

COUNTY COUNCIL

Thursday 12 December 2013

**Question by Angela Harrison to
Roger Gough, Cabinet Member for Education & Health Reform**

Can the Cabinet Member for Education & Health Reform tell the Council if he is satisfied with the quality and quantity of activity and public engagement undertaken by Health Watch Kent since he commissioned the service to start on 1 April 2013?

Answer

Under the Health and Social Care Act 2012, Local Healthwatch organisations are statutory and independent organisations, able to employ staff and involve volunteers, to become the influential and effective voice of the public on health and social care issues. Local Healthwatch Organisations must also provide an information and signposting service to improve choice. Engaging Kent won the contract to provide Healthwatch services in Kent from 1 April 2013.

There are a number of areas where KCC is pleased with the progress Healthwatch Kent has made. For example:

1. The information and Signposting Service has been up and running since 1 April. Mystery Shopper exercises have shown it is providing well researched information to people who need help understanding how to access health and social care services and to make choices about which services best suit their needs.
2. Agreeing Memorandums of Understanding with organisations involved in the commissioning, provision or monitoring of health and social care services. For example, the Public Health Observatory have agreed to help provide expertise in analysing health and social care data and in return Healthwatch Kent are helping with consultation for the Joint Strategic Needs Assessment
3. HWK have created competency and skills frameworks for volunteers to ensure the volunteers they recruit are effective in their specific role. Recruitment to volunteers is in full swing and Healthwatch report high levels of interest from people across the county with a wide range of interests and skills.
4. The governance of Healthwatch has now been finalised with the emphasis on volunteer-led groups:

Intelligence Gathering Volunteer Support Communications

7 Area Teams (to keep focus as local as possible)

A Decisions and Directions Group which makes the key decisions about the content, format and schedule of work that reflects HWK's priorities and goals

Engaging Kent will review the decisions, initiatives and activity taken by HWK and ensure that HWK's priorities and activity cohere with the Outcomes Framework as per the contract and local stakeholder and national bodies' expectations of best practice.

5. Communications are now much better and Healthwatch Kent is providing regular newsletters and stakeholder bulletins. Their website has been improved and Healthwatch Kent now has a Facebook and Twitter presence.
6. Recruitment to key posts has been a problem. I am pleased to say that Healthwatch Kent now has a full complement of staff including a CEO who took up post on Monday

As with other Healthwatch organisations across England, progress has not been uniform in all areas. As local authorities move into a more devolved approach and more services are awarded to social enterprises and community interest companies, there is bound to be some transitional period. KCC had expected and allowed for a set-up period whilst Healthwatch Kent recruited volunteers and key paid posts and forged working relationships with the statutory and voluntary sector. Notwithstanding the progress made so far, there are two particular areas where we have asked Healthwatch Kent to improve:

1. Learning from the LINK Legacy. The Local Involvement Networks were the previous, statutory providers of public voice for health and social care. KCC worked with the LINK to create a "living legacy" that Healthwatch Kent would be able to use to inform set up and operations. The LINK Legacy can be seen both as a "how to" and a "how not to" guide. Whilst the LINK carried out some excellent work, especially in its last 18 months, our expectation is that Healthwatch Kent learned what worked well and what they need to do differently. HWK ran a workshop on the LINK Legacy and have now created a detailed and timed plan that sets out how it will take up the LINK recommendations.
2. The other area where we asked for improvement was in gathering public voice on issues of key concern to the people of Kent. I'm pleased to say we've seen real progress over the last couple of months. Healthwatch Kent are now:
 - a. Assisting the South East Coast Ambulance Service consultation on Quality Areas and targets for 2014/2015
 - b. Using the concerns raised at their public events and through the Information and Signposting Service, HWK are in the final design stages of carrying out a "Public Voice" survey to establish the key concerns of the general public and the voluntary sector
 - c. In initial discussions on how HWK can add value to East Kent Hospital Trust's consultation on outpatients services
 - d. Facilitating & promoting the Care Quality Commission Review of Dartford and Gravesham NHS Trust
 - e. Acting as critical friend and providing quality assurance on the review of the decision to close the Faversham Minor Injuries Unit
 - f. in the process of agreeing a major project on Mental Health Acute Services (working with Service Users, KCC, West Kent CCG, Patient Participation Groups, Invicta Mental Health, the West Kent Locality

Planning and Management Group and the Kent and Medway Partnership Trust)

We have a tightly managed contract in place and will continue to monitor it closely to ensure taxpayers are getting value for money.

