

KENT COUNTY COUNCIL

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Social Care and Public Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 11 January 2013.

PRESENT: Mr C P Smith (Chairman), Mrs A D Allen (Vice-Chairman),
Mr R E Brookbank, Mr N J D Chard, Mr L Christie, Mrs V J Dagger,
Mr K A Ferrin, MBE, Mr C Hibberd, Mr M J Jarvis, Mr J D Kirby, Mr S J G Koowaree,
Mr P W A Lake and Mr A T Willicombe

ALSO PRESENT: Mr G K Gibbens and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care),
Ms M MacNeil (Director, Specialist Children's Services), Mr A Scott-Clark (Director of
Health Improvement (KCC), NHS Kent and Medway), Ms P Southern (Director of
Learning Disability and Mental Health), Mrs A Tidmarsh (Director of Older People and
Physical Disability) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

58. Minutes of the Meeting held on 9 November 2012 (Item A4)

RESOLVED that the Minutes of the meeting held on 9 November 2012 are correctly recorded and they be signed by the Chairman. There were no matters arising.

59. FOR INFORMATION - Minutes of the Meeting of the Corporate Parenting Panel held on 26 October 2012 (Item A5)

RESOLVED that the Minutes of the meeting of the Corporate Parenting Panel held on 26 October 2012 be noted.

60. Oral Updates by Cabinet Member and Director (Item B1)

1. Mr Gibbens gave an oral update on the following issues:-
 - **Attended the Local Government Information Unit (LGIU) Roundtable Conference on End of Life Care on 30 November 2012**, at which KCC received good feedback on its end of life care. A report on this issue will be considered at the Health and Wellbeing Board on 30 January.
 - **Spoke at South East England Councils Ageing South East Workshop on 18 December 2012**
 - **Market Oversight in Adult Social Care Consultation** – KCC's response to the consultation needs to be submitted before the next Cabinet Committee meeting on 21 March, and it was agreed that a Member Group be established to comment on a draft response which Mr Gibbens will then sign off and send

on behalf of the Council. *A meeting of this Group was subsequently arranged for 7 February.*

- **Responding to the Budget** – the Budget will be challenging again this year, and KCC will need to look carefully at what it provides, while aiming to maintain eligibility criteria at moderate. Budget areas are being managed effectively, despite ongoing challenges. Mrs Tidmarsh and her team were particularly commended on their management of the Older Persons' budget.

2. Mr Ireland then gave an oral update on the following issues:-

- **NHS monies for Social Care** – KCC is currently working on how to use new health monies from 1 April 2013. KCC is working closely with NHS and has a good relationship with clinical commissioning groups. Key pressures are around hospital discharge and avoiding admissions.
- **Winter Pressures** – information on this funding is now available, although actual sums are not yet known. Hospital admissions always rise around Christmas and during severe weather, and the usual pattern is expected this year.

3. The oral updates were noted, with thanks.

61. 12/01981 - Kent County Council's Annual Report (Local Account) on Adult Social Care for April 2011 to March 2012 (Decision to be taken by the Cabinet Member for Adult Social Care and Public Health)

(Item B2)

Mrs S Abbott, Head of Performance and Information Management, was in attendance for this item.

1. Mrs Abbott introduced the report, which had been developed to take account of comments on content and style made at the November meeting of the Committee. A Member briefing since the November meeting had been well attended. As the Local Account process was new in 2012, its engagement process is still evolving, and the 2013 report will start to be prepared and consulted upon earlier in the year, being shared with the Cabinet Committee in June 2013. This new timetable will address some of the concerns Members had in November about the process feeling hurried and the document appearing unfinished.

2. In response to a question about the effectiveness of the assessment process, Mr Ireland explained that it is subject to ongoing monitoring to ensure that it is timely, cost-effective and appropriate, and that efficient and optimal use is made of the self-assessment process. Assessments which are complex or particularly challenging are undertaken by the most experienced staff.

3. RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to approve the final KCC Annual Report (Local Account) on Adult Social Care for April 2011 to March 2012, be endorsed, and the revised preparation timetable for the 2013 version be noted.

