



AGENDA

CABINET

Monday, 13th September, 2010, at 10.00 am
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Karen Mannering / Geoff Mills**
Telephone: **(01622) 694367/ 694289**

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

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.

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UNRESTRICTED ITEMS

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

1. Introduction/Webcasting
2. Declaration of Interests by Members in Items on the Agenda for this meeting
3. Minutes of the Meeting held on 12 July 2010 (Pages 1 - 6)
4. Transparency Programme: How We Are Spending Your Money (Pages 7 - 16)
5. Revenue & Capital Budgets, Key Activity and Risk Monitoring (Pages 17 - 140)
6. Core Monitoring Report (Pages 141 - 212)
7. Review of SEN Units - Outcome of the Evaluation of the Lead School Pilot (Pages 213 - 246)
8. Proposed Response to the Department of Health Consultation on Changes to the Allocation Formulae for the Learning Disability Commissioning Transfer Grant, the Preserved Rights Grant and the Aids Support Grant (Pages 247 - 252)
9. Kent Healthy Weight Strategy (Pages 253 - 274)
10. KCC Health Inequalities Strategy (Pages 275 - 352)
11. Supporting Vulnerable Learners into Apprenticeships (Pages 353 - 356)

12. Follow up items and Decisions from Cabinet Scrutiny Committee - 21 July 2010
(Pages 357 - 362)
13. Other items which the Chairman decides are relevant or urgent

MOTION TO EXCLUDE THE PRESS AND PUBLIC

That under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

EXEMPT ITEMS

(During these items the meeting is likely NOT to be open to the public)

14. Kent Academies Batch 2 Procurement (Pages 363 - 398)

Katherine Kerswell
Group Managing Director
Friday, 3 September 2010

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

KENT COUNTY COUNCIL

CABINET

MINUTES of a meeting of the Cabinet held in the Darent Room, Sessions House, County Hall, Maidstone on Monday, 12 July 2010.

PRESENT: Mr P B Carter (Chairman), Mr N J D Chard, Mr G K Gibbens, Mr R W Gough, Mr P M Hill, OBE, Mrs S V Hohler, Mr A J King, MBE, Mr K G Lynes, Mr R A Marsh and Mr J D Simmonds

IN ATTENDANCE: Ms K Kerswell (Group Managing Director), Mr M Austerberry (Executive Director, Environment, Highways and Waste), Mr D Cockburn (Executive Director, Strategy, Economic Development & ICT), Ms A Honey (Managing Director Communities), Ms L McMullan (Director of Finance), Mr O Mills (Managing Director - Adult Social Services), Ms R Turner (Managing Director Children, Families and Education) and Ms M Peachey (Kent Director Of Public Health)

UNRESTRICTED ITEMS

Before the commencement of business Mr Carter welcomed Katherine Kerswell, to her first meeting of Cabinet since taking up her post of Group Managing Director. Mr Carter also placed on record his thanks and that of the Cabinet to David Cockburn for the work he had undertaken whilst acting as the Council's interim Chief Executive

1. Minutes of the Meeting held on 14 June 2010
(Item 2)

The Minutes of the meeting held on 12 June 2010 were agreed and signed by the Chairman as a true record.

2. Revenue & Capital Budget Monitoring Exception Report

(Item 3 – Report by Mr John Simmonds, Cabinet Member for Finance; and Lynda McMullan, Director of Finance)

(1) This was the first exception report for 2010-11 and reflected the County Council's response to the recent in year revenue Government grant reductions. The report identified a number of significant pressures that would need to be managed during the year if there was to be a balanced revenue position by year end, and also detailed the Council's response to the in year capital grant reductions.

(2) Mr Simmonds highlighted some of the key areas which would need to be closely monitored and said the Council was in the process of assessing the impact on specific areas of the budget in the light of the in year grant reductions announced by the government. Lynda McMullan said pressures in the budget were not unusual at this time of the year but agreed with Mr Simmonds that some areas, such as the KASS budget would need to be closely monitored

(3) Mr Chard spoke about the need to reduce the Integrated Transport programme, the details of which were set out in appendix 1 of the Cabinet report. Schemes that had a strong safety element, were started, that had substantial external funding and that made a large contribution to reducing congestion would remain but others would need to be taken out of the programme and slipped to later years. The proposed reductions had already been the subject of consultation and Mr Chard said he fully appreciated the views which had already been expressed by member and Cabinet colleagues regarding individual schemes.

(4) Mr Carter said the Council was already making good and intelligent in roads in making the required in-year reductions but bigger challenges still lay ahead. He also spoke about the cuts to the Building Schools for the Future Programme and it was agreed a report on the consequences of this for Kent would be made to the next meeting.

(5) **Cabinet:**

(i) noted the initial forecast revenue and capital budget monitoring position for 2010-11.

(ii) noted the Council's response to the in year revenue grant reductions and the consequent changes to revenue cash limits as detailed in section 2 of the Cabinet report.

(iii) noted the response to the in year capital grant reductions and the consequent changes to capital cash limits as detailed in section 4 of the Cabinet report.

(iv) agreed that those Integrated Transport schemes as proposed in Appendix 1 to the Cabinet report be deferred for reconsideration next year once the national funding position was clearer.

(v) agreed that £4.249m of re-phasing on the capital programme be moved from 2010-11 capital cash limits to 2011-12 and future years: and,

(vi) a report on the consequences for Kent of the cuts to the Building Schools for the Future Programme be submitted to the next meeting.

3. Children and Young People of Kent Survey 2009 (NFER)

(Item 4 – Report by Mrs Sarah Hohler, Cabinet Member for Children, Families and Education; and Rosalind Turner, Managing Director for Children, Families and Education) (Joanna Wainwright, Director, Commissioning and Partnerships and Anthony Mort Policy Manager, Customer Care were present for this item. Also present were Rachel McCabe and Billy Harrison both students at Valley Park Community School, Maidstone)

(1) This report informed Cabinet of the key findings from the 2009/10 Children and Young People of Kent Survey and discussed the implications across the County Council as it informs the development of the next 3 year Children and Young People

Plan. Mrs Hohler said this was a very informative report which would help the Council to set its priorities and inform future planning of services.

(2) Rachel McCabe and Billy Harrison both spoke of the importance of undertaking such a survey as it helped to highlight those areas of interest and importance to young people when it come to developing future services. They both highlighted in particular what they saw as the need to further develop mentoring schemes in schools and Joanna Wainwright said the County Council recognised this was an important area for young people and was therefore already encouraging schools to develop these schemes very much in line with what Rachel and Billy had said.

(3) During the course of discussion Cabinet members spoke of the importance of this survey and the work which was already being undertaken by the County Council in relation to services for young people. In answer to questions raised by Cabinet members Rachel and Billy spoke of the importance for issues such as smoking, drugs and alcohol to be discussed in schools but warned of the danger of adopting a 'preaching' approach as that would most likely turn young people off from listening to the importance of the underlying message. They also said that within their school they felt they were in a safe and secure environment. In conclusion they said that there was a need for young people to be listened to more and given a voice which would be heard when it came to developing future strategies and the setting of priorities which were relevant to them.

(4) At the conclusion of the discussion Mr Carter placed on record his thanks and that of the Cabinet to Rachel and Billy for attending the meeting and for expressing their views with such clarity. He said he wanted to see what more the Council could do around these issues and to take this work forward by working with the Kent Youth County Council.

(5) **Resolved** that the contents of the Cabinet report and the Children and Young People of Kent report 2009/10 be endorsed.

Mr Alex King was in the chair for the remainder of the meeting.

4. KCC Strategy for the Employment of Socially Excluded Adults (PSA 16)
(Item 5 – Report by Mr Graham Gibbens, Cabinet Member, Adult Social Services; and Mr Oliver Mills, Managing Director, Kent Adult Social Services)(Margaret Howard, Director of Commissioning, West Kent was present for this item)

(1) Mr Gibbens said this was a cross-directorate strategy designed to enable a co-ordinated KCC response to tackling unemployment within 4 groups of disadvantaged adults at greatest risk of social exclusion – these being care leavers, adults with moderate to severe learning disabilities, adults in contact with secondary mental health services, and offenders under supervision. He spoke of the work which was being undertaken by the officer led Employability Group and the valuable support which had been given to its work by Mr Lynes and Mr Gough through their portfolios. He also said the Council's approach to helping these groups was now very much reflected in the way the government was developing national policy in helping people become more independent.

(2) During the course of discussion Cabinet members spoke in support of this work and its importance in helping people live more independent lives. It was also said that helping young offenders into employment would help reduce levels of re-offending.

(3) **Resolved:**

(i) that the development of the KCC Strategy for the Employment of Socially Excluded Adults be endorsed,

(ii) approval be given to the ongoing support for the adoption of the strategy;

(iii) it be noted that the Employability Group would be developing an Action Plan which it would share with the Corporate Management Team, and,

(iv) endorsement be given to the continuation of the work being undertaken by Employability Group.

5. A Hidden Harm Strategy for Kent

(Item 6 – Report by Mr Mike Hill, Cabinet Member for Community Services and Amanda Honey, Managing Director Communities)

(1) Mr Hill said the Hidden Harm Strategy focused on delivering improvements in outcomes for children and young people who were affected by their parent or carers drug and alcohol misuse. The Strategy had been developed by the multi agency Hidden Harm Working Group and had been subject to extensive consultation. The Strategy would have a positive impact on outcomes for children and families through coordinated interagency partnerships and joined up front line delivery as required by the National Drugs Strategy and Think Family approach. Mrs Hohler said this was a large and significant piece of work which would play an important part in improving outcomes for young people.

(2) **Resolved** that the Kent Hidden Harm Strategy be approved

6. "Towards a Smokefree Generation" Kent Tobacco Control Strategy 2010-2014

(Item 7 – Report by Mr Alan Marsh, Cabinet Member for Public Health; Meradin Peachey, Kent Director of Public Health; and Mr Allan Gregory, Tobacco Control Manager)

(1) Mr Marsh said this Strategy would enable the County Council and its partners to acknowledge the importance of supporting a comprehensive approach to tobacco control; for their own organisation and the communities that they serve, by incorporating tobacco control measures into their strategic plans and commissioning intentions. Mr Marsh also spoke about the cost to the health economy of smoking associated diseases which in Kent was estimated at some £22m. Mrs Hohler spoke of the risks of smoking and the need to continue to campaign hard and engage with young people as much as possible as to the effects of smoking.

(2) **Resolved** that the “Towards a Smoke free Generation” Kent Tobacco Control Strategy 2010-2014 be endorsed

7. Operation Find and Fix - Weather Damage Repairs to Roads

(Item 8 – Report by Mr Nick Chard, Cabinet Member for Environment, Highways and Waste; Mr Mike Austerberry- Executive Director Environment, Highways and Waste; and Mr John Burr, Director- Kent Highway Services)

(1) This report provided Cabinet with an update on Operation Find and Fix- and the progress being made with delivering repairs to roads, both with externally tendered contractors and the County’s Maintenance Contractor.

(2) Mr Chard said following the severe winter Operation Find and Fix had seen the County Council undertake an unprecedented amount of work to repair weather damaged roads. There remained at this time a focus on repairing A and B class roads based on safety defects found by inspectors and reported to the public and this would continue but additional gangs were now embarking on repairs to unclassified roads. Therefore although there was still more to do, progress had been good and Kent remained in the vanguard with the quality of work being completed to a high standard. Mr Burr said the Council was now about a third of the way through this programme so there was still some way to go. An overall assessment of the remaining work suggested that a further £3.1m would be needed in addition to the £3.4m which had already been committed. Of this Kent Highway Services had been able to find some £1.5m through efficiencies leaving the need for an additional £1.5m

(3) **Resolved:**

(i) the progress to date be noted and the allocation of an additional £1.5m to this Programme be agreed; and,

(ii) the approach to repairs on And B class roads as set out in the Cabinet report be endorsed

8. Decisions from Cabinet Scrutiny Committee - 23 June 2010 (To follow)

(Item 9 – report by Mr Alex King , Deputy Leader and Mr Peter Sass, Head of Democratic Services and Local Leadership)

(As this report was not available at the time of the despatch of the main agenda, the Chairman declared its consideration at this meeting to be urgent on the grounds that it contained information and feed back from the meeting of the Cabinet Scrutiny Committee held on 23 June 2010 which members needed to consider at this meeting of Cabinet.)