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**Question by Mike Eddy to
Roger Gough, Cabinet Member for Education & Health Reform**

Can the Cabinet Member for Education & Health Reform inform the Council of the results obtained by GCSE students this summer at the Castle Academy and the now closed Walmer Science College and would he comment on what this may mean for future school children in the Deal and Walmer area?

Answer

During the last school year, we successfully amalgamated the former Walmer Science College with Castle Academy to create one Secondary School for Deal. The amalgamation was in response to dwindling pupil numbers and a serious budget deficit at Walmer, which were not projected to improve in the near future. If not addressed the quality of education provided to pupils at Walmer would have deteriorated further due to the reducing budget to support a viable curriculum.

Castle Academy was previously judged by Ofsted to be an outstanding school. It was successful in its bid to the DfE for Targeted Basic Need funding to re-build the school. Following the proposal for the amalgamation, the Secretary of State for Education approved a level of funding to rebuild the school to accommodate the amalgamated school on the Castle site. This provides a very good opportunity for a new school by 2015, to benefit all the pupils from the previous two schools.

Clearly the priority and key aim for the future is to ensure all the young people of Deal receive a good secondary education. The amalgamation has improved the leadership capacity and the breadth of the curriculum offer with better pathways to post 16 education, and enhanced the subject teaching capability for all the pupils concerned.

During the period leading up to the amalgamation, the local authority provided additional resources to Walmer to enhance the teaching of the curriculum in Year 11, to ensure pupils could achieve their best projected GCSE results.

As a consequence, 61% of pupils at Walmer achieved five or more good GCSE grades at A*-C and 33% of pupils achieved five or more good GCSE grades including English and Mathematics.

At Castle Academy 84% of pupils achieved five or more good GCSE grades at A*-C and 20% of pupils achieved five or more good GCSE grades including English and Mathematics. This is a disappointing result which is well out of line with the previous years' improving trend and the school's own targets for 2013. GCSE results at A*-C grades in mathematics and science were over 60%, and in line with expectations, but performance in English declined sharply. The school has contested the examinations results for English with the Examination Board, and the issue is still under investigation. The local authority has discussed these results with the school and is confident that it is a surprising one year blip in an otherwise improving trend for

pupils' performance in public examinations. The school's senior leaders and governors are assured that performance will be significantly better in 2014 and will continue the upward trend seen in previous years.

COUNTY COUNCIL

Thursday 12 December 2013

**Question by Mike Harrison to
David Brazier, Cabinet Member for Transport & Environment**

We as Members are proud of the huge success of the Kent Freedom Pass and to witness the 'Freedom' it has given to so many of Kent's young people and how it will encourage them to use public transport in their later life. However all of this comes at a huge cost! With that in mind may I ask Mr Brazier on behalf of my fellow Members just how much each individual journey costs KCC and how that sum is arrived at. We all find it very difficult to understand and even harder to get an answer of just how this all works?

Answer

Mr Harrison is correct about the popularity of the Freedom Pass. Its success comes at a cost of over £13m per annum. Presently it is impossible to say exactly how much any individual journey costs as an average cost is agreed with each operator and multiplied by the number of journeys taken.

Mr Harrison will remember the petition brought to County Council seeking an extension of the age of eligibility beyond sixteen years of age. We have been working hard to address the petitioners' aspirations as well as halt the growth in the cost of the scheme and, indeed, effect a saving. A paper will be brought to the Environment, Highways & Waste Cabinet Committee tomorrow describing a new scheme that will achieve this and be available for the start of the new academic year in 2014.

COUNTY COUNCIL

Thursday 12 December 2013

**Question by Roger Truelove to
Jenny Whittle, Cabinet Member for Specialist Children's Services**

On 29 September the Prime Minister was interviewed on the Sunday Politics broadcast on the BBC.

He was asked about his commitment before the General Election that Sure Start Children's Centres would not close were he to be elected Prime Minister.

It was put to him that Kent County Council had to consider closing a quarter of its centres because of cuts to funding.

His response was "The truth is the funding for Sure Start has gone up. The budget we give to local councils for that purpose has increased."

He went on to say it was Kent County Council's responsibility. That is localism.

