reply on behalf of the applicants.

(2) RESOLVED that PERMISSION BE REFUSED on the grounds that:-:

(a) the proposal would result in the decrease in safety on the highway network due to a lack of visibility at the access onto the public highway, contrary to Policies E1 and T1 of the Swale Borough Council Local Plan (Saved Policies) 2008;

(b) the proposal would be detrimental to existing trees and produce unacceptable landscape and visual impacts, contrary to Policies E6 and E10 of the Swale Borough Council Local Plan (Saved Policies) 2008; and

(c) the proposal would have an indirect visual detriment to the Conservation Area and the setting of the Listed Building, by virtue of the retention of vehicle parking to the front of the school site, contrary to Policies E14 and E15 of the Swale Borough Council Local Plan (Saved Policies) 2008.

19. County 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 the Town and Country Planning (Environmental Impact Assessment) Regulations 2011; and

(e) Scoping opinions under the Town and Country Planning (Environmental Impact Assessment) Regulations 2011 (None).

20. Mr Julian Moat
(Item)

The Chairman informed the Committee that Mr Julian Moat would shortly be leaving Kent County Council to take up a position at Tonbridge and Malling BC. He thanked Mr Moat on behalf of the Committee for his excellent work on its behalf and wished him well in his future endeavours.

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, 22 January 2013.

PRESENT: Mr M J Harrison (Chairman) Mr A D Crowther (Vice-Chairman) Mr A H T Bowles, Mr D L Brazier (Substitute for Mr C J Capon, MBE), Mr R E Brookbank, Mr I S Chittenden, Mr H J Craske, Mrs V J Dagger, Mr J A Davies, Mr T Gates, Mr W A Hayton, Mr R J Lees, Mr S C Manion, Mr R F Manning and Mr J N Wedgbury

IN ATTENDANCE: Ms S Coventry (Public Rights Of Way Officer (Definition)), Mrs L Wilkins (Definitive Map Team Leader), Ms M McNeir (Public Rights Of Way and Commons Registration Officer), Mrs A Hunter (Principal Democratic Services Officer), Mrs S Thompson (Head of Planning Applications Group), Mr R Gregory (Principal Planning Officer - Enforcement) and Mr A Tait (Democratic Services Officer)

UNRESTRICTED ITEMS

1. Minutes
(Item 3)

(1) Mr A D Crowther informed the Committee that he was a Member of Minster-on-Sea Parish Council. With reference to Member Panel Minute 12/2012, he had not participated in the Parish Council's discussions and preparation of the Scrapsgate Open Space Village Green application.

(2) Mr T Gates informed the Committee that he was a Member of Faversham TC which had proposed a footpath diversion to Public Footpath ZF5 at Faversham. He had attended the Panel meeting on 21 November 2012 in his capacity as Local Member.

(3) The Senior Public Rights of Way Officer referred to the Member Panel meeting on 24 September 2012, reporting that installation of the gate had been delayed pending a decision by Ashford BC on its design.

(4) The Democratic Services Officer informed the Committee of a complaint received into the conduct of the Member Panel meeting on 21 November 2012 (Faversham). He agreed to send a copy of the complaint to each Member of that Panel and the Local Member, together with the response from the Director of Governance and Law.

(5) Mr T Gates said that he believed that the County Council should not pursue its decision in respect of Public Footpath ZF5 until the complaint had been completely exhausted.

(6) RESOLVED that the Minutes of the Committee meeting held on 5 September 2012 and of the Member Panels on 11 September 2012, 24 September 2012, 21 November 2012 (Sandgate) and 21 November 2012 (Faversham) are correctly recorded and that they be signed by the Chairman.

2. Site Visit to Shaw Grange, Charing on Tuesday, 26 March 2012
(Item 4)

The Committee noted that it would hold a site visit in Deal Field Shaw (Shaw Grange) at 2.00pm on Tuesday, 26 March 2013.