62. Oral Updates by Cabinet Member and Director

(Item C1)

1. Mrs Whittle gave an oral update on the following issues:-
 - **KCC/Coram Adoption Summit** was well attended. A map is being launched on 11 January to show 'hotspots' where adoption rates are of particular concern. So far in this financial year, 107 children have been placed with adoptive parents, compared to 68 in the whole of the 2011/12 year.
 - **Ofsted inspection** outcome will be published on 15 January. A further inspection of Adoption, Fostering and Children in Care is expected in late Spring.
 - **Care Leavers' Charter** - KCC will sign up to the Charter, which includes parts which relate to educational attainment of children in care.
 - **Launch of Sussex Partnership NHS Foundation Trust Children and Young People's Mental Health Services.**
 - **KCC has been invited to speak to the Joint Human Resources Committee on support for Unaccompanied Asylum Seeking Children (UASC).** There is still a £3m funding gap, so lobbying of the Minister will continue, to keep the issue live.

2. Mrs Whittle responded to comments and questions from Members, as follows:-
 - a) Members thanked Mrs Whittle and paid tribute to all the work she has done to promote and improve KCC's adoption service and to tackle other issues, such as UASC. They also expressed dismay that the news media still choose to give negative rather than positive coverage. *Although KCC has wanted to improve its Adoption service, it has actually matched the national average in terms of its performance. Having an improvement notice for its safeguarding service drew critical attention to its other services, and because KCC is upfront about its wish to improve (ie by engaging Martin Narey) this can and has drawn negative media attention to its other services. KCC's Adoption service is now performing above the national average, and much work is going on to improve relationships with Courts to speed up the adoption process. Potential new initiatives such as Adoption 'parties', which have been trialled by other local authorities, need to be very carefully thought through before being tried in Kent;*
 - b) a view was expressed that KCC perhaps needs to be a bit smarter about its public relations approach and try to predict follow-up enquiries and how a statement might be used or misused. Perhaps a new style of press release would help;
 - c) *the number of children in care has now stabilised and it is hoped that it won't increase further, but it is not realistic to expect it to decrease;*
 - d) KCC continues to fund services for those young people who have exhausted all rights to stay and are awaiting repatriation. The security of the accommodation used for these young people needs to be reviewed, to protect them from potential traffickers;
 - e) Members expressed ongoing concern about the number of agency, temporary and interim staff being employed and the need to achieve as many permanent appointments as possible. Members would like to see a plan setting out how this aim will be achieved; and

- f) it had been noted, by Members as well as Martin Narey in his review, that all Adoption staff and all the speakers at the recent Adoption summit, are female. Fathers are often the most difficult to convince about adoption, and having some male Adoption staff might start to address this problem. *Mrs Whittle agreed with the observation that Adoption can appear to be a female-only issue and undertook to look into why there are no male staff in the Adoption team and what can be done to address this.*

3. Mr Ireland then gave an oral update on the following issues:-

- **Peer Review and Inspection.** A second draft peer review letter has now been sent to all Members. The new Children in Care framework will start in Spring 2013. The next inspections will not be pre-announced.
- **Adoption** – future work is being carefully planned to ensure that Coram’s work continues beyond 2014. Ofsted will be shown the future plan at the next inspection.
- **Appointment of Area Director for Dartford, Gravesham and Sevenoaks, Mr Philip Segurola.**

4. The oral updates were noted, with thanks.

63. Short Breaks for Disabled Children

(Item C2)

Mrs R Henn-Macrae, County Manager for Disabled Children, was in attendance for this item.

Mr Ferrin declared an interest in this item as his wife is a member of a voluntary organisation which arranges breaks for children from the Demelza House Hospice.