Is that your interpretation of the truth?

Answer

The funding for children's centres is very complex and is no longer allocated as a ringfenced Sure Start grant. In 2011/12 £20.4m of Sure Start funding for children's centres was transferred into the Early Intervention Grant together with £20.6m of Sure Start funding for early years and other local programmes, £17m from Area Based Grants and £2.1m other specific grants. We are estimating that this £60.1m will reduce to £34.6m in 2015/16 – a reduction of 42% on the best like for like basis we can make.

However the Government have used much of this funding to deliver a massive expansion in the number of free nursery places for two year old children from low income backgrounds. For 2010/11, around £1.3m in Sure Start 2011/12 was invested in two year old nursery places and was transferred to the Early Intervention Grant for this purpose in 2011-12; in 2012/13 the sum increased to around £5.782m; and the following year, 2013/14, it was then taken out of the Early Intervention Grant and put in the Dedicated Schools Grant, but increased to £12.125m. If we meet the target of creating 7000 additional places, the funding in 2015/16 would be £19.7m. This is a substantial investment in targeting support for pre-school children from low income and disadvantaged backgrounds.

So whilst the funding for Children's Centres buildings has reduced, this reduction included the amount that was previously earmarked for free nursery places for two year olds from low income families. It is clear that this investment has grown substantially since switching to the Dedicated Schools Grant and marks a return to the original principles of the Sure Start programme, targeting children from disadvantaged and low income backgrounds to have a flying start in life.

COUNTY COUNCIL MEETING

Thursday 12 December 2013

Question by Brian Clark to David Brazier, Cabinet Member for Transport & Environment

As the Cabinet Member for Transport and Environment may be aware, at the beginning of the academic year, there was major chaos with bus provision along the Loose Road corridor in South Maidstone. Children with Kent Freedom Passes arrived late to school day after day as completely full buses passed by time after time.

In light of this, can the cabinet member explain firstly, what measures will be in place to prevent this situation reoccurring and secondly, while some progress has been made since September; how South Maidstone morning bus provision can be made truly fit for purpose?

Answer

Since the commencement of the Freedom Pass scheme in 2007, KCC has worked very closely with bus service providers to ensure that, broadly, capacity on each route is sufficient. This year, KCC will spend nearly £3m on additional capacity specifically for the Freedom Pass users. It is vital that bus operators also respond to capacity problems to reflect the additional revenue being earned.

It is recognised that at the start of each academic year in September, capacity on bus services is stretched, principally because it is not possible to be entirely accurate about the numbers that will wish to travel until a few days into the first week. This was the case this year in parts of Maidstone and we have worked closely with operators to resolve matters.

COUNTY COUNCIL MEETING

Thursday 12 December 2013

**Question by Martin Vye to
Roger Gough, Cabinet Member for Education & Health Reform**

Will the Cabinet Member for Education and Health Reform say:

- a) what action KCC has taken to ensure that entry to grammar school is based on "merit not money" as set out in the Sutton Trust report which recommends that working-class pupils should be prioritised during the admission process, and
- b) explain how his recent announcement that 924¹ children who passed the Kent test were not allocated grammar school places has assisted in ensuring grammar schools are not monopolised by the wealthiest families?

Martin Vye

¹*KM Education Supplement Article 31.10.13 – ‘Lack of Places for 11-Plus Passes’*

Answer

The County Council's objective will always be that entry to grammar school should be on merit and academic ability, and that admission to schools of all types in the County should be fair for all applicants. Notwithstanding some of the general criticism of selection in the Sutton Trust report on grammar schools, it was pleasing to read that Kent was commended as one of the authorities seeking to make its selection process resistant to coaching.

All parents want their children to do well and many will provide extra tuition for them to improve achievement in subjects such as English and mathematics. However, coaching on practice test materials seeks to undermine the selection process by giving pupils greater familiarity with the test format.

The Council has recently commissioned new assessment tests which will focus more on attainment in literacy and numeracy as well as reasoning ability. These tests are more closely linked to the primary school curriculum and are likely to reduce the amount of practice that can be provided through coaching. Full details of the tests will be released in May next year, just ahead of parents deciding whether to register their children to take the Kent test, so that teachers and families will all have the same information at the same time, avoiding advantage to any particular group.