3. Update from the Definitive Map Team
(Item 5)

(1) A revised version of the report had been circulated to all Members of the Committee prior to the meeting. This explained that advice was being sought on whether publication and circulation of the new Definitive Map and Statement needed to be delayed until all outstanding Orders had been resolved.

(2) RESOLVED that the report be received.

4. Update from the Commons Registration Team
(Item 6)

(1) The Public Rights of Way & Commons Registration Officer and the Head of Planning Applications Group replied to questions on implications of the Growth and Infrastructure Bill by explaining that its aim was to prevent frivolous Village Green applications from holding up development and economic growth. The intention was to prohibit applications to register Village Greens where there was a planning application or a development plan allocation. The Head of Planning Applications Group expressed concern that there was a potential risk of ill prepared Village Green applications being promoted at the planning stage, leading to possible delays in the determination of planning applications and a stifling of pre-planning application discussions between developers and communities.

(2) RESOLVED that the report be received.

5. Home to School Transport
(Item 7)

RESOLVED that the report be noted.

6. Update on Planning Enforcement Issues
(Item 8)

(1) The Head of Planning Applications Group reported the views of the Local Members, Mr R Tolputt and Mr M J Whiting in respect of Case KCC/SH/0323/2012 Cube Metal Recycling and Case DC3/SW/11/COMP at Milton Creek.

(2) RESOLVED to endorse the actions taken or contemplated on the respective cases set out in paragraphs 5 to 28 of the report and those contained within Schedules 1,2 and 3 appended to the report.

7. Regulation Committee 2009 to 2013
(Item)

The Chairman said that this was the last meeting of the Committee before the County Council elections. He wished to take the opportunity to thank all Members and officers for the commitment and enthusiasm they had shown to the Committee's work over the past four years and expressed the hope that this work would continue in the same way in the future.

EXEMPT ITEMS
(Open Access to Minutes)

(Members resolved under Section 100A of the Local Government Act 1972 that the public be excluded from the meeting for the following business on the grounds that it involved the likely disclosure of exempt information as defined in paragraphs 5 and 6 of Part 1 of Schedule 12A of the Act.)

8. Update on Planning Enforcement issues at Larkey Wood Farm, Chartham, Canterbury
(Item 11)

(1) The Head of Planning Applications Group reported on planning enforcement issues at Larkey Wood Farm in Chartham and set out a strategy to achieve an acceptable solution.

(2) RESOLVED that the enforcement strategy set out in paragraphs 5 to 9 of the report be endorsed.

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REGULATION COMMITTEE

MINUTES of a meeting of the Regulation Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 14 February 2013.

PRESENT: Mr M J Harrison (Chairman) Mr A H T Bowles, Mr R E Brookbank, Mr C J Capon, MBE, Mr I S Chittenden, Mr H J Craske, Mrs V J Dagger, Mr J A Davies, Mr T Gates, Mr W A Hayton, Mr R J Lees, Mr S C Manion, Mr R F Manning, Mr J M Ozog, Mr R A Pascoe and Mr J N Wedgbury

IN ATTENDANCE: Mr A Tait (Democratic Services Officer)

UNRESTRICTED ITEMS

9. Membership
(Item 3)

(1) The Committee noted that Mr A D Crowther had resigned from the Committee.

(2) The Committee placed on record its thanks to Mr Crowther for his service as its Vice-Chairman since 2006.

10. Election of Vice-Chairman
(Item 4)

Mr W A Hayton moved, seconded by Mr H J Craske that Mr R A Pascoe be elected Vice-Chairman of the Committee.

Carried unanimously

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SUPERANNUATION FUND COMMITTEE

MINUTES of a meeting of the Superannuation Fund Committee held in the on Friday, 8 February 2013.