(1) This report set out the decisions from the Cabinet Scrutiny Committee held on 23 June 2010. In relation to the item on the Future of Older Person’s Provision, Mr Gibbens said although a presentation was made to the Adult Social Services POC at its meeting on 25 June arrangements had been made for a further member briefing to be given on the afternoon of Tuesday 26 July. There was also an open offer to give a briefing to any member who wished to discuss the proposals either with him as the Cabinet Member and/or with officers within the KASS Directorate.

(2) Resolved that the report and the responses of Cabinet members to the issues discussed at the Cabinet Scrutiny Committee meeting on 26 June 2010 be endorsed.

By: Leader
 Cabinet Member for Corporate Support Services &
 Performance Management
 Cabinet Member for Finance
 Group Managing Director

To: Cabinet – 13 September 2010

Subject: **TRANSPARENCY PROGRAMME: HOW WE ARE
 SPENDING YOUR MONEY**

Classification: Unrestricted

Summary: Proposes an overall approach to the 'Transparency Agenda'
 and seeks agreement to early publication of information.

FOR DECISION

1. Introduction and Background:

1.1 In the changing landscape of the public sector, KCC views transparency as a fundamental principle of how we do business. Staff throughout KCC must understand that the public have a right to know how tax payers' money is spent, and how effectively it is used. People should be able to easily access our information and we must explain to our residents, in plain English, how we are achieving best value for the tax payers' money that we spend. This agenda is therefore much wider than just the publication of data, and is actually about ensuring the culture of the whole organisation reflects this principle. It is about embedding a mindset that assumes all information (with well defined exceptions) will become publicly available. This forms the next step in the journey we've been on to share our information with the Kent public and builds on some of the good work that has been done so far - such as improving the budget book and developing Around Kent.

1.2 Transparency is a major theme running through the Coalition Government agenda. Eric Pickles has urged local government to be open about a whole range of information including salaries of senior staff and all items of expenditure over £500 and from 1st January 2011 this will be a requirement. All Whitehall ministries are due to publish their spend over £25k. The Secretary of State announced at the LGA conference he would do what he's asking of local authorities and publish at the £500 level. This happened on 12th August and can be found at:

<http://www.communities.gov.uk/publications/corporate/spendingdata0910>

1.3 This agenda presents a major opportunity for KCC to both further improve our relationship with Kent residents through a more informed conversation, but also in regards to how we do business in the future. Other authorities that have gone down this route have initial evidence to suggest that (a) increasing

transparency leads to residents feeling better informed about what their council does and more likely to judge that their council is providing good value for money, (b) staff are careful in making spending decisions, and the public are able to identify how staff have worked on bringing spend down. There is also the possibility that greater transparency on our private sector contracts will expose margins and help push their costs down further – which is a key element of our medium term financial strategy.

1.4 However, this is a fast-evolving picture and even those authorities who already begun this process are still learning rapidly and making changes. Some of what we propose to do in this paper goes beyond what other authorities are currently doing, so the potential impact cannot be determined. Finance have already been working with other authorities on ways of increasing confidence in comparative cost data and the way we account for our spend. How interested will the public be in raw data, and over time will they prefer aggregated and analysed data? Following the abolition of CAA the Government have outlined that they intend to require local authorities to publish on the web key indicators (including unit costs) that will allow local residents to compare performance and costs between authorities. Details of this are still awaited but the openness and systems that we will establish in this first phase will allow KCC to get ahead of the game.

1.5 Given the budget pressures, it is also vital to consider “how” we make this information available so that we avoid creating additional cost and effort for staff wherever possible.

2. Overarching Project Brief:

2.1 The overall scope of this agenda is set out below. The Group Managing Director has asked the Head of Strategic Policy, Debra Exall, to co-ordinate the work overall, reporting direct to her. Roger Gough and John Simmons are the responsible Cabinet Members for this work.

The Transparency Agenda: Over-arching Project Brief

Purpose:	<ul style="list-style-type: none"> ➤ To develop and implement a coherent approach across KCC on making information about the organisation and about Kent easily available to the public, voluntary and community sector, businesses and staff.
Background to the programme:	<ul style="list-style-type: none"> ➤ Coalition Government is making “Transparency” a key theme, essential for delivering on the “Big Society”. ➤ David Cameron said there should be “a presumption in favour of transparency, with all published data licensed for free reuse.” ➤ Eric Pickles’ June letter reinforced the requirement that councils will publish items of spend over £500 by January (guidance being published in the autumn), but that there is a wealth of other information in which the public has an interest

	<ul style="list-style-type: none"> ➤ The government has set up a Transparency Board which has issued principles which should govern the release of information.
Desired Outcomes:	<ul style="list-style-type: none"> ➤ A programme of data publication is developed, with some published very quickly (eg salaries and associated information for senior staff; invoices) and clear deadlines for subsequent phases of information publication. ➤ KCC influences the 'Right to Data' debate, including the national guidance to be issued in the autumn, and adheres to the spirit as well as the letter of the new legislation. ➤ People, businesses and organisations in Kent are satisfied with the way KCC delivers their 'right to data'.
Constraints/Risks:	<ul style="list-style-type: none"> ➤ Costs need to be kept to a minimum. We cannot afford to set up expensive systems or to have armies of staff checking and organising data. We must look to developing solutions that publish data automatically, with clear accountabilities for staff in relation to data quality and descriptions/explanations. ➤ Data must be 'explainable' so we are not faced with a greater demand for follow up detail and more explanation. ➤ Data must be given with the appropriate context – Kent is the largest shire authority in England and the public should understand the scale of the organisation and the number people we serve. Therefore it is critical we give sensible and intelligent information such as unit costs which express the true comparative cost of our services. The new Government have shown interest in improving the standardisation of data and unit costs across the public sector. ➤ Personal and commercially confidential information must not be published – but there are issues around definitions, justifications, and administration of such data. There is also a high risk that some personal data will be accidentally published. ➤ Whilst the Government message is "publish data quickly, even if it's wrong, and correct it subsequently", clearly it is important for reasons of credibility and trust that information is accurate in terms of numbers and descriptions. There are significant PR risks here. ➤ Risk of substantial increase in FOIs as people ask questions about the released information (although note that this has not been the experience to date of Northants or Windsor & Maidenhead). ➤ Need to manage expectations – for example, some of the data we hold and use (eg Mosaic) belongs to others and cannot be shared with third parties. ➤ All this will require a significant cultural change amongst staff (and indeed will be the driver for a culture change).

Key work streams:	<ul style="list-style-type: none"> ➤ Overall vision, possibly leading to developing a Statement of Required Practice for Transparency ➤ Communications Strategy ➤ Publication of Invoices ➤ Publication of Contracts & Tender documents ➤ Salaries, expenses, declarations of interest & hospitality ➤ Performance information ➤ Research & Intelligence & Member information ➤ Budget Book improvement ➤ Next iteration of Council Tax Leaflet ➤ Website improvement and public access to information ➤ Freedom of Information ➤ Communicating the culture change for staff ➤ Influencing/lobbying government on the guidance and the legislation <p>All this is underpinned by technology innovation and data quality work.</p>
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3. Timeline for action:

3.1 There is real urgency about getting information on expenditure and senior salaries, expenses, hospitality and interest declarations published quickly, because of what other local authorities are doing and what the Government has said it expects. The Government is encouraging early publication to gauge reaction before issuing definitive guidance in a Code of Practice in the autumn for implementation from January 2011. We will have more chance to influence that guidance if we have some experience of publication.

3.2 For pragmatic reasons, we will therefore need to have a quick fix prior to developing a permanent system. It will also be helpful to trial this work – we are a very large organisation with no experience of this and there will inevitably be teething problems. The external local media are likely to be very interested and possibly very critical, so we will need to do this as a learning pilot.

3.3 Below, I set out those aspects of work that need early decisions, with further information about other workstreams.

4. Publication of Invoices

4.1 Chris Luke, Interim Director of Strategic Procurement, is leading this workstream and has now undertaken two ‘dry runs’ of information. Our aim is find an automated and safe way to publish the data monthly, but it will take time before the process is smooth and both suppliers and staff will need to be educated about the implications of this. To begin with, the first dry run has shown that it will be necessary to go through the 11,000+ lines of expenditure which our monthly processes can produce and manually delete those which

have slipped through the net. Hopefully over time this would become less onerous, but for now there is no avoiding the fact that this will require some additional work. Work is in train to:

- Write to all the suppliers likely to be affected by this, advising them that we will shortly be publishing expenditure over £500.
- Pilot the publication of information about August invoices in September, starting with Environment Highways and Waste (small volume, and low risk in terms of personal information), whilst doing a “dummy run” of August invoices for the remaining directorates with a view to rolling out publication as soon as possible.
- To start with, exclude all foster, pension, Direct and Kent Card payments automatically, but during the dummy run look at these exclusions to see if there is material here that should be published. With Supporting People payments, use the dummy run to see what needs to be excluded.
- Exclude any inappropriate references to individuals (e.g. payment to a named barrister would be appropriate, mention of a client in a residential care home would not) - this is where we need to understand what the logistical implications really are, because this would need to be done manually, and the dummy run will help to reveal this.

4.2 Responsibility for agreeing what is published must lie with the Directorate that owns the information within the agreed framework. Any decision not to publish data (beyond those listed above) must be approved by Resource Directors and reasons why it is not to be published recorded.

4.3 There are some significant risks associated with this proposal. The main risk will be that Freedom of Information (FOI) requests increase dramatically because people seek further clarification of what the expenditure is for. The impact of this will not be known until we publish. Although the flip side to this is that FOI requests should fall over the long term as real openness and explanation mitigates the need for residents to submit FOI requests at all. Another risk is that personal information is published inadvertently, particularly if it proves laborious to check through the material prior to publication.

4.4 There are also risks around how our suppliers could use information to compare costs. Although greater transparency in some situations can bring downward pressure on costs by exposing margins, in uncompetitive market situations the reverse is true. There is no solution to this risk: it is an inevitable consequence of the level of transparency proposed and it is likely that our suppliers will be very interested in scrutinising the information we publish.

4.5 The position of Commercial Services has been discussed and it is consistent with previous reporting arrangements for the transparency programme to treat it as a supplier. Commercial Services' spend – and its £8m or so annual 'profit' returned to KCC - is visible in our statement of accounts as an 'internal provider'; Discussions with other authorities that have similar commercial organisations indicate that they will also take this approach.

4.6 Members are asked to note the risks associated with taking this approach to publishing expenditure over £500, and agree that the publication of invoices should start in September with EHW and be rolled out beyond that over the following months.

5. Contracts

5.1 Chris Luke is also leading this workstream. There has been much talk and discussion around publication of invoice data but next to none around contracts and tenders. Some councils have published invoice data in response to government exhortations but none have so far responded on the contract or tender front. This is presumably because it is considerably harder to guess exactly what it is that is required and then to actually do it.

5.2 Within KCC, tenders are required on all purchases over £50,000 but below that value, only quotations are required. All opportunities to tender over £50,000 are advertised on the Southeast Business Portal. If guidance on contracts and tenders was set at £50,000 instead of £500, Kent would be compliant today. Further discussion is taking place regarding Member oversight of tendering processes to make sure these are fair and transparent.

5.3 Any moves to change the threshold of £50,000 at which we advertise opportunities and require full tender processes will have a significant knock-on effect on resources required to run these more intensive processes. The threshold of £50,000 was set as a realistic balance between resources required and value for money opportunities.

5.4 We therefore propose that we publicise that KCC is already transparent in this regard (i.e. publishes all contract summaries and tendering opportunities over £50k) and lobby for this to be the national solution when combined with invoice transparency over £500.

5.5 Members are asked to endorse this recommendation pending definitive guidance from government later in the year

6. Salaries, expenses, and declarations of interest

6.1 Amanda Beer, Director of Personnel and Development is leading this workstream. There is a clear expectation that salaries over £100,000 should be published, and a suggestion that salaries above £50,000 should be published. Elected members are already ahead of officers on this agenda and have a range of data already available to the general public such as photos, addresses and expenses. It is important that this information is clearly visible in conjunction with these new publications on kent.gov so that the parity between the approach for members and officers is shown to the public.

6.2 The Corporate Management Team has already decided to publish the following on the web for each CMT member:

- Photograph
- Name
- Salary
- Expenses (monthly, year to date and last financial year total expenses – and it will be important that CMT have their expense forms/purchasing cards signed by the GMD with a clear explanation as to the nature and reason of the expense recorded as these will be made available if asked for)
- Hospitality received (and declined)
- Declarations of interest
- Job description and person specification

6.3 To put this in context, we will also publish bubble diagrams of the KCC budget, and an introductory video link from the Chief Officers which outline their role and explain what they do. Ultimately, we want to develop this so that there will be further videos of front-line staff talking about their work.