In primary schools, extra or individual support may sometimes be needed by some pupils to improve their literacy and numeracy. However, primary schools should not be taking this valuable time to provide coaching for some children to pass a test designed specifically to select candidates for grammar school. This is actively discouraged by the Local Authority.

Certain recommendations in the Sutton Trust report are outside the scope of the Local Authority. For example, giving admission priority on the basis of the pupil premium is currently available only to Free Schools and Academies. This is not available as part of the School Admissions Code for the Council's maintained schools, including grammar schools. As the majority of Kent's grammar schools are now self-governing academies, it is at their discretion whether they make use of this permission, so far none has chosen to do so. It remains to be seen whether the report will prompt future changes in legislation.

Where the Council can help is through school-based strategies to raise achievement and aspiration amongst those who require additional support. The Council is working with schools to narrow the attainment gap at the end of Key Stage 2 so that more Free School Meal (FSM) children have a better chance of making a successful transition to secondary school, including securing a grammar school place. The Council can also help support schools to use and target pupil premium funding effectively to enable disadvantaged students to achieve levels 5 and 6 at the end of Key Stage 2.

The Council also took care to ensure that recent necessary revisions to discretionary transport assistance were shaped in a way that protected the access to qualifying children from low-income families to grammar school. The Kent Freedom Pass has also helped families on lower incomes to cover the costs of getting their children to the schools they most want.

Turning to Mr Vye's second question, I did not announce that 924 children who secured a grammar assessment were not allocated a grammar school place. This figure - used out of context on the KM website - is based on a simple calculation of the difference between the numbers of children assessed suitable for grammar school and the number of Kent grammar school places available. Year on year there are more children assessed suitable for Kent grammar schools than could be accommodated in them; there is nothing new in this situation. Our commitment is that up to 25% of the school population in Kent could be educated in selective schools. More children will be assessed as eligible than there are places, especially when those applying for the assessment include a great number of children from out of the county. We test almost 3,000 out of county pupils for whom we have no duty to provide a school place. Many of these children will secure grammar school places closer to home in their own authorities, some will prioritise other schools among their preferences and a small proportion will not apply for grammar school places, but will remain in the independent sector.

Last year, there were 5,381 grammar assessed pupils, 4,310 of which lived in Kent, and there were 4,690 places in Kent's grammar schools. This year, there are 3,976 Kent resident pupils assessed as suitable for grammar school, however the final figure for the number of places available may change over the next couple of months because rules have been relaxed in regard to admitting pupils above a schools published admission number.

COUNTY COUNCIL MEETING

Thursday 12 December 2013

**Question by Rob Bird to
David Brazier, Cabinet Member for Transport and Environment**

The DfT has stated that there is clear evidence that reducing speeds reduces the frequency of collisions and, where collisions occur, lowers the risk of fatalities and serious injuries (Report to Environment, Highways and Waste Cabinet Committee, Thursday 3rd October 2013). Evidence shows that schemes which combine 20mph limits with traffic calming measures to reduce speeds have proved very successful in reducing casualties by around 40% to 60%. However, it is recognised that there can be difficulties in achieving widespread observance of 20mph zones and limits.

Significant new housing development is planned across Kent in the coming years. Much of this will be in new self-contained estates with perhaps just one or two access roads. The Kent design guidelines require developers to implement traffic calming measures within new estate roads to encourage low speeds. Would the Cabinet Member for Transport and the Environment consider recommending that all new self-contained housing developments should incorporate 20mph zones?

Answer

The Kent Design Guide does not require developers to provide traffic calming or formal 20mph limits. However, it does require developers to ensure access roads serving new residential areas are safe for all highway users and the highway layout is generally designed for 20mph speeds. This can involve introducing engineering measures such as carriageway narrowing, speed cushions, raised junctions or shared surfaces and thus has the added benefit of not relying on the Police for enforcement and avoiding sign clutter.

This approach has proved successful and the vast majority of new housing developments in Kent enjoy a very good safety record.

The more general use of 20mph zones and limits has been available as a road safety tool for some time. Highways and transportation have in recent years implemented such formal restrictions where there is a proven safety need. The County Council's 20mph policy also enables the use of 20mph limits and zones if they assist with delivering targets set out in Kent's Joint Health and Well Being Strategy. Each site is reviewed on a case by case basis, rather than a blanket approach, this ensures a clear identification of a rationale and the benefits that any new limit are aimed to achieve.