1. Mrs Henn-Macrae introduced the report and, with Ms MacNeil and Mrs Whittle, responded to comments and questions from Members. The following points were highlighted:-

- a) some parents’ groups with which Members work in their local area are not aware of the East Kent service hubs referred to in the report, but better awareness and access to this sort of hub would help them greatly. *The East Kent hubs have been built but not yet launched, and publicity of them will happen when they are fully established. It was hoped that similar hubs in West Kent could be established as soon as possible, but government funding was later withdrawn, so a joined-up service will be provided in West Kent by using whatever premises are already available;*
- b) the underspend on the short breaks service is not due to a lack of demand but lack of provision, and children who should be able to access short breaks are unable to. *The underspend is only in relation to day care, not the short breaks service as a whole, and is offset by an overspend in Direct Payments which enables families to make their own choices about short breaks. There is not a barrier to children accessing short breaks in general;*

- c) one Member stated that he had been given no choice of whether or not to take up a Direct Payment for his son, and suspected that other parents had had the same experience. In this way, neither the Direct Payment system or the short breaks service is working as it was intended to. *Ms MacNeil and Mrs Whittle undertook to look into the points raised, and added that perhaps the Direct Payment system expects parents to understand and take on too much administration for themselves. The short breaks scheme has arranged some excellent events recently, and Mrs Whittle paid tribute to the team which organises these;*
- d) the issue is not of lack of quality but of lack of capacity and ability to reach all the families which could benefit from the service. Provision appears to be uneven across the county. *Mrs Henn-Macrae advised that more overnight breaks were being added to increase the capacity of the scheme. She undertook to supply Members outside the meeting with a breakdown of the geographical use of the service;*
- e) the report had originally been requested to explain why the service had shown an underspend, but the content of the report had opened Members' eyes to the running of the service and the value of it;
- f) Members re-asserted their concern that Direct Payments must remain a voluntary option and should not become a condition of receiving a service. *Mrs Henn-Macrae advised that the County Council is obliged to offer a Direct Payment as an option, but assured Members that anyone who does not wish to take it up is not compelled to;* and
- g) Mrs Whittle was thanked for the personal interest she has taken in developing the short breaks scheme, which is a vital support to the parents who use it.

2. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

64. Oral Updates by Cabinet Member and Director (Item D1)

- 1. Mr Gibbens gave an oral update on the following issues:-
 - ***Attended the Kent Stop Smoking Service Annual Conference 2012 on 26 November 2012***
 - ***Department for Communities and Local Government Select Committee visit to Kent on 28 November 2012***
- 2. Mr Scott-Clark then gave an oral update on the following issues:-
 - ***Public Health Transition to Kent County Council*** – formal consultation with staff moving from the NHS to the KCC will take place from January onwards. The government funding allocation to local authorities for public health services, announced on 10 January, had been more generous than expected, and covers a period of two years, which is welcomed.
 - ***Launch of national Stop Smoking campaign***

- **Local launch of proposals for sexual health/GUM services in north Kent.** A report on this issue will come to the Cabinet Committee's next meeting, so Members have the opportunity to comment on a decision to be taken by Mr Gibbens on interim service provision.
- **Connecting Communities work in Thanet**, centred on Newington and Cliftonville, is part of a national programme which has run for some 15 years.

3. Mr Gibbens responded to comments and questions from Members, as follows:-

- a) a view was expressed that having a performance target for the number of people encouraged to give up smoking conflicts with the fact that some KCC staff pension funds are invested in tobacco companies. *Mr Gibbens responded that ethical investment is a very broad issue, on which the KCC had made its policy very clear;* and
- b) the budget which accompanies the public health duties transferring to the KCC in April will be listed separately from the Adult Social Care budget, so the two can be distinguished.

4. The oral updates were noted, with thanks.

65. Families and Social Care Directorate Financial Monitoring 2012/13
(Item E1)

Miss M Goldsmith, FSC Finance Business Partner, was in attendance for this item.

1. Miss Goldsmith introduced the report and explained that it had been difficult to make a like-with-like comparison to previous quarters' reports as some Adult Services lines had been added and Early Years is still historically listed as part of the Education portfolio budget.

2. RESOLVED that the revenue and capital forecast variances from budget for 2012/13 for the Families & Social Care Directorate (Adult Social Care and Public Health and Specialist Children's Services portfolios), based on the second quarter's full monitoring to Cabinet, be noted, with thanks.