6.4 We propose that broadly the same set of information (except photos) will then be published in relation to the remaining M grades (£85,700 and above - this is a more logical cut-off for KCC than £100,000), but that will take a little longer to achieve.

6.5 For the remaining 400 or so staff on KR13-15 (£48k to £69k) or equivalent grades we will publish information about how many staff are on each grade and see whether there's really a public appetite for any more detail at this level. This will need to be accompanied by a communications plan to shape the message in the light of our recent experience over senior salaries.

6.5 This level of transparency makes it imperative that we have consistency and clarity about the rules governing officer expenses and Member expenses, in order to protect staff, Members and KCC's reputation.

6.6 Members are asked to NOTE this proposal.

7. Platform for publication – Open Kent?

7.1 Given the size and scale of KCC spend, an important part of the Transparency Programme work will be designing a web interface that allows residents easy access the data, but provides it in a highly visual way and which allows context and explanation to sit alongside data so that residents will understand the real world use of the money. This doesn't just mean text but new forms of interaction, e.g. the video clips of officers mentioned above, so it is a more personal experience for the user.

7.2 There has been a lot of discussion nationally (blogs and articles) about how best to publish information. 'Spotlight on Spend' is one example which has been praised by Eric Pickles, but also criticised widely because it doesn't provide raw data, only aggregated and analysed data, although Spikes Cavell have now promised to make the raw data available as well.

7.3 Following the experience of publication nationally, we are clear that we will publish data in a way that enables it to be manipulated and analysed (e.g. an excel spreadsheet rather than pdf), so that the public have direct control of how they wish to use the information. This could open up exciting new perspectives as third parties analyse and mix data which in turn could inform our own needs analyses and shaping of services. This would not only improve access to information for the public, but also give KCC additional opportunities to increase the effectiveness and efficiency of our services. This is unknown territory at the moment, but we should prepare to be responsive to how this might evolve. Of course it is also important to be aware that we will not be able to control this, and some of the ways in which people will use this data may not be helpful, and could be misleading.

7.4 Within Kent, we already have Open Kent (previously known as Pic 'n Mix) which was developed with IBM and local small businesses as an innovative way to enable data to be brought together by any individual in a useful and meaningful way.

7.5 Open Kent is still a pilot, but could be used, for example, for the publication of invoices without any additional cost. Work is being done to identify what costs would be needed to meet KCC's wider data-sharing aspirations, and in particular the need ultimately for a shared platform with partner organisations.

7.6 Potentially this could be an exciting way of providing information (see also next section on research and intelligence), but the first stage is identifying more clearly what information we want to publish in what form.

Members are asked to NOTE the progress being made

8. Improved Budget Book

8.1 The Finance Strategy Manager, Dave Shipton, is developing proposals to change the format of the Budget Book so that it will make more sense as a standalone document to the Kent public. The Book will be more explicit about what the money buys (by, for example, including key activity and performance information) and also where the money comes from (eg Council Tax, income, government grants).

8.2 Work is also being piloted with Localis and Somerset to develop better cross-authority comparisons and benchmarking information.

9. Research & Intelligence:

9.1 Peter Welsh has been commissioned by Alex King to produce a report by 12th September on how research, intelligence and information management should be delivered across KCC. Members, staff and the public all need to be able to access a wide range of information easily, and select that in which they are most interested. Open Kent has real potential here.

10. Communications:

10.1 This agenda represents a huge shift in organisational culture and business practice from that which currently exists. Yet its success is dependent on staff and managers changing the way they work and adopting new practices quickly so that KCC is seen to be on the front foot on this agenda. Led by Jane Clarke, Head of Communications and Media, a communication strategy will be developed to get key messages about the importance of this agenda out to all staff and managers as quickly as possible - so that they are aware and can engage positively. This will be part of the campaign to inform and involve people about the implications of the financial situation.

11. Summary and Recommendations:

11.1 This is an exciting opportunity to deliver a major cultural change within KCC that assumes everything we do should be publicly available unless explicitly prohibited, and seeks to ensure that Kent residents know the value of what we do as well as the cost. It is, after all, their money we are spending.

Members are asked to note the overarching project brief and general approach and to agree:

- the approach to publication of expenditure over £500 set out in section 4
- the approach set out in section 5 on contracts

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Background Documents:

- “The truth is out there: Transparency in an information age” Audit Commission Discussion Paper, March 2010 <http://www.audit-commission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/20100305thetruthisoutthere.pdf>

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REPORT TO: CABINET – 13 SEPTEMBER 2010

SUBJECT: REVENUE AND CAPITAL BUDGETS, KEY ACTIVITY AND RISK MONITORING

**BY: JOHN SIMMONDS – CABINET MEMBER FOR FINANCE
LYNDA McMULLAN – DIRECTOR OF FINANCE
MANAGING DIRECTORS**

SUMMARY:

Members are asked to:

- note the latest monitoring position on the revenue and capital budgets,
 - agree the changes to revenue cash limits within the KASS portfolio to reflect realignment of budgets in line with 2009-10 outturn and changing trends of service provision
 - note that management action will be required within the CFE & KASS portfolios in order to deliver a balanced outturn position
 - note and agree the changes to the capital programme,
 - agree that £2.969m of re-phasing on the capital programme is moved from 2010-11 capital cash limits to future years
 - note the recent government funding announcements reflected in this report
 - note the latest financial health indicators and prudential indicators
 - note the directorate staffing levels as at the end of June, compared to the end of March.
-

1. INTRODUCTION

- 1.1 This is the first full monitoring report to Cabinet for 2010-11. It is worth reiterating that the budget for 2010-11 is the final year of the three year settlement covering the period 2008-11. It has been widely reported both within KCC and nationally that funding for local government will reduce over the medium term. It is vitally important therefore that we do not go into 2011-12 with any unresolved pressures from the current year. This and future reports will therefore consider the implications of any variances in the current year on future years.
- 1.2 The budgets reflected within this report have been adjusted to reflect the government grant reductions announced in June as reported to Cabinet in July and subsequent changes. Appendix 1 details the recent Government funding announcements affecting KCC and provides details of their impact upon the position reflected in this report. The cash limits also reflect realignment of the KASS portfolio budgets. This is an annual realignment mainly to reflect the difference between the projected 31 March 2010 activity levels and unit costs at the time the 2010-11 budget was set and the actual activity as at 31 March 2010. Further details are included in section 1.1 of annex 2.
- 1.3 The format of this report is:
- This summary report highlights only the most significant issues
 - There are 6 reports, each one an annex to this summary, one for each directorate and one for Financing Items. Each of these reports is in a standard format for consistency, and each one is a stand-alone report for the relevant directorate.
- 1.4 **Headlines:**
- 1.4.1 **Revenue:**
- The latest forecast revenue position (excl Schools) before the implementation of management action is a pressure of £2.616m, which has reduced by £1.787m since the July Cabinet report. Management action is currently expected to reduce this to a small underspend of £0.481m. This management action is to be delivered mainly within the KASS portfolio. KASS is wholly committed to delivering a balanced outturn position by the end of the financial year. KASS has 'Guidelines for Good Management Practice' in place across all teams in order to help us

manage demand on an equitable basis consistent with policy and legislation. Robust monitoring arrangements are in place on a monthly basis to ensure that forecasts and expenditure are closely monitored and where necessary challenged. Through these arrangements the Directorate expects to balance the £2,838k pressure by the end of the year.

- There are significant demand led pressures totalling £5m reported within the Children's Social Services budgets which are currently being partly offset by one-off savings arising from the continuing difficulties in recruiting to social worker posts. The success of recent recruitment campaigns and those planned will hopefully fill more of these posts throughout 2010-11; hence the demand led pressures will need to be addressed in the 2011-14 MTP process as the one-off savings may no longer be available.
- Within the above, the activity levels for Fostering are a particular cause for concern as they are very high compared to the affordable level despite additional funding being provided in the 2010-13 MTP. A review of all high cost placements is underway to establish whether a child's needs may be better served in a more cost effective in-house foster placement or whether a number of children within the 16+ service can be transferred to lower cost supported lodgings. However the Authority has a legal obligation to maintain the existing placement if the child requests. It is anticipated that even with this review some of this demand will continue for the medium term and therefore will need to be addressed in the 2011-14 MTP.
- There is a £0.6m pressure on the Asylum budget which is primarily due to the costs incurred in continuing to support young people (18+ care leavers) who are categorised as "All Rights Exhausted" (ARE) and "naturalised" until the point of removal. The UKBA are working on speeding up the ARE and removal processes, however the processes have not been accelerated in tandem resulting in the widening of the gap between the dates of ARE and removal, exacerbating the pressure on the asylum budget. The Leader has recently sent a letter to the Chief Executive of UKBA raising this issue.
- Demographic and price pressures are cause for concern within Adult Social Services as both client numbers and complexity of care requirements increase, especially within residential care across all service groups, likely to be as a result of medical advances enabling people to live longer but with more complex needs. This will need to be addressed in the 2011-14 MTP.
- The April RPI figure, to which the indexation on many waste contracts is linked, was higher than expected in the MTP. Therefore if the index does not reverse in 2011, some catch up funding will be required in the 2011-14 MTP which is currently estimated at about £1.2m. The impact in 2010-11 is £1.1m.
- The Freedom Pass has proved extremely popular with the number of passes issued and the number of journeys undertaken exceeding expectation. This additional demand will need addressing in the 2011-14 MTP, which is currently estimated at around £0.85m. The impact in 2010-11 is £0.5m.
- We have recently recovered a further £1.152m back from our principal investments in the collapsed Icelandic Banks, bringing our total recovery so far to £7.570m, which all relates to the UK registered Heritable Bank.

1.4.2 **Capital:**

- The latest forecast capital position is a variance of -£0.947m, -£3.365M on schemes which we are re-phasing and +£2.418m on schemes with a real variance.

2. **OVERALL MONITORING POSITION (excluding PFI & budgets delegated to schools)**

2.1 **Revenue**

The net projected variance against the combined portfolio revenue budgets is a small underspend of £0.481m after management action. Section 3 of this report provides the detail, which is summarised in Table 1a below.

Table 1a – Portfolio position – net revenue position before and after management action

Portfolio	Budget	Gross Variance	Proposed Management Action	Net Variance
	£k	£k	£k	£k
Children, Families & Education	-778,575	+259	-259	0
Kent Adult Social Services	+344,589	+2,838	-2,838	0
Environment, Highways & Waste	+151,603	-213	0	-213
Communities	+88,665	-55	0	-55
Localism & Partnerships	+8,276	0	0	0
Corporate Support & Performance Mgmt	+10,267	-213	0	-213
Finance	+125,791	0	0	0
Public Health & Innovation	+567	0	0	0
Regeneration & Economic Development	+7,195	0	0	0
TOTAL (excl Schools)	-41,622	+2,616	-3,097	-481
Schools	+985,343	+3,401	0	+3,401
TOTAL	+943,721	+6,017	-3,097	+2,920

2.2 Capital

This report reflects the current monitoring position against the revised programme, where a pressure of £2.418m and re-phasing of -£3.365m of expenditure into future years is forecast, giving a total variance in 2010-11 of -£0.947m. Further details are provided in section 4 of this report.

3. REVENUE

3.1 Virements/changes to budgets

Directorate cash limits have been adjusted to include:

- the roll forward from 2009-10 of £8.496m, as approved by Cabinet on 14 June 2010, which includes the transfer to the Economic Downturn reserve of £5.373m and the setting up of a new restructure reserve of £2m.
- a reduction of £8.826m to reflect the impact of the recent government grant reductions as reported to Cabinet on 12 July 2010.
- the inclusion of a number of 100% grants (i.e. grants which fully fund the additional costs) awarded since the budget was set or adjustments to the level of grant allocation assumed in the budget following confirmation from the awarding bodies. These are detailed in Appendix 3.

In addition, a detailed exercise to realign budgets within the Kent Adult Social Services portfolio has been undertaken. At the time the budget was set, best estimates were used to distribute the growth, savings and demography money provided in the 2010-13 MTP and to determine gross expenditure and income levels, but a more accurate distribution is now reflected based on the 2009-10 outturn and continuing trends, including the changing trends in services away from residential care into community based care as part of the modernisation of services. Further details are provided in annex 2. **Cabinet is asked to agree these changes.**

All other changes to cash limits reported this quarter are considered “technical adjustments” i.e. where there is no change in policy, including allocation of grants and previously unallocated budgets and savings targets where further information regarding allocations and spending plans has become available since the budget setting process.