PRESENT: Mr J E Scholes (Chairman), Cllr J Burden, Mr D C Carr, Mr P Clokie, Mr J A Davies, Ms J De Rochefort, Ms A Dickenson, Mr N Eden Green, Mr P J Homewood, Mr M J Jarvis, Mr J F London, Mr R A Marsh, Mr R J Parry, Mr S Richards and Mrs M Wiggins.

ALSO PRESENT: Miss S Carey

IN ATTENDANCE: Mr A Wood (Corporate Director of Finance and Procurement), Mr N Vickers (Head of Financial Services), Ms A Mings (Treasury & Investments Manager), Ms S Surana (Senior Accountant - Investments) and Mr S Tagg (Deputy Pensions Manager), Mrs A Hunter, Principal Democratic Services Officer.

UNRESTRICTED ITEMS

A. COMMITTEE BUSINESS

57. Minutes of the meeting held on 16 November 2012
(Item A3)

RESOLVED that the minutes relating to the unrestricted items of the meeting held on 16 November 2012 are correctly recorded and that they be signed by the Chairman.

C. MATTERS FOR REPORT/DECISION BY THE COMMITTEE

58. Minutes
(Item C1)

59. Invesco
(Item C2)

60. Fund Structure
(Item C3) -Report of the Chairman of the Superannuation Fund Committee and the Corporate Director of Finance and Procurement)

(1) The report covered a range of issues relating to the management of the Fund.

(2) **RESOLVED** to note the report.

D. MATTERS FOR REPORT/DECISION BY THE COMMITTEE

61. Infrastructure Investment
(Item D1)-Report of the Chairman of the Superannuation Fund Committee and the Corporate Director of Finance and Procurement.

(1) The report set out the key issues around Pension Fund investment in infrastructure and related assets.

(2) **RESOLVED:**

(a) To note the report

(b) To agree the criteria set out in paragraph 17

62. Pension Administration 6 Month Update

(Item D2)- Report of the Chairman of the Superannuation Fund Committee and the Corporate Director of Finance and Procurement. Patrick Luscombe, Pensions Manager was in attendance for this item)

(1) The report provided members with a comprehensive update of administration issues including: workload position; achievements against Key Performance Indicators (KPIs); automatic enrolment; fraudulent overpayment cases; framework tender; annual benefit illustrations and CIPFA benchmark survey 2012.

(2) **RESOLVED** to note the contents of the report.

63. LGPS - Consultation Response

(Item D3)- Report of the Chairman of the Superannuation Fund Committee and the Corporate Director of Finance and Procurement. Patrick Luscombe, Pensions Manager was in attendance for this item.

(1) This report provided members with the proposed response, to the Department for Communities and Local Government (DCLG) consultation paper relating to the proposed reforms of the Local Government Pension Scheme 2014.

(2) **RESOLVED** to note the content of the report and endorse the proposed response to the formal consultation presented by the DCLG.

64. Application for Admission to the Fund

(Item D4) - Report by the Chairman of the Superannuation Fund Committee and the Corporate Director of Finance and Procurement. Steve Tagg, Deputy Pensions Manager, was in attendance for this item)

(1) The report set out details of applications to join the Pension Fund and a potential admission application relating to Tonbridge and Malling Borough Council's leisure centres and golf centre.

(2) RESOLVED:

(a) To admit Medway Community Health Care CIC to the Kent County Council Pension Fund.

(b) To admit the successful bidder(s) for the Linked Services Contract(s) to the Kent County Council Pension Fund.

(c) To admit the successful bidder for the Maidstone Borough Council Hazlitt Arts Centre contract to the Kent County Council Pension Fund.

(d) To admit Caterlink Ltd to the Kent County Council Pension Fund.

(e) To agree in principle that the admission agreement made by the trust, established by Tonbridge and Malling Borough Council relating to the leisure centres and golf centre, provides for a guarantee from Tonbridge and Malling Borough Council, and any formal application for admission is subject to a further decision by this Committee.

(f) That once legal agreements have been prepared for the matters, at (a) – (d) above the Kent County Council seal can be affixed to the legal documents."

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