66. Families and Social Care Performance Dashboards for October 2012
(Item E2)

Mrs S Abbott, Head of Performance and Information Management, and Mrs M Robinson, Member Information Services Manager, were in attendance for this item.

RESOLVED that the information set out in the in report be noted, with thanks.

67. Children's Services Improvement Plan: Progress Update
(Item E3)

1. Ms MacNeil introduced the report and assured Members that work on the improvement of services was ongoing. She explained that the recent restructure was continuing to bed in and it and work with the Courts to speed up the adoption process were both starting to show some effect. The number of children who are the subject of a Child Protection Plan has decreased.

2. Ms MacNeil, Mrs Whittle and Mr Ireland responded to comments and questions from Members, explaining the following:-

- a) the ongoing issue of the number of children in care placed in Kent by other local authorities, and the challenge of finding school places for them, is being addressed by a working group set up by the Department for Education, with representatives from London Boroughs and Kent County Council (Ms MacNeil). KCC has a statutory duty to provide a school place for a child in care placed by another local authority. Some children's homes have their own arrangements for finding places. Some places in pupil referral units are taken by children from other local authorities, displacing Kent's own children in care. Ms MacNeil added that she is not aware of any problem of Kent's own children in care accessing school places;
- b) taking a child into care is a very difficult decision to make, and the assessment process is necessarily robust. The child's needs are always paramount, and it is important to make the best possible decision about their future and to place them as soon as possible in a suitable situation. In some cases, it is deemed appropriate to return a child home, but in these cases the decision to take them into care should in no way be viewed as a 'mistake';
- c) social workers can only take a child into care with the authority of a Court Order. The application for that Order is very closely scrutinized, and very few applications are refused. Only the Police can remove a child without an Order, for the child's protection;
- d) in its self-audit process, KCC is open and clear about its performance and about reviewing its progress. The format of performance reports has so far followed the style and headings in the Improvement Notice, to which they have been responding, but future reports to the Cabinet Committee will be in a different format which responds to the way in which Members and officers would rather see information;
- e) the impact of the social worker recruitment campaign launched in September 2012 varies across the county, and Ms MacNeil undertook to advise the questioner outside the meeting on the impact in specific areas;
- f) the term 'looked after child/ren' will no longer be used and is being replaced by the preferred term 'child/ren in care'; and
- g) the number of children in care in Kent has stabilised at just over 1,600, at a time when the national figure is increasing. In Kent, children stay in care for a shorter time, moving on to a permanent placement such as adoption, or returning home. This is due to the quality of KCC's social work staff and the impact of its early intervention measures.

3. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

68. Health Improvement Programmes Performance Report

(Item E4)

1. Mr Scott-Clark introduced the report and explained that smoking quits are currently 93% on target, with the full impact of the 'Stoptober' campaign having yet to show up. KCC is ahead of the national average with the number of health checks completed. Members welcomed the inclusion of 6-8 week breastfeeding rates.
2. RESOLVED that the information set out in the report be noted, with thanks.

69. Kent and Medway Safeguarding Vulnerable Adults Annual Report April 2011 - March 2012

(Item E5)

Mr N Sherlock, Head of Adult Safeguarding, was in attendance for this item.

1. Mr Sherlock introduced the report and corrected a figure shown on page 165 of the meeting papers: that the % change between 2010/11 and 2011/12 should read 17.3% and not 54.3%. He and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

- a) preventative work to reduce the number of safeguarding alerts, and a new monitoring regime, is built into the Directorate's Transformation programme, and the nature of this monitoring regime will be reported to a future meeting of this Committee;
- b) Members asked that a pocket-sized card be produced which sets out bullet point guidance and contact information which they can use to report or respond to safeguarding issues locally. *Mr Sherlock undertook to prepare some suitable guidance. The Central Referral Unit is happy to give guidance to Members on what to do to report or respond to safeguarding issues in their area, whether related to adults or children;*
- c) concern was expressed about the higher number of referrals arising in East Kent compared to West Kent. *This disparity can be explained by the much greater number of care homes located in East Kent;*
- d) Members asked about the possibility of shadowing or accompanying a safeguarding officer to see issues at first-hand, as had proved helpful in the 'shadow a social worker' initiative. *Mr Ireland explained that this would need careful thought as most premises are in the private sector and not in KCC control, which might make Member visits difficult to accommodate, but he and Mr Sherlock undertook to look into how best to approach this;* and
- e) there has been a rise in alerts at premises which cater for people with mental health issues, and a Member with a link to the Kent and Medway NHS and Social Care Partnership Trust (KMPT) undertook to ask the Trust about this increase.