3.2.1 **Table 1b** – Portfolio/Directorate position – gross revenue position **before** management action

Portfolio	Budget	Variance	Directorate					
			CFE	KASS	EH&W	CMY	CED	FI
			£k	£k	£k	£k	£k	£k
Children, Families & Educ	-778,575	+259	+259					
Kent Adult Social Services	+344,589	+2,838		+2,838				
Environ, Highways & Waste	+151,603	-213			-213			
Communities	+88,665	-55				-55		
Localism & Partnerships	+8,276	0					0	
Corporate Support & Performance Mgmt	+10,267	-213					-213	0
Finance	+125,791	0					0	0
Public Health & Innovation	+567	0					0	
Regen & Economic Dev	+7,195	0					0	
SUB TOTAL (excl Schools)	-41,622	+2,616	+259	+2,838	-213	-55	-213	0
Schools	+985,343	+3,401	+3,401					
TOTAL	+943,721	+6,017	+3,660	+2,838	-213	-55	-213	0

3.2.2 **Table 1c** – Gross, Income, Net (GIN) position – revenue (**before** management action)

Portfolio	CASH LIMIT			VARIANCE		
	Gross	Income	Net	Gross	Income	Net
	£k	£k	£k	£k	£k	£k
Children, Families & Educ	+419,548	-1,198,123	-778,575	+319	-60	+259
Kent Adult Social Services	+467,134	-122,545	+344,589	+2,727	+111	+2,838
Environ, Highways & Waste	+174,728	-23,125	+151,603	-213	0	-213
Communities	+145,072	-56,407	+88,665	-177	+122	-55
Localism & Partnerships	+8,362	-86	+8,276	+17	-17	0
Corporate Support & Performance Mgmt	+55,680	-45,413	+10,267	+1,208	-1,421	-213
Finance	+139,880	-14,089	+125,791	-280	+280	0
Public Health & Innovation	+944	-377	+567	+31	-31	0
Regen & Economic Dev	+9,500	-2,305	+7,195	+43	-43	0
SUB TOTAL (excl Schools)	+1,420,848	-1,462,470	-41,622	+3,675	-1,059	+2,616
Schools	+1,066,310	-80,967	+985,343	+3,401	0	+3,401
TOTAL	+2,487,158	-1,543,437	+943,721	+7,076	-1,059	+6,017

A reconciliation of the above gross and income cash limits to the approved budget is detailed in **Appendix 3**.

3.3 Table 2 below details all projected revenue variances over £100k, in size order (shading denotes that a pressure/saving has an offsetting entry which is directly related). Supporting detail to each of these projected variances is provided in individual Directorate reports as follows:

Annex 1 Children, Families & Education

Annex 2 Kent Adult Social Services

Annex 3 Environment, Highways & Waste

Annex 4 Communities

Annex 5 Chief Executives

incl. Public Health & Innovation, Regeneration & Economic Development, Localism & Partnerships, Corporate Support & Performance Management and Finance portfolios

Annex 6 Financing Items

Incl. elements of the Corporate Support & Performance Management and Finance portfolios

Table 2 - All Revenue Budget Variances over £100k in size order

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
CFE	Schools Delegated Budget: estimated drawdown of schools reserves due to 21 schools converting to academies	+3,401	CMY	Drawdown from Supporting People reserve.	-2,723
CMY	Supporting People: planned increase in the level of Floating Support and small underspend on administration	+2,723	CFE	Assessment & Related (gross): high level of staff vacancies due to difficulty in recruitment	-2,400
KASS	LD Residential Gross - Independent sector unit cost higher than affordable	+2,089	EHW	Waste tonnage	-1,700
KASS	LD Residential Gross - Independent sector activity beyond affordable level	+1,429	CFE	SEN Transport (gross): fewer than budgeted children travelling and contract renegotiation	-1,500
CFE	Residential Care (gross): high demand for independent sector residential care placements	+1,258	FIN	2010-11 write down of discount saving from 2008-09 debt restructuring	-1,016
CFE	Fostering Service (gross): Continual high demand for Independent fostering allowances	+1,231	KASS	LD Other Services Gross - Release of contingency	-830
EHW	Waste contract prices	+1,100	CFE	Mainstream Home to School Transport: fewer children than budgeted level	-733
CFE	16+ Service (gross): high demand for residential care placements	+1,082	CSPM	Information Systems income from additional pay as you go activity	-560
FIN	Contribution to economic downturn reserve of 2010-11 write down of discount saving from 2008-09 debt	+1,016	KASS	MH Other Services Gross - Release of uncommitted funding and contingency	-520
KASS	MH Residential Gross - Slower than anticipated change to community based services creating activity higher than affordable	+920	KASS	OP Domiciliary Gross - In house provision client numbers below affordable level	-490
CFE	Asylum Service (gross): Providing support for young people categorised as "all rights exhausted" and naturalised	+705	CSPM	Legal income resulting from additional work (partially offset by increased costs)	-407
CFE	Fostering Service (gross): high demand for in-house foster care placements	+561	CSPM	Legal services increased income relating to Disbursements	-390
CSPM	Information Systems costs of additional pay as you go activity	+560	KASS	OP Nursing Gross - Independent sector activity lower than affordable	-363
EHW	Freedom Pass	+537	KASS	LD Residential Income - Additional income attributable to increased activity	-359
CFE	16+ Service (gross): high demand for in-house foster care placements	+454	CFE	Personnel and Development (gross): Independent Safeguarding Authority scheme put on hold indefinitely	-350
CSPM	Legal services increased costs of Disbursements	+390	KASS	SBS Gross - vacancy management	-345
KASS	OP Residential Gross - In House provision Staffing	+390	CFE	Residential Care (gross): fewer placements in secure accommodation	-306
CFE	Other Preventative Services (gross): high demand for daycare services for children with a disability	+336	FIN	Vacancies in pensions & insurance due to a recruitment freeze	-298
KASS	Adults Assessment Gross - reduced staff turnover & pressure of pay progression	+334	KASS	OP Residential Income - In House provision, recharges to health	-285
KASS	PD Residential Gross - Unit cost higher than affordable	+324	KASS	SBS Gross - Uncommitted funding held by Managing Director	-250
FIN	Reduced drawdown from Pension & Insurance funds to reflect reduced salary costs	+298	CSPM	Workplace Transformation - 4th Qtr rent for 17 King's Hill Avenue	-240

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	LD Residential Gross - Independent sector Preserved Right clients unit cost higher than affordable	+285	CFE	Children's Support Services (gross): staff vacancies relating to social care professional training and use of external income to fund training programmes	-225
KASS	MH Residential Income - Increased incidence of clients classed at Section 117 causing a drop in average income collected	+274	CFE	Residential Care (gross): reimbursement of placements	-190
CFE	Other Preventative Services (gross): high demand of direct payments	+263	KASS	MH Direct Payments Gross - Slower than expected take up of community based services	-176
KASS	OP Residential Income - Income per week lower than budgeted	+262	CFE	Strategic, Planning and Review (gross): National Foundation of Educational Research survey will not take place in 2010-11	-160
CFE	Business Planning and Management Unit (gross): Rise in costs due to change in care proceedings and high demand for children social services legal budget	+261	KASS	PD Residential Gross - Preserved Rights clients increase in actual attrition rate	-152
KASS	OP Domiciliary Care Gross - Increased activity beyond affordable level in independent sector provision	+259	EHW	Resources vacancies	-150
CSPM	Workplace Transformation - Possible one-off costs re: alterations for displacements from Kings Hill Avenue	+240	CMY	Libraries: one-off income contributions from internal and external partners.	-146
KASS	OP Residential Gross - Change in unit cost of Independent Sector placements	+214	KASS	SBS Gross - Reduced costs of room hire, printing, stationery, rent and bank Giro charges	-146
CFE	16+ Service (gross): high demand for Section 24/leaving care services	+192	CMY	Libraries: Reduced spend on utilities and one off rates rebates.	-134
CSPM	Legal services cost of additional work (offset by increased income)	+189	CSPM	Contact Kent - Consumer Direct holding vacancies	-127
KASS	PD Residential Income - Weekly income lower than expected	+181	KASS	OP Nursing Income - Increase in income per week compared to budgeted	-118
CMY	Libraries: reduced forecast on audio visual income stream due to reduction in activity compared with Q1 in 09-10 and anticipated shortfall in merchandising income.	+155	KASS	LD Supported Accommodation Income - additional income due to higher than expected average weekly income	-103
CFE	Awards (gross): staffing pressure whilst finalising the handover of work to the Student Loan Company	+150	CFE	Fostering Service (gross): Delays in the implementation of the county wide therapeutic service	-100
CSPM	Contact Kent - Consumer Direct unlikely to achieve quality bonus	+140			
KASS	LD Residential Income - Independent sector Preserved Rights clients weekly income lower than affordable	+132			
CMY	Coroners: long inquest costs	+129			
KASS	OP Nursing Income - reduced income from reduced Independent sector activity	+123			
CFE	Client Services (income): under-recovery of income relating to the cleaning and refuse collection contract	+110			
		+24,697			-17,992

3.4 Key issues and risks

3.4.1.1 **Children, Families & Education portfolio:** Forecast (excl. schools) **+£0.259m**

This pressure is mainly related to the residential care and fostering budgets within both the under 16's and the 16+ services together with pressure on other preventative services such as direct payments and daycare services for children with a disability, but these pressures are being offset by savings as a result of continuing difficulties in recruiting to social worker posts and savings on SEN and Mainstream home to school transport. There is also a pressure on the Asylum service mainly due to costs incurred in continuing to support young people who are categorised as "All Rights Exhausted" and "naturalised" until the point of removal. Further details are provided in Annex 1.

3.4.1.2 **Children, Families & Education portfolio – Schools Delegated:** Forecast **+£3.401m**

The first monitoring returns from schools are not due until October. Therefore this forecast relates entirely to the reduction in schools reserves resulting from an anticipated 21 schools converting to academy status and taking their reserves with them.

3.4.2 **Kent Adult Social Services portfolio:** Forecast **+£2.838m**

The pressure is mainly as a result of demographic and placement pressures, primarily within services for people with learning disabilities and to a lesser degree within services for people with physical disabilities and mental health services, offset by a small underspend on services for older people and underspending on Strategic Business Support largely due to vacancy management and holding back uncommitted funding to offset pressures elsewhere within the portfolio. Further details are provided in Annex 2.

3.4.3 **Environment, Highways & Waste portfolio:** Forecast **-£0.213m**

Pressures due to the increased popularity of the Freedom Pass and increased waste contract prices are more than offset by savings as a result of reduced waste tonnage and vacancy management. Further details are provided in Annex 3.

3.4.4 **Communities portfolio:** Forecast **-£0.055m**

Pressure continues to be experienced on the Coroners budget as a result of more long inquests but this is more than offset by small underspends across other units. A planned increase in the level of floating support within the Supporting People service will be offset by a drawdown from the Supporting People earmarked reserve. Further details are detailed in Annex 4.

3.4.5 In the Chief Executives directorate, the key issues by portfolio are:

3.4.5.1 **Corporate Support & Performance Management portfolio:** Forecast **-£0.213m**

This underspend is largely due to increased income within Legal Services due to both increased internal and external demand. Further details are provided in Annex 5.

3.4.6 The key issues within the Financing Items budgets are:

3.4.6.1 **Finance portfolio:** Forecast **Break even.**

The current year write down of the discount saving from the debt restructuring undertaken in 2008-09 is being transferred to the Economic Downturn reserve as planned, hence a balanced position is currently forecast. Further details are provided in Annex 6

3.4.7 A significant amount of management action is expected to be achieved by year end, mainly within the KASS portfolio. There is a risk that not all of this will be achieved. The position will be closely monitored throughout the remainder of the financial year so that, if necessary, a decision on further action can be taken as soon as possible.

3.5 Implications for future years/MTP

3.5.1 The key issues and risks identified above will need to be addressed in directorate medium term plans (MTP) for 2011-14. Although these are forecast to be largely offset by management action this year, a lot of the management action is one-off or not sustainable for the longer term. The Directorates are currently trying to assess the medium term impact of these issues. There are other pressures which, although not hugely significant this year, will also need addressing in the MTP. These are detailed in the Annex reports.