COUNTY COUNCIL MEETING

Thursday 12 December 2013

**Question by Dan Daley to
Roger Gough, Cabinet Member for Education & Health Reform**

In the course of work undertaken by the KCC Health Overview and Scrutiny Committee, we have had experience recently of two instances of failure of the new Commissioning system being operated by the Community Commissioning Groups run by GPs under new arrangements since the demise of the Primary Care Trusts.

One concerned the failure of service under a new contract with NSL for patient transport services throughout West Kent which has been the subject of much press comment - and the other concerned the failure through process to secure a valid bid to continue to provide the much needed Minor Injuries Unit in Faversham.

As the County Council is now contemplating divesting itself of direct service delivery, what safeguards will the County Council put in place to ensure that any service failure is rapidly addressed, since the County Council still must be held accountable for the services to be provided?

Answer

In the course of work undertaken by the KCC Health Overview and Scrutiny Committee, we have had experience recently of two instances of failure of the new Commissioning system being operated by the Community Commissioning Groups run by GPs under new arrangements since the demise of the Primary Care Trusts.

One concerned the failure of service under a new contract with NSL for patient transport services throughout West Kent which has been the subject of much press comment - and the other concerned the failure through process to secure a valid bid to continue to provide the much needed Minor Injuries Unit in Faversham.

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Thursday 12 December 2013

**Question by Chris Hoare to
Paul Carter, Leader of the Council**

The huge house building programme across the South East offers a once in a generation opportunity to break the cycle of deprivation that affects some of our communities.

In the light of this why is the Leader so opposed to using 106 and KPI agreements to protect local jobs in the construction industry?

Answer

This is factually wrong - I am not opposed, quite the opposite. Clearly Mr Hoare is being fed duff information. I am quite surprised by this question as throughout my time as Cabinet Member and Leader of the Council, Kent jobs for Kent people have been at the top of my agenda.

In fact, I have personally instigated the creation of many schemes to support apprenticeships and protect local jobs. For example, last year I introduced a major campaign to promote apprenticeships – ‘Kent Jobs for Kent’s young people’ which has successfully recruited nearly 500 young people into apprenticeships across the county. Furthermore, KCC procurement contracts now oblige contractors now to employ 1 apprentice for every £1m of labour spend.

As my colleague Mark Dance, has previously explained to an earlier CCQ from you in July, we also use contractual obligations to secure local employment for specific projects where possible. For example, a recent Enterprise contract for the repair and maintenance of Kent’s roads included specific measures which put a percentage of profit at risk if they are not met – that 3% of the workforce had to be apprentices, 90% of the workforce had to be from a Kent postcode, and 95% of any subcontractors invoices are paid within 30 days.

COUNTY COUNCIL

Thursday 12 December 2013

**Question by Tom Gates to
Graham Gibbens, Cabinet Member for Adult Social Care & Public Health**

There is great concern in Faversham over the proposed closure of the Minor Injuries Unit. Given that KCC spends approximately £50,000,000 on public health responsibilities, is there any way we can help find a provider for this vital facility? I believe the unit deserves our support.

Answer

Thank you for your question relating to the Minor Injuries Unit in Faversham.

It is firstly important to set out here that the commissioning of urgent care including the provision of Minor Injury Units is wholly an issue for NHS Canterbury and Coastal Clinical Commissioning Group. My understanding is that the CCG has been through a procurement process in order to attract a provider to run the Faversham MIU, and to date, has failed to attract a new provider. However I'm also aware that the Kent Health and Overview Scrutiny Committee considered this matter at their most recent meeting held at the end of November with leaders of the Canterbury Clinical Commissioning Group present. Further discussions I believe are taking place.

You will appreciate that the Public Health grant is made to KCC to commission health improvement programmes, some of which are mandated, for example sexual health services, NHS Health Checks and the National Childhood Measurement programme, and other non-mandated programmes, such as stop smoking, school nursing, and drugs and alcohol services for example all of which support our statutory obligation to improve the Kent population's health.

It is however appropriate for Public Health Consultants and specialists to be supporting the CCG in looking at the changing patterns of needs in determining what services are commissioned on behalf of their local populations. Indeed a Public Health Consultant sits on the Canterbury and Coastal CCG Board and is supporting the CCG.