2. Mr Gibbens assured Members that adult safeguarding is his top priority. He commented that the number of alerts had increased in recent years due to the raising of

awareness and understanding of safeguarding issues and people's increased willingness to report their concerns. He stated his intention to work more closely with providers to address the issue and assured Members that good safeguarding practice was not an issue of finance.

3. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and the Director of Strategic Commissioning, Mr Lobban, be asked to report to a future meeting on how the new monitoring regime will look.

70. Dementia - A New Stage In Life: Select Committee One Year On Report (Item E6)

Mr M Thomas-Sam, Strategic Business Advisor, Ms E Hanson, Head of Strategic Commissioning, and Ms S Gratton, Head of Learning Disability Commissioning, NHS Kent and Medway, were in attendance for this item.

1. Mr Thomas-Sam introduced the report and explained that the Select Committee would re-convene for its 'one year on' monitoring meeting on 5 February, at which time it would see the report now being presented to the Cabinet Committee. Ms Hanson and Mrs Tidmarsh responded to comments and questions from Members and the following points were highlighted:-

- a) Mr Gibbens was thanked for his efforts in keeping Select Committee Members updated on progress through the past year, in particular the development of memory cafes and the buddy system;
- b) a scheme run with Darent Valley Hospital, wherein voluntary partners support patients with Dementia while in hospital, has been very successful;
- c) managers of residential and care homes are receiving more training on how to manage issues around Dementia under the Safeguarding Quality and Care agenda;
- d) assistive technology can help people with Dementia to remain in their own homes as long as possible, and solutions aimed at addressing specific challenges are being developed, eg a GPS tracking device for someone with a tendency to wander out of their home; and
- e) KCC has secured funding of £1.2million to improve provision of services for people with Dementia, and bids for allocation of this funding will be reported to this Committee.

2. RESOLVED that the information set out in the report and given in response to comments and questions, and the reconvening of the Dementia Select Committee on 5 February to review progress on the recommendations, be noted, with thanks.

71. Community Children and Young People's Mental Health Services update (Item E7)

Mr I Darbyshire, Senior CAMHS Commissioning Manager, NHS Kent and Medway, was in attendance for this item.

1. Mr Darbyshire introduced the report and explained that it had been prepared in response to a request from the Committee to have an update on how the new Mental Health and Emotional Wellbeing contracts, which started on 1 September 2012, were operating. He outlined key strands of work as:-

- the inherited backlog of cases is being addressed and the overall number of young people on waiting lists is being reduced.
- the contractor, Sussex Partnership NHS Foundation Trust (SPFT), is currently liaising with CAMHS staff to introduce a new working model by February 2013.
- training to ensure staff refer young people correctly is taking place, supported by funding from the Strategic Health Authority.

He clarified points of fact and responded to comments from Members, as follows:-

- a) pie-charts included in the report are difficult to read and the content of graphs and tables is confusing. From the format of the information given, it is difficult to see how many young people are waiting for 40 weeks, for example, and what progress is being made to address this. *The pie-charts had been supplied by SPFT but Mr Darbyshire undertook to ensure that there are clearer next time they are presented. To clarify the information set out in charts: KCC has not been performing well in terms of waiting lists for some time, and there are long waiting lists for some treatments. Many referrals are for behavioural issues and the appropriateness of this type of referral needs to be investigated;*
- b) concern was expressed that, as the services were contracted out to a Trust from Sussex, Kent would have to share its services with Sussex. *Members were assured that this is not the case. KCC sets the contract standards, to which the Trust must adhere, and funding for Kent's services is ring-fenced so cannot be diverted elsewhere;*
- c) Kent seems to be losing services from the homeopathic hospital in Tunbridge Wells as this does not appear in the contract. *Provision will not necessarily be delivered from the same premises as used by previous CAMHS services, and will include more services delivered in the community;*
- d) concern was expressed about the robustness of the contract and the ability to penalise the contractor in the event of poor performance. *Performance is judged by quality controls built into the contract;*
- e) transition from children's to adults' mental health services is not mentioned in the contract but is a major and long-standing concern. *This is a gap in the current contract which will need to be addressed. Transition could be addressed within the service system rather than within specific services;*
- f) there is disparity between East and West Kent in terms of waiting times, and neither clear figures or an explanation is apparent. Fuller figures and information will help give a clearer picture in a number of places in the report;