3.5.2 In addition we are expecting a significant reduction in Government funding, potentially up to 40% over the medium term, following the Chancellor's emergency budget statement on 22nd June in which he outlined his plans to address the national budget deficit. We will not know the full scale of this until the announcement of the provisional local government finance settlement for 2011-12, which we anticipate will be in late November/early December. Directorates are working on possible savings areas in anticipation of these unprecedented cuts.

4. CAPITAL

4.1 Changes to budgets

4.1.1 The capital monitoring focuses on projects which are re-phasing by £1m or more and it distinguishes between real variances/re-phasing on projects which are:

- part of our year on year rolling programme or projects which already have approval to spend and are underway , and
- projects which are still only at the preliminary stage or are only at the approval to plan stage and their timing remains uncertain.

We separately identify projects which have yet to get underway, but despite the uncertainty surrounding their timing they were included in the budget because there is a firm commitment to the project. By identifying these projects separately, we can focus on the real re-phasing in the programme on projects which are up and running.

4.1.2 Since the last exception report presented to Cabinet on 12th July, the following adjustments have been made to the 2010-11 capital budget.

	£000s 2010-11	£000s 2011-12
1 Cash Limits as reported to Cabinet on 12th July	508,861	419,478
2 Re-phasing agreed at Cabinet on 12th July		
Children, Families & Education (CFE)	-2,569	2,787
Communities	-1,680	1,680
3 Safety Camera Partnership - confirmed cuts grant funding - EH&W portfolio	-508	
4 Highway Major Maintenance - confirmed cuts grant funding - EH&W portfolio	-40	
5 Integrated Transport - confirmed cuts grant funding - EH&W portfolio	-4,105	
6 Extended Schools - confirmed cuts grant funding - CFE portfolio	-507	
7 The Beaney - additional capital receipt - CMY portfolio		170
8 Specialist Schools - additional grant funding - CFE portfolio	75	
	499,527	424,115
9 PFI	45,101	88,000
	544,628	512,115

4.2 **Table 3** – Portfolio/Directorate position – capital

Portfolio	Budget	Variance	CFE	KASS	E,H&W	CMY	CED
	£k	£k	£k	£k	£k	£k	£k
CFE	+219,803	+4,040	+4,040				
KASS	+14,455	-5,108		-5,108			
E,H&W	+162,357	-1,615			-1,615		
Communities	+27,045	-22				-22	
Regen & ED	+11,996	0					0
Corporate Support & PM	+16,078	+1,758					+1,758
Localism & Partnerships	+503	0					0
TOTAL (excl Schools)	+452,237	-947	+4,040	-5,108	-1,615	-22	+1,758
Schools	+47,290	0	0				
TOTAL	+499,527	-947	+4,040	-5,108	-1,615	-22	+1,758

Real Variance		+2,418	+883	-90	-364	+261	+1,728
Re-phasing (detailed below)		-3,365	+3,157	-5,018	-1,251	-283	+30
		2010-11	2011-12	2012-13	Future yrs		Total
Re-phasing		-3,365	-25,629	+6,010	+22,984		0

4.2.1 Table 3 shows that there is an overspend of £2.418m on the capital programme for 2010-11 and -£3.365m of re-phasing of expenditure into later years. Of the current -£3.365m forecast re-phasing, -£1.130m relates to projects with variances of £1m or more which are identified in table 6 and section 4.6 below, and reported in detail in the annex reports; -£0.521m relates to projects with variances between £0.25m and £1m which are also identified in table 6, and the balance of -£1.714m is made up of projects with variances of under £0.25m which do not get reported in detail in this report.

4.3 Table 4 below, splits the forecast variance on the capital budget for 2009-10 as shown in table 3, between projects which are:

- part of our year on year rolling programmes e.g. maintenance and modernisation;
- projects which have received approval to spend and are underway;
- projects which are only at the approval to plan stage and the timing remains uncertain, and
- projects at the preliminary stage.

Table 4 – Analysis of forecast capital variance by project status

Project Status	budget	Variance		
		real variance	re-phasing	total
	£'000s	£'000s	£'000s	£'000s
Rolling Programme	82,726	2,188	3,186	5,374
Approval to Spend	291,704	-407	-923	-1,330
Approval to Plan	77,807	637	-5,628	-4,991
Preliminary Stage	0	0	0	0
Total	452,237	2,418	-3,365	-947
	2010-11	2011-12	2012-13	future years
	£'000s	£'000s	£'000s	£'000s
Re-phasing:				
Rolling Programme	3,186	-1,387	-1,799	0
Approval to Spend	-923	862	-20	81
Approval to Plan	-5,628	-25,104	7,829	22,903
Preliminary Stage	0	0	0	0
Total	-3,365	-25,629	6,010	22,984

- 4.3.1 Table 4 shows that of the +£2.418m forecast capital variance (excluding devolved capital to schools), +£0.637m is due to projects which are still only at the approval to plan or preliminary stages and their timing remains uncertain. This leaves a variance of +£1.781m which relates to projects that are either underway or are part of our year on year rolling programme.
- 4.3.2 Table 5 below shows the effect of the capital variance on the different funding sources. The variance against borrowing (supported, prudential, prudential/revenue and PEF2 borrowing) is -£0.679m and this is a contributory factor in the treasury management underspend reported within the Finance portfolio.

Table 5: 2010-11 Capital Variance analysed by funding source (incl Devolved Capital to Schools)

	Capital Variance £m
Supported Borrowing	+3.496
Prudential	-0.819
Prudential/Revenue (directorate funded)	-0.052
PEF2	-3.304
Grant	-0.076
External Funding - Other	-5.831
External Funding - Developer contributions	-1.067
Revenue & Renewals	+1.815
Capital Receipts	-0.413
General Capital Receipts (generated by Property Enterprise Fund)	+5.304
Transfer of Land in payment	0.000
TOTAL	-0.947

- 4.4 Table 6 below details all projected capital variances over £250k, in size order. These variances are also identified as being either a real variance i.e. real under or overspending which has resourcing implications; or a phasing issue i.e. simply down to a difference in timing compared to the budget assumption.

Each of the variances in excess of £1m, which is due to phasing of the project, excluding those projects identified as only being at the preliminary stage, is explained further in section 1.2.4 of the individual Directorate annex reports, and all real variances are explained in section 1.2.5 of the individual Directorate annex reports, together with the resourcing implications.

Table 6 - All Capital Budget Variances over £250k in size order

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme	Approval to Spend	Approval to Plan	Preliminary Stage
			£'000s	£'000s	£'000s	£'000s
Overspends/Projects ahead of schedule						
CFE	Annual Planned Maintenance Programme	phasing	+3,592			
CSS&PM	Commercial Services	real	+1,528			
EH&W	Integrated Transport Scheme	real	+500			
CFE	Development Opportunities - Swadelands	real			+400	
			+5,620	+0	+400	+0
		Real	+2,028	+0	+400	+0
		Phasing	+3,592	+0	+0	+0
portfolio	Project	real/ phasing	Project Status			
			Rolling Programme	Approval to Spend	Approval to Plan	Preliminary Stage
			£'000s	£'000s	£'000s	£'000s
Underspends/Projects behind schedule						
KASS	Modernisation of LD Services	phasing			-2,613	
KASS	Strategy for new OP Integrated Care Centres	phasing			-1,082	
EH&W	Kent Thameside Strategic Transport Programme	phasing			-1,027	
KASS	Community Care Centre - Thameside - Eastern Quarry	phasing			-521	
EH&W	Major Scheme - Design fees	real	-500			
EH&W	Rushenden Link Road	real		-344		
			-500	-344	-5,243	0
		Real	-500	-344	+0	+0
		Phasing	+0	+0	-5,243	+0
			+5,120	-344	-4,843	+0
		Real	+1,528	-344	+400	+0
		Phasing	+3,592	+0	-5,243	+0

4.5 Reasons for Real Variance and how it is being dealt with

4.5.1 The real variance identifies the actual over and underspends on capital schemes and not re-phasing of projects. Table 3 shows that there is currently a +£2.418m real variance forecast. The main areas of under and overspending in 2010-11 are listed below together with their resourcing implications:-

- **Commercial Services VPE +£1.528m** (in 2010-11): this will be matched by an increased contribution from their Renewals Fund so there is no funding implication.
- **Basic Needs – Sittingbourne Community College - +£0.200m, Basic Needs – Fulston Manor - +£0.197m, Basic Needs – Westlands School - +£0.123m and Development Opportunities - Swadelands - +£0.400m** (all in 2010-11): these are all new projects funded from additional developer contributions, which we will be seeking approval for as part of the 2011-14 MTP.
- **Major scheme Design -£0.500m** (in 2010-11): the budget includes £0.5m to carry out the initial design of Smart Link Bus Project that was anticipated to get Programme Entry for Department for Transport (DfT) funding this autumn. The Government have confirmed that the scheme will not receive Programme Entry until at least 2011-12. **It is therefore requested to divert this funding to accelerating the A2 slip road project in Canterbury which is within the Integrated Transport Programme.** This is reflected as an overspend in the IT programme.

- **Rushenden Relief Road: -£0.600m** (-£0.344m in 2010-11, -£0.141m in 2011-12 and -£0.115m in 2012-13): the phase 1 of the scheme which included approach embankment was completed at the end of June. The revised forecast for the outturn is less than originally anticipated due to the allocated contingency provision for risk and compensation events not being fully utilised. This has given a real saving of £0.344m in 2010-11. Review of the scheme indicates that there will be a further saving of £0.256m in future years. There has also been a change in funding between SEEDA and developer contributions which is explained in the overview of the capital programme (section 1.2.6)

Further details of smaller real variances are provided in the annex reports.

4.6 Main projects re-phasing and why.

4.6.1 The projects that are re-phasing by £1m or more are identified below: -

- **Eurokent Spine Road - funding re-phasing only, £5.304m from 2010-11 to future years**

The Spine Road funding from East Kent Opportunities Limited Liability Partnership was re-profiled with repayment now due during 2013-14 (Decision No 10-01499, implemented 28 June 2010)

- **Annual Planned Maintenance Programme – re-phasing of +£3.592m.**

The budget allocation for maintenance is used to deliver programmes of planned and reactive maintenance work and servicing and inspections to comply with legislative and health and safety responsibilities to ensure the County Council keeps schools safe, warm and dry. To meet the varied types of works necessary to comply with the criteria the maintenance budget is divided into a number of headings: Major Maintenance Works, Reactive Additional Maintenance Works, Health & Safety, School Access Initiative, Kitchen Catering Equipment and Planned Maintenance Inspections.

Major & Reactive Maintenance Work (+£3.392m): the types of works funded from this programme are both planned and unforeseen maintenance. The criteria for these works are to avoid school closure or to attend to urgent health and safety matters. The overall forecast figure includes £0.880m for any future unforeseen work which may arise between August 2010 and 31 March 2011. The severity of 2010-11 winter could bring this relatively small contingency figure under extreme pressure. The contingency sum could also be affected by Kent Fire & Rescue Service reports which invariably identify significant landlord and tenant health and safety work required under legislation. It is recognised that by bringing funding forward this could potentially cause problems in future years. These issues, including the government cuts in supported borrowing, are being addressed within the CFE capital programme and proposals will be reported in due course.

Water Hygiene Assessments (Legionella Prevention (+£0.200m): in accordance with Health and Safety Commission Regulation, the Authority undertakes water hygiene assessments through out the county. To help schools manage their responsibility and following an on-site assessment the Authority provides initial monitoring and training. The costs of this service have increased by £0.200m.

- **Kent Thameside Strategic Transport Programme – re-phasing of -£12.524m (-£1.027m in 2010-11, -£7.796m in 2011-12, -£3.701m in 2012-13 and +£12.524m in future years)**

This programme is designed to deliver a package of Strategic Transport schemes in the Kent Thameside area. The programme has been re-phased by £12.524m. The re-phasing is due to the extended time that it has taken to secure Government funding for the programme.

- **Modernisation of LD Services (Learning Disability Good Day Programme Board) – re-phasing of -£2.613m**

Following extensive consultation of day care services for people with learning disabilities and recommending a way forward, the current forecast represents the revised timescale for this project.

- **Older People Integrated Care Centres – re-phasing of -£1.082m**

In light of the Directorate's over-arching strategy around its older persons services, this element has been re-phased.

4.7 Key issues and risks

- 4.7.1 The impact on the quality of service delivery to clients as a consequence of re-phasing a capital project is always carefully considered, with adverse impact avoided wherever possible. The impact on service delivery of projects which are re-phasing by £1m or more, as identified in table 6 above, is highlighted in section 1.2.4 of the annex reports.
- 4.7.2 Kent County Council has made a commitment to Kent businesses, including maintaining our capital programme. None of the reported variances in this report affects that commitment.