- g) *the 'first appointment' referred to does indeed mean the first face-to-face discussion between a young person and a professional who can assess their condition. The waiting times quoted are for routine referrals; if a case is urgent, an appointment can be arranged the same day if need be. However, not all young people who are referred will need to see a specialist;*
- h) *only 1% of young people with Asperger's syndrome have been formally diagnosed as such. Mr Darbyshire undertook to look into delays in the case of a young man with Asperger's syndrome which was referred to in the meeting by the family's local Member;*
- i) the new Young Healthy Minds contract started on 3 September 2012, so services should be up and running *before* the end of the current financial year; this seems a long lead-in period but the reason for this is not apparent; and
- j) in response to a question, Mr Darbyshire explained that 'ACCENT' stands for Adolescents and Children in Care Emotional Needs Team. This is a CAMHS consultation service for Children in Care and is for foster carers and the children and young people placed with them by KCC. Its purpose is to support placements through helping carers, children and young people and associated professionals to understand mental health issues that may be affecting the child or adolescent and how this may be impacting on the placement's stability.

2. Mr N J D Chard proposed and Mr K A Ferrin seconded that a further report be made to the Cabinet Committee's next meeting which will address the concerns raised by Members during debate, set out above, and that the Chief Executive of the contractor, Sussex Partnership NHS Foundation Trust, be asked to attend the meeting to respond to those concerns.

Agreed without a vote.

3. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted, with thanks; and
- b) a further report be made to the Cabinet Committee's March meeting which will address the concerns raised by Members, set out above, and the Chief Executive of the contractor, Sussex Partnership NHS Foundation Trust, be asked to attend the meeting to respond to those concerns.

72. 2013/14 Final Draft Budget *(Item F1)*

Mr A Wood, Corporate Director of Finance and Procurement, and Miss M Goldsmith, FSC Finance Business Partner, were in attendance for this item.

1. Mr Wood introduced the report and explained that some figures in the budget had been updated since the briefings which were held for each political group. He outlined the key issues as follows:-

- the reduction in KCC's grant allocation from Government had been larger than expected, so the discrepancy to cover is larger, at £15m.

- in addition, spending demands have been updated and have risen by £2m, so the discrepancy to cover is now £17m.
- the final draft budget will be published on 14 January and all party groups will have a further briefing soon after. The budget will then go to Cabinet on 23 January and full Council on 14 February.
- identifying sufficient extra savings within this timeframe will be a great challenge, and there is no time to launch a second public consultation exercise.

He responded to comments and questions from Members, explaining the following:-

- a) it had previously been forecast that there would be an 'easier' year and a 'tougher' year, in terms of the level of savings required. 2013/14 was meant to be the 'easier' year, with a savings target of 1.5%, but the factors outlined above had increased this required saving to 4%. This is the third of four years of planned savings and the overall total will be around £350m;
- b) there is now no automatic increase in government grant funding to take account of demographic trends, eg an increasingly elderly population. Government funding is instead based on business rates, split between the County and District Councils in a ratio of 20:80%, but the actual spending pattern simply does not reflect this ratio; and
- c) a view was expressed that the government funding this year reflected the pattern seen many times before, and the County Council would cope this time as it had coped before. It is clear that Children's Services should be protected from having to find savings, but proposals for adult services raise concern, and whether or not these will deliver sufficient savings. The speaker did not share the pessimism of others as the stock market has risen since September 2012 and there is a new mood of optimism in the business economy.

2. The Committee discussed the need for a further meeting of the Informal Member Group to look again at the budget before the County Council meeting in February. It was asserted that the purpose of an IMG is to inform and strengthen the stance the Cabinet Members should take when supporting their portfolios' budget allocations at County Council, and that the IMG allows Members to look at issues in depth. Others felt that another meeting of the IMG would serve no purpose, as the detail of the budget can be explored at Member briefings. It was pointed out that the role of Member briefings and an IMG are not the same. Mr L Christie then proposed and Mr S J G Koowaree seconded that a further meeting of the IMG be convened.

Lost, 8 votes to 2

3. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and no further meeting of the budget IMG be convened.

73. Business Planning 2013/14 - Draft Plans (FSC)

(Item F2)

Mr M Thomas-Sam, Strategic Business Advisor, was in attendance for this item.

1. Mr Thomas-Sam introduced the report and explained that each Cabinet Committee was being given the opportunity to comment on the draft business plans for its portfolio areas in advance of the final business plans being approved by the Cabinet in March. In response to a question, Mrs Tidmarsh explained that the '3 million lives' initiative listed in the plans is a pilot government scheme to spread assistive technology to reach three million people, rather than the 6,000 people who were the target of the whole system demonstrator. Kent is a pathfinder county for this initiative and there is much work to do around procurement of services in time to start the scheme.
2. The Committee discussed the usefulness of all Members being sent full business plans, and gave views on the length and content of them, as follows:-
 - a) the great amount of text in business plans is simply not read by many, so the cost of producing and sending a copy to every Member is not justified;
 - b) previously, one or two copies would be placed in the Members' room at Sessions House for Members to refer to, and it was suggested that this custom be resurrected; and
 - c) the role of business plans is to justify a directorate's work to the outside world. Staff preparing such documents need guidance on what it is necessary to include, and how to make information clear and concise. Too often, authors resort to including all available information, which is sometimes simply not necessary.
3. RESOLVED that the information set out in the report and its appendices, and given in response to questions be noted, with thanks, and Members' comments, set out above, be taken into account when preparing the final business plans for approval by Cabinet in March.

74. Business Planning 2013/14 - Draft Plans (PH)

(Item F3)

1. Mr Scott-Clark introduced the report and explained that, at the time of preparing it, the government funding allocation which would support it was unknown, having been announced on the day before this Committee's meeting.
2. RESOLVED that the information set out in the report, and the draft Public Health business plans appended to it, be noted.

75. Public Health 23 Programmes

(Item F4)

1. Mr Scott-Clark introduced the report and explained that the Cabinet Committee was being asked to support the proposal to roll forward the majority of existing contracts with providers, giving time to prioritise and systematically review each and every contract, following the novation to the Kent County Council. The exceptions to this are the changes which have previously been agreed by this Committee and are set out in the report.
2. RESOLVED that:-

- a) the detail of the 23 Public Health programmes and services which become the responsibility of the County Council from April 2013 be noted; and
- b) the Cabinet Member's approach to roll existing contracts, with a prioritised and systematic review through 2013/14 and beyond, with the exception of the programmes previously agreed by this Committee, be endorsed.

76. Meeting Papers

1. During the meeting, Members referred to the excessive volume of material which had been produced to accompany the agendas for recent meetings, and a discussion ensued about the usefulness of the material produced. Points raised were as follows:-

- the volume of reading is too much to digest and consider in time for the meeting, so the length of agendas and the volume of material produced should be revisited.
- the time of year had partly accounted for the length of the agenda and the amount of accompanying material. There were several large items, such as business plans, which the Committee needed to look at before it could comment on and input into the development of them.
- the cost of producing such large papers, in terms of preparation time, paper, printing and postage, caused concern. It is not necessary to have so much paperwork.
- the agenda is large as there are three major issues included in it, but in such a large agenda Members cannot do justice to any of the items properly. The size of agendas is becoming unworkable.

2. The Chairman undertook to discuss the matter with the Cabinet Members and Directors.