4.8 Implications for future years/MTP

- 4.8.1 Directorates are continuously addressing issues around their capital programmes, in particular, careful consideration is given to the funding of these projects to ensure that as far as possible capital receipts and external funding, or agreement to utilising PEF2 is in place before the project is contractually committed. The 'warning' in paragraph 3.5.2 also applies to capital funding, where the reduction in funding could be even greater.

4.9 Resourcing issues

- 4.9.1 There will always be an element of risk relating to funding streams which support the capital programme until all of that funding is "in the bank". The current economic situation continues to intensify this risk, with the continuing downturn in the property market, the number of new housing developments reducing and developers pulling out of new developments, all of which have a significant impact on our Section 106 contributions. This has largely been addressed in the capital programme approved at County Council on 18 February 2010, but there remains an element of risk for the reduced level of funding still assumed from these sources. It is not always possible to have receipts 'in the bank' before starting any replacement project, due to the obvious need to have the re-provision in place before the existing provision is closed. Management of the delivery of capital receipts and external funding is therefore rigorous and intensive. At this stage, there are no other significant risks to report.

4.10 Capital Project Re-phasing

We will continue with the practice adopted in 2009-10 of changing cash limits for projects that have re-phased by greater than £0.100m to reduce the reporting requirements during the year. Any subsequent re-phasing greater than £0.100m will be reported and the full extent of the rephasing will be shown. The proposed re-phasing is summarised in the table below, details of individual projects are listed within the directorate sections.

Table 7 – re-phasing of projects >£0.100m

Portfolio	2010-11	2011-12	2012-13	Future Years	Total
	£k	£k	£k	£k	£k
CFE					
Amended total cash limits	219,803	236,749	247,883	154,816	859,251
Re-phasing	3,260	-1,465	-1,795	0	0
Revised cash limits	223,063	235,284	246,088	154,816	859,251
KASS					
Amended total cash limits	14,455	7,285	2,640	1,162	25,542
Re-phasing	-4,741	2,832	1,530	379	0
Revised cash limits	9,714	10,117	4,170	1,541	25,542
E,H&W					
Amended total cash limits	162,357	119,582	83,605	224,661	590,205
Re-phasing	-1,251	-27,572	6,299	22,524	0
Revised cash limits	161,106	92,010	89,904	247,185	590,205
Communities					
Amended total cash limits	27,045	12,161	3,060	350	42,616
Re-phasing	-237	237	0	0	0
Revised cash limits	26,808	12,398	3,060	350	42,616
Regen & ED					
Amended total cash limits	11,996	4,230	3,242	2,980	22,448
Re-phasing	0	0	0	0	0
Revised cash limits	11,996	4,230	3,242	2,980	22,448
Corporate Support & PM					
Amended total cash limits	16,078	9,317	9,549	2,663	37,607
Re-phasing	0	0	0	0	0
Revised cash limits	16,078	9,317	9,549	2,663	37,607
Localism & Partnerships					
Amended total cash limits	503	500	500	0	1,503
Re-phasing	0	0	0	0	0
Revised cash limits	503	500	500	0	1,503
TOTAL RE-PHASING >£100k	-2,969	-25,968	6,034	22,903	0
Other re-phased Projects below £100k					
	-396	+339	-24	+81	0
TOTAL RE-PHASING	-3,365	-25,629	+6,010	+22,984	0

Table 8 – details individual projects which have further re-phased

	2010-11	2011-12	2012-13	Future Years	Total
	£k	£k	£k	£k	
CMY					
New Community Facilities at Edenbridge					
Original budget	+1,755				+1,755
Amended cash limits	-1,680	+1,680			0
additional re-phasing	-237	+237			0
Revised project phasing	-162	+1,917	0	0	+1,755

5. FINANCIAL HEALTH

- 5.1 The latest Financial Health indicators, including cash balances, our long term debt maturity, outstanding debt owed to KCC, the percentage of payments made within 20 and 30 days and the recent trend in inflation indices (RPI & CPI) are detailed in **Appendix 4**.
- 5.2 The latest monitoring of Prudential Indicators is detailed in **Appendix 5**.

6. RISK MANAGEMENT

- 6.1 Since the last update the Head of Audit and Risk has completed the initial review of the strategic management of risk across the Council. This work assessed both the sophistication of the risk management processes and the level of maturity achieved to date. The findings from the review are in the process of being developed into a comprehensive work programme for the central risk management team. Key themes of the work will include:
- Updating the risk management strategy and supporting procedures to be consistent with the recently released ISO 31000.
 - Greater consistency of key components of risk management across the council, including Health and Safety and Business Continuity
 - Improved integration between risk management and business planning
 - Improved tools for staff dealing directly with risk management, to increase the Council's risk maturity.
- 6.2 Development of a new risk management strategy will be supported by a greater understanding of the context within which Kent County Council operates. This in turn will inform the development of Directorate and organisational Risk Appetite statements.
- 6.3 To improve the quality of information available to Members and senior management, an externally hosted web based risk management database has been procured. This database should enable Senior Officers and Members to access 'live' registers and thereby have a better understanding and monitoring capability of the range of risks for which they are responsible. The system is currently being trialled using the Strategic Risk Register, which will be reported to CMT, Cabinet and ultimately Governance and Audit Committee with the timetables previously agreed.

7. BALANCE SHEET AND CONSOLIDATED REVENUE ACCOUNT

7.1 Impact on reserves

- 7.1.1 A copy of our balance sheet as at 31 March 2010 is provided at **Appendix 2**. Highlighted are those items in the balance sheet that we provide a year-end forecast for as part of these quarterly budget monitoring reports, based upon the current forecast spend and activity for the year. The forecast for the three items highlighted are as follows:

Account	Projected balance at 31/3/11 £m	Balance at 31/3/10 £m
Earmarked Reserves	86.4	115.9
General Fund balance	25.8	25.8
Schools Reserves *	48.4	51.8

* Both the table above and section 2.3 of annex 1 include delegated schools reserves and unallocated schools budget.

- 7.1.2 The reduction of £29.5m in earmarked reserves is mainly due to the planned movements in reserves such as IT Asset Maintenance, Kingshill Smoothing, PRG, earmarked reserve to support 10-11 budget, insurance reserve, economic downturn reserve, revenue reserve to support projects previously classified as capital eg Member Highway Fund and PFI equalisation reserves, together with the anticipated movements in the Regeneration Fund, rolling budget, DSG and Supporting People reserves. In addition reserves have been drawn down in order to offset some of the Government grant reductions, as reported to Cabinet in July.

7.1.3 The reduction of £3.4m in the schools reserves is due to an anticipated 21 schools converting to academy status and therefore taking their reserves with them. The value of school reserves is very difficult to predict at this early stage in the year and further updates will be provided in future monitoring reports once the first monitoring returns have been received from schools.

8. STAFFING LEVELS

8.1 The following table provides a snapshot of the staffing levels by directorate as at 30 June 2010 compared to the numbers as at 31 March 2010, based on active assignments.

		Mar-10	Jun-10	Difference	
				Number	%
KCC	Assignment count	52,131	52,036	-95	-0.18%
	Headcount (inc. CRSS)	44,583	44,557	-26	-0.06%
	Headcount (exc. CRSS)	39,402	39,435	33	0.08%
	FTE	29,162.50	29,218.70	56.20	0.19%
KCC - Non Schools	Assignment count	16,252	16,082	-170	-1.05%
	Headcount (inc. CRSS)	14,719	14,570	-149	-1.01%
	Headcount (exc. CRSS)	12,549	12,475	-74	-0.59%
	FTE	10,530.87	10,477.39	-53.48	-0.51%
CED	Assignment count	2,169	2,155	-14	-0.65%
	Headcount (inc. CRSS)	2,160	2,148	-12	-0.56%
	Headcount (exc. CRSS)	2,121	2,110	-11	-0.52%
	FTE	2,003.23	1,993.37	-9.86	-0.49%
CFE	Assignment count	4,617	4,573	-44	-0.95%
	Headcount (inc. CRSS)	4,450	4,420	-30	-0.67%
	Headcount (exc. CRSS)	3,956	3,938	-18	-0.46%
	FTE	3,345.26	3,331.53	-13.73	-0.41%
CMY	Assignment count	4,345	4,207	-138	-3.18%
	Headcount (inc. CRSS)	3,713	3,578	-135	-3.64%
	Headcount (exc. CRSS)	2,392	2,330	-62	-2.59%
	FTE	1,758.52	1,709.86	-48.66	-2.77%
EHW	Assignment count	799	823	24	3.00%
	Headcount (inc. CRSS)	782	803	21	2.69%
	Headcount (exc. CRSS)	659	673	14	2.12%
	FTE	606.19	616.48	10.29	1.70%
KASS	Assignment count	4,322	4,324	2	0.05%
	Headcount (inc. CRSS)	3,722	3,731	9	0.24%
	Headcount (exc. CRSS)	3,456	3,464	8	0.23%
	FTE	2,817.67	2,826.15	8.48	0.30%
Schools	Assignment count	35,879	35,954	75	0.21%
	Headcount (inc. CRSS)	30,180	30,288	108	0.36%
	Headcount (exc. CRSS)	26,954	27,060	106	0.39%
	FTE	18,631.63	18,741.31	109.68	0.59%

CRSS = Staff on Casual Relief, Sessional or Supply contracts

Notes:

If a member of staff works in more than one directorate they will be counted in each. However, they will only be counted once in the Non Schools total and once in the KCC total.

If a member of staff works for both Schools and Non Schools they will be counted in both of the total figures. However, they will only be counted once in the KCC Total.

9. RECOMMENDATIONS

Cabinet is asked to:

- 9.1 **Note** the latest monitoring position on both the revenue and capital budgets.
- 9.2 **Agree** the realignment of revenue budgets within the KASS portfolio as detailed in section 1.1.1 and 1.1.2 of annex 2
- 9.3 **Note** that management action will be required within the CFE & KASS portfolios in order to deliver a balanced outturn position
- 9.4 **Note** and **agree** the changes to the capital programme, as detailed in section 4.1.
- 9.5 **Agree** that £2.969m of re-phasing on the capital programme is moved from 2010-11 capital cash limits to future years. Further details are included in section 4.10 above.
- 9.6 **Note** the recent government funding announcements reflected in this report as detailed in appendix 1.
- 9.7 **Note** the latest Financial Health Indicators and Prudential Indicators as reported in appendix 4 and appendix 5 respectively.
- 9.8 **Note** the directorate staffing levels as at the end of June 2010 compared with March 2010 as provided in section 8.

IMPACT OF RECENT GOVERNMENT FUNDING ANNOUNCEMENTS ON KCC

	ANNOUNCEMENT	REDUCTION £000s	DETAILS OF HOW REFLECTED IN REPORT
1.	10 JUNE LOCAL GOVERNMENT SAVINGS ANNOUNCEMENT The following KCC grants were reduced:		
	REVENUE BASE:		
	• Area Based Grant for CFE	6,873	The £1,326k PRG was not assumed in the 2010-11 budget, therefore the reduction had no impact on the cash limit. £750k LABGI and £441k Kickstart were specific grants therefore the reductions had a net nil impact on the cash limit. Overall therefore, cash limits have been reduced by £8,349k
	• Area Based Grant for Supporting People	736	
	• Area Based Grant for Road Safety	608	
	• DoT Kickstart 2009 Specific Grant	441	
	• Area Based Grant for Stronger Safer Communities	132	
		8,790	
	REVENUE ONE-OFFS:		
	• Performance Reward Grant (PRG)	1,326	
	• LABGI	750	
		2,076	
	TOTAL 2010-11 REVENUE GRANT REDUCTIONS	10,866	
	CAPITAL GRANT REDUCTIONS:		
	• Integrated Transport Block	4,105	Capital cash limits have been reduced accordingly
	• Road Safety capital grant	508	
	• PRN Network funding	40	
	TOTAL 2010-11 CAPITAL GRANT REDUCTIONS	4,653	
	TOTAL GRANT REDUCTION (REV & CAP)	15,519	
2.	16 JUNE/14 JULY DFE ANNOUNCEMENT The following KCC grants were reduced:		As these are specific grants, gross & income budgets have been reduced within CFE with a net nil impact, with the exception of the Local Delivery Support Grant as the estimate included in the original 2010-11 budget was less than the reduced amount that we are still going to receive. There is expected to be a zero financial impact from the withdrawal of this funding following the review of existing commitments and/or diverting funding from other sources. These grants, except the local delivery support grant, were expected to end by March 2011 and recent announcements have resulted in the cessation of some services earlier than expected.
	REVENUE:		
	• Play Pathfinder grant	18	
	• Buddying grant	462	
	• Local Delivery Support Grant for 14 – 19 year olds	238	
	• Training and Development Agency for Schools (TDA) – school workforce development and higher level teaching assistants	579	
		1,297	

	ANNOUNCEMENT	REDUCTION £000s	DETAILS OF HOW REFLECTED IN REPORT
	CAPITAL:		
	<ul style="list-style-type: none"> Extended Schools grant 	653	Capital cash limit reduced
	TOTAL GRANT REDUCTION (REV & CAP)	1,950	
3.	16 JUNE/22 JULY DFE ANNOUNCEMENT The following service was stopped:		
	<ul style="list-style-type: none"> Contactpoint 	151	As this is a specific grant, gross & income budgets have been reduced within CFE with a net nil impact. The service will be wound down in accordance with the decision from the coalition Government to stop Contactpoint nationally.
4.	5 JULY BUILDING SCHOOLS FOR THE FUTURE ANNOUNCEMENT		
	CAPITAL:		
	<ul style="list-style-type: none"> 40 school building projects have been stopped in Kent 		This has not yet been reflected in the report as it has yet to be quantified, as there will be some abortive costs of these schemes which will require funding.
5.	8 JULY DCMS ANNOUNCEMENT The following DCMS grant reduction has been passed on to us via CABE (Commission for Architecture and the Built Environment)		
	<ul style="list-style-type: none"> Sea Change programme grant reduction 	12	We are still working to establish whether any of this will be passed on to our partners, therefore this reduction is not yet reflected in the report.

	ANNOUNCEMENT	REDUCTION £000s	DETAILS OF HOW REFLECTED IN REPORT
6.	14 JULY DFE ANNOUNCEMENT The following KCC grants were reduced:		
	CAPITAL:		
	<ul style="list-style-type: none"> Harnessing Technology grant 	2,758	Neither of these two grants (Harnessing Technology or Youth Capital Fund) were included in the capital programme. The Harnessing Technology grant is used to fund the KPSN revenue project. The original plan showed that this project would have sufficient funds until the middle/end of 2011-12 and at that point schools would be asked to pay. Following this grant reduction, the date from which schools will be asked to pay has been brought forward to the start of 2011-12. As this grant was not included in the original budget, gross and income cash limits have been adjusted to include Harnessing Technology grant at the newly reduced level.
	<ul style="list-style-type: none"> Youth Capital fund 	318	The Youth Capital fund was included in the youth revenue budget as both income and spend (to reflect the handing out of capital grants), therefore the gross and income cash limits have been reduced accordingly.
		3,076	
	In addition there were several other national savings announced but we have yet to establish the impact to KCC. These include: <ul style="list-style-type: none"> Co-location projects School Swimming Support to 77 LEAs not in early BSF Waves Social Work IT Support 		Not yet reflected in the report.

	ANNOUNCEMENT	REDUCTION £000s	DETAILS OF HOW REFLECTED IN REPORT
7.	20 JULY DFE ANNOUNCEMENT To simplify 16-19 education funding		
	This reverses the key changes introduced by the last government so that the Young People's Learning Agency (YPLA), not local authorities will now be charged with paying for student places at further education colleges, sixth form colleges and other training providers from August. School sixth forms will continue to be funded by local authorities.		The gross and income budgets for the original transfer of responsibility to the local authority was not included in the original budget, therefore gross and income cash limits have now been amended to reflect the transfer for the period April to July only.

Balance Sheet

The County Fund Balance Sheet shows the financial position of Kent County Council as a whole at the end of the year. Balances on all accounts are brought together and items that reflect internal transactions are eliminated.

	31 March 2010		31 March 2009	
	£'000	£'000	Restated £'000	£'000
Fixed assets				
Intangible fixed assets		2,544		3,551
Tangible fixed assets				
Operational assets				
Land and buildings	1,442,502		1,456,417	
PFI Assets	195,242		139,228	
Vehicles, plant and equipment	32,091		28,811	
Roads and other highways infrastructure	631,431		606,431	
Community assets	9,141		8,505	
Non-operational assets				
Investment property	5,848		6,624	
Assets under construction	412,693		327,734	
Surplus and non-operational property	52,463		99,869	
Total tangible assets		<u>2,781,411</u>		<u>2,673,619</u>
Total fixed assets		<u>2,783,955</u>		<u>2,677,170</u>
Long-term investments		35,671		96,267
Long-term debtors		59,154		54,712
Total long-term assets		<u>2,878,780</u>		<u>2,828,149</u>
Current assets				
Stocks and work in progress	6,231		5,937	
Debtors	210,803		193,644	
Investments	224,043		262,949	
Total current assets		441,077		462,530
Current liabilities				
Temporary borrowing	-45,240		-60,641	
Short term PFI Lease Liability	-3,114			
Creditors	-284,534		-298,747	
Cash balances overdrawn	-34,283		-103,339	
		<u>-367,171</u>		<u>-462,727</u>
Total assets less current liabilities (Net assets employed)		<u>2,952,686</u>		<u>2,827,952</u>
Long-term liabilities				
Long-term borrowing	-1,012,116		-998,427	
Deferred liabilities	-4		-255	
PFI Lease Liability	-160,397		-107,702	
Deferred credit - Medway Council	-49,198		-51,249	
Creditors due after one year	-823			
Provisions	-16,093		-14,489	
Government grant deferred account	-213,739		-196,454	

Balance Sheet

Liability related to defined benefit pensions schemes	- KCC	-1,129,229	-739,900
	- DSO	-2,270	-2,199
		<u>-2,583,869</u>	<u>-2,110,675</u>
Total assets less liabilities		<u>368,817</u>	<u>717,277</u>
Revaluation reserve		-183,753	-131,912
Capital adjustment account		-988,810	-1,075,507
Financial instruments adjustment account		26,229	27,715
Collection Fund Adjustment Account		-4,475	-3,906
Earmarked capital reserve		-139,706	-70,144
Usable capital receipt reserve		-16,016	-14,379
Pensions reserve	- KCC	1,129,229	739,900
	- DSO	2,270	2,199
Earmarked reserves		-115,884	-102,002
General fund balance		-25,835	-25,835
Schools reserves		-51,753	-63,183
Surplus on trading accounts		<u>-313</u>	<u>-223</u>
Total net worth		<u>-368,817</u>	<u>-717,277</u>

Reconciliation of Gross and Income Cash Limits in Table 1c to the Budget Book

Portfolio	CASH LIMIT			
	Gross £k	Income £k	Net £k	
CFE	419,614	-1,148,489	-728,875	
Schools	1,022,565	-80,517	942,048	
KASS	448,632	-104,180	344,452	
EHW	171,497	-20,236	151,261	
Regen & ED	688	-127	561	
CMY	144,612	-56,686	87,926	
Public Health & Innovation	9,279	-2,918	6,361	
Corporate Support & PM	10,569	-7,046	3,523	
Localism & Partnerships	49,986	-35,031	14,955	
Finance	135,715	-14,683	121,032	
Per Budget Book	2,413,157	-1,469,913	943,244	
Subsequent changes:				
	9,267	-441	8,826	Roll Forwards as agreed at 14 June Cabinet
	-9,099	750	-8,349	response to Government savings announcement
				Changes to grant/income allocations:
CFE	-70	70	0	DFE: School Development Grant difference between final allocation & budget estimate
CFE	387	-387	0	DFE: Extension to Free Entitlement difference between final allocation & budget estimate
CFE	-46	46	0	DFE: School Lunch Grant difference between final allocation & budget estimate
CFE	285	-285	0	DFE: School Standards Grant difference between final allocation & budget estimate
CFE	17	-17	0	DFE: 1-2-1 Tuition difference between final allocation & budget estimate
CFE	153	-153	0	Correction to Federation of Music grant
CFE	-57	57	0	Correction to NCSL grant for succession planning
CFE	221	-221	0	YPLA: Correction to Young Apprenticeships Grant
CFE	-745	745	0	Correction to error in budget book - Poverty Pilot Grant overstated
CFE	-40	40	0	Correction to Diploma Grant for the Rural Transport Coordinator
CFE	-579	579	0	TDA: Reduction to grants following announcements from Government
CFE	-462	462	0	DFE: Cessation of the Buddying project following Government announcement
CFE	-18	18	0	DFE: Cessation of Playbuilder revenue grant following Government announcement
CFE	-151	151	0	DFE: Cessation of Contactpoint grant following Government announcement
CFE	2,783	-2,783	0	DFE: Harnessing Technology Grant (net of reduction following government announcement)
CFE	536	-536	0	DFE: Correction to Diploma Specific Grant & 14-19 Delivery Support Grant (net of reduction following government announcement)
CFE	22	-22	0	DFE: Targeted Secondary Strategy - Gifted & Talented

Portfolio	CASH LIMIT			
	Gross	Income	Net	
	£k	£k	£k	
CFE	2,064	-2,064	0	DFE: National Challenge
CFE	236	-236	0	DFE: AimHigher
CFE	13,184	-13,184	0	DFE: Standards Fund receipt in advance from 2009-10
CFE	26,864	-26,864	0	YPLA: FE colleges & external work based provider allocations for April to July only
CFE	285	-285	0	YPLA: CFE work based provider allocations for April to July only
CFE	39	-39	0	DFE: Community Cohesion Grant
CFE	119	-119	0	DFE: Disabled Children's Access to Childcare (DCATCH)
CFE	36	-36	0	DFE: Transition Support Programme (part of Aiming High for disabled children)
CFE	164	-164	0	Income received from Thanet District Council for Thanet Works training programme
CFE	40	-40	0	Funding from the National Literacy Project
CFE	2,749	-2,749	0	DFE: Dedicated Schools Grant adjustment
CFE	70	-70	0	DFE: Think Family Grant adjustment
CFE	26	-26	0	DFE: LSC staff transfer top-up
CFE	13	-13	0	Reimbursement from universities for Education Psychology work
CFE	157	-157	0	Additional income expected from Children's Workforce Development Council (CWDC) for CSS training
CFE	27	-27	0	Non-attendance penalty notice income from parents
CFE	3	-3	0	Medway contributions to the Partnerships with Parents Service
CFE	34	-34	0	Reimbursement of seconded staff from an external agency
CFE	-154	154	0	Correction to schools income for cleaning & refuse collection contract
CFE	55	-55	0	Schools & OLA recoupment income for health needs service
CFE	-56	56	0	Cessation of Specialist Teaching buy back service with schools
CFE	-90	90	0	Correction of health income received to fund Director of Health support team
CFE	-22	22	0	Cessation of contracted service funded by the Connexion Service
CFE	95	-95	0	Correction to the income received from schools for the clerking agency
CFE	702	-702	0	Correction to income received from schools for the Skills Centres
CFE	178	-178	0	Additional income from schools for the KS4 engagement programme
CFE	1,259	-1,259	0	Correction to expected income from health and education services for residential care placements
CFE	126	-126	0	Reimbursement from Health authorities for Preventative Services payments
CFE	64	-64	0	Health Authority contributions for Residential Respite Services
CFE	-10	10	0	Reduction in expected income for inter-country adoption fees
CFE	-185	185	0	Reduction in expected income from various sources for Commissioning & Social Work Projects

Portfolio	Gross	Income	Net	
	£k	£k	£k	
CFE	115	-115	0	Additional income expected for the Social Work Pilot from DFE
KASS	95	-95	0	Dementia Demonstrator grant
KASS	56	-56	0	Increase in HIV/Aids grant
KASS	271	-271	0	LD Campus Reprovision Grant receipt in advance from 2009/10
KASS	715	-715	0	Social Care Reform Grant receipt in advance from 2009/10
KASS	17,507	-17,507	0	Tfr of additional S256 Learning Disability Clients from Health
KASS	0	0	0	adj to PFI credits for Better Homes Active Lives
KASS	0	0	0	adj to PFI credits for Westbrook and Westview Integrated Care Centres
EHW	2,448	-2,448	0	DfT grant for winter weather related road repairs (Find & Fix programme)
CMY	-318	318	0	DfE reduction in Youth Capital Fund
CMY	-383	383	0	Youth: Reduction in Alternative Curriculum Programme grant from CFE
CMY	220	-220	0	Supporting People: Handypersons grant from DCLG
CMY	-12	12	0	Sports: Reduction in Recruit to Coaching grant from Sports England.
CMY	-60	60	0	Sports: Reduction in grant from DfE for Physical activities
CMY	73	-73	0	Youth: Funding for Youth Eurocamps from the Big Events Fund
CMY	64	-64	0	Community Safety: Anti Social behaviour grant from GOSE
CMY	288	-288	0	GOSE funding towards the Migration Impact Fund (£183k receipt in advance from 2009-10. Additional £105k for 2010-2011)
CMY	-469	469	0	Community Learning & Skills: Reduced grant funding from Skills Funding Agency
PH&I	200	-200	0	East Kent PCT funding for T2010 Target 50 public health campaign for young people - receipt in advance from 2009-10
PH&I	50	-50	0	DoH funding for Communities for Health - receipt in advance from 2009-10
CS&PM	50	-50	0	ISG - new Kent Learning Zone income stream from Schools for EIS
CS&PM	193	-193	0	Multi-Channel project funding from Improvement & Efficiency South East
CS&PM	136	-136	0	Migrate Impact Fund project funded by Thanet District Council
				Technical Adjustments:
CFE	-183	183	0	Realignment of skillsforce income target from schools
CFE	38	-38	0	Correction of expected income for the portage service (internal income)
CFE	-190	190	0	Correction to expected income for self-funded Kent Safe School Projects (internal income)
CFE	-82	82	0	Removal of historic income budget relating to Oxford Road Site Costs
CFE	86	-86	0	Income expected from Asylum Service for Management Information Services

Portfolio	CASH LIMIT			
	Gross	Income	Net	
	£k	£k	£k	
CFE	-119	119	0	Cessation of Communities contribution towards the Out of Hours service
CFE	27	-27	0	Adjustment to expected income for the fostering service (internal income)
CFE	59	-59	0	Contributions towards Kent Foundation (internal income)
CFE	25	-25	0	Speakeasy project funded from Teenage Pregnancy (internal income)
KASS	-632	632	0	Revisions to growth/demography and savings allocations following Special Budget SMT and in light of 2009/10 out-turn, and to reflect changing trends and modernisation of services.
KASS	353	-353	0	Other Gross and Income realignment
CMY	318	-318	0	Gross & income budgets for Dover Discovery
CS&PM	4,492	-4,492	0	ISG - KPSN spend and funding moved to revenue from capital
CS&PM	-258	258	0	ISG - EIS removal of internal recharging
CS&PM	-306	306	0	Kent Connects - incorrect treatment in budget of partner recharges
CS&PM	-454	454	0	Interreg funding paid directly to partners incorrectly shown as KCC income
CS&PM	36	-36	0	Property - realignment of gross and income budgets for room bookings
CS&PM	-387	387	0	P&D - removal of recharging for Staff Care Services
CS&PM	-81	81	0	Policy post removed together with recharge income
R&ED	137	-137	0	Resources - External funding team only net cash limit included in original budget
Finance	906	-906	0	Interest on Cash Balances / Debt Charges - gross and income realignment in light of outturn
Finance	-1,500	1,500	0	PRG budget reflect as income but should be a drawdown from reserves (credit expenditure)
Revised Budget	2,487,158	-1,543,437	943,721	

FINANCIAL HEALTH INDICATORS

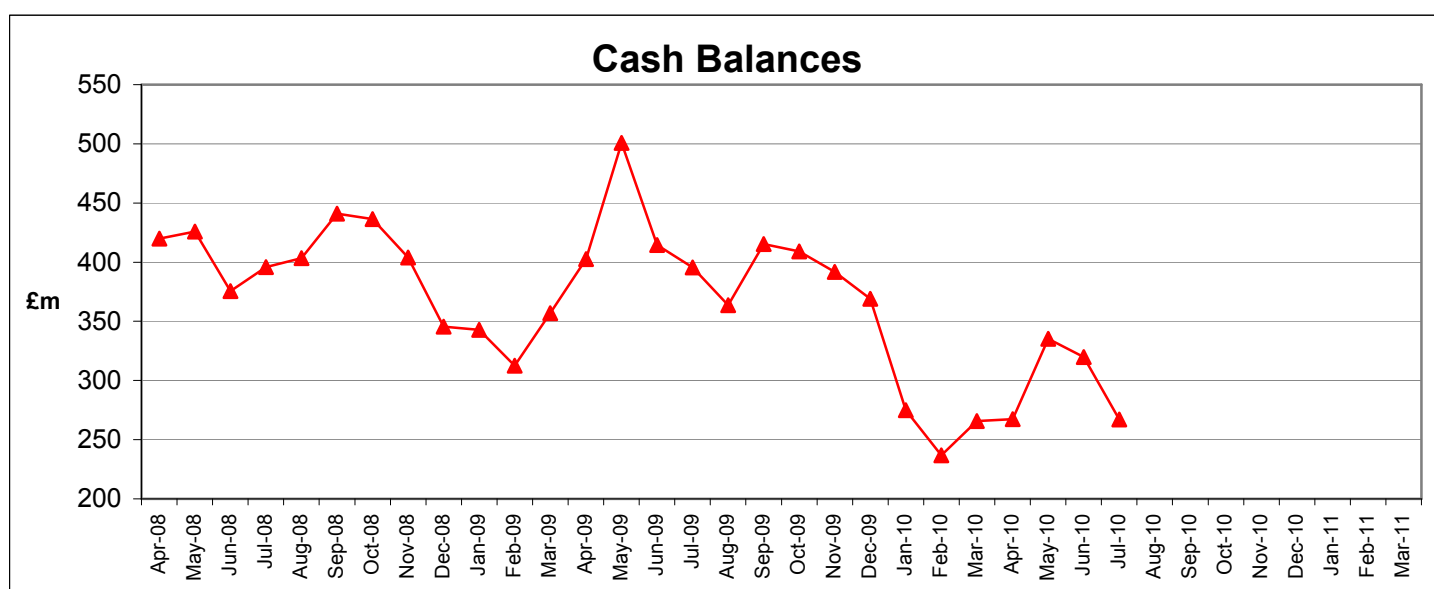
1. CASH BALANCES

The following graph represents the total cash balances under internal management by KCC at the end of each month in £m. This includes principal amounts currently at risk in Icelandic bank deposits (£42.779m), balances of schools in the corporate scheme (£65.7m), other reserves, and funds held in trust. KCC will have to honour calls on all held balances such as these, on demand. The remaining deposit balance represents KCC working capital created by differences in income and expenditure profiles.

Pension Fund cash balances were removed from KCC Funds on 1 July and are now being handled wholly separately.

The overall downward trend in the cash balance since September 2009 reflects the Council's policy of deferring borrowing and using available cash balances to fund new capital expenditure (i.e. internalising the debt).

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2008-09	419.9	425.7	375.7	395.8	403.5	441.1	436.3	403.9	345.5	342.8	312.6	357.0
2009-10	402.7	500.9	414.6	395.7	363.6	415.4	409.1	391.7	369.1	275.0	236.7	265.8
2010-11	267.4	335.2	319.8	267.2								



2. LONG TERM DEBT MATURITY

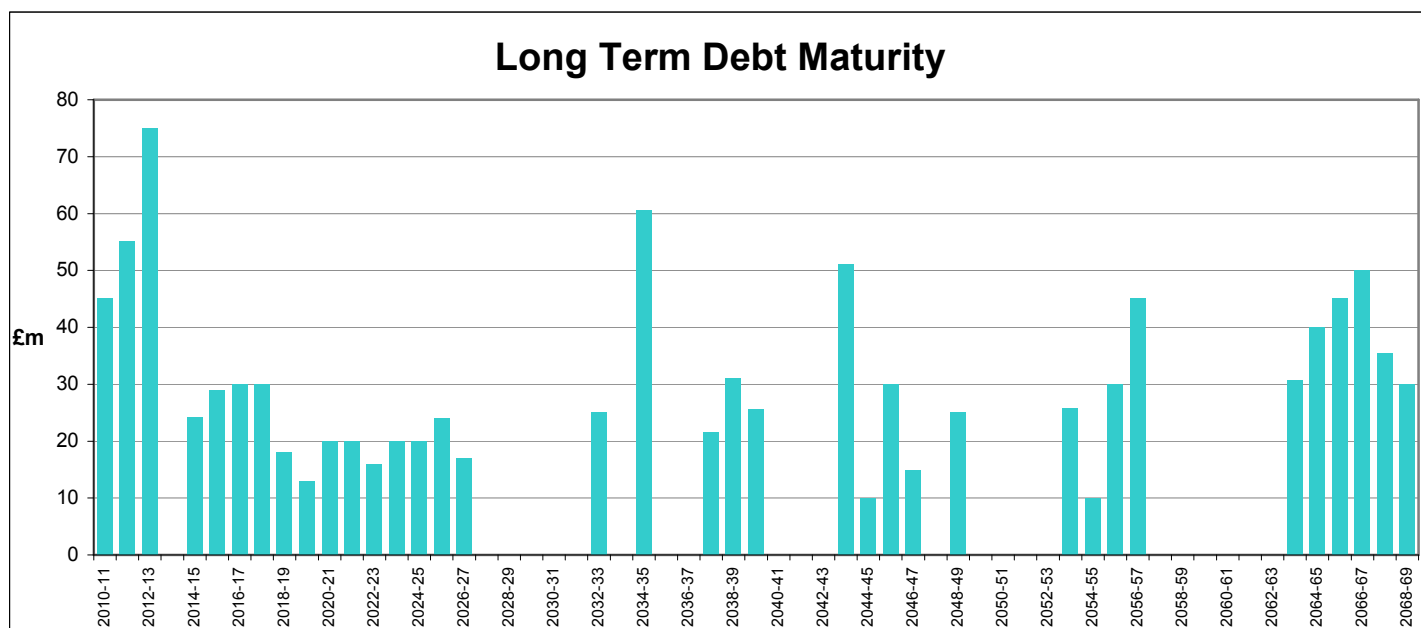
The following graph represents the total external debt managed by KCC, and the year in which this is due to mature. This includes £48.433m pre-Local Government Review debt managed on behalf of Medway Council. Also included is pre-1990 debt managed on behalf of the Further Education Funding council (£2.6m), Magistrates Courts (£1.4m) and the Probation Service (£0.24m). These bodies make regular payments of principal and interest to KCC to service this debt.

The graph shows total principal repayments due in each financial year. Small maturities indicate repayment of principal for annuity or equal instalment of principal loans, where principal repayments are made at regular intervals over the life of the loan. The majority of loans have been taken on a maturity basis so that principal repayments are only made at the end of the life of the loan. These principal repayments will need to be funded using available cash balances (i.e. internalising the debt), by taking new external loans or by a combination of the available options.

The total debt principal to be repaid in 2010-11 is £45.031m, £45m maturity loan and £0.031m relating to small annuity and equal instalment of principal loans.

Two new PWLB loans of £25m each were advanced to KCC on 27 May 2010. The first is to mature in 2032-33 and the second in 2048-49. These loans were taken as part of the new borrowing requirement to fund the programme of capital expenditure.

Year	£m	Year	£m	Year	£m	Year	£m	Year	£m
2010-11	45.031	2023-24	20.001	2036-37	0.000	2049-50	0.000	2062-63	0.000
2011-12	55.024	2024-25	20.001	2037-38	21.500	2050-51	0.000	2063-64	30.600
2012-13	75.021	2025-26	24.001	2038-39	31.000	2051-52	0.000	2064-65	40.000
2013-14	0.015	2026-27	17.001	2039-40	25.500	2052-53	0.000	2065-66	45.000
2014-25	24.193	2027-28	0.001	2040-41	0.000	2053-54	25.700	2066-67	50.000
2015-16	29.001	2028-29	0.001	2041-42	0.000	2054-55	10.000	2067-68	35.500
2016-17	30.001	2029-30	0.001	2042-43	0.000	2055-56	30.000	2068-69	30.000
2017-18	30.001	2030-31	0.001	2043-44	51.000	2056-57	45.000	2069-70	0.000
2018-19	18.001	2031-32	0.000	2044-45	10.000	2057-58	0.000		
2019-20	13.001	2032-33	25.000	2045-46	30.000	2058-59	0.000		
2020-21	20.001	2033-34	0.000	2046-47	14.800	2059-60	0.000	TOTAL	1,092.364
2021-22	20.001	2034-35	60.470	2047-48	0.000	2060-61	0.000		
2022-23	16.001	2035-36	0.000	2048-49	25.000	2061-62	0.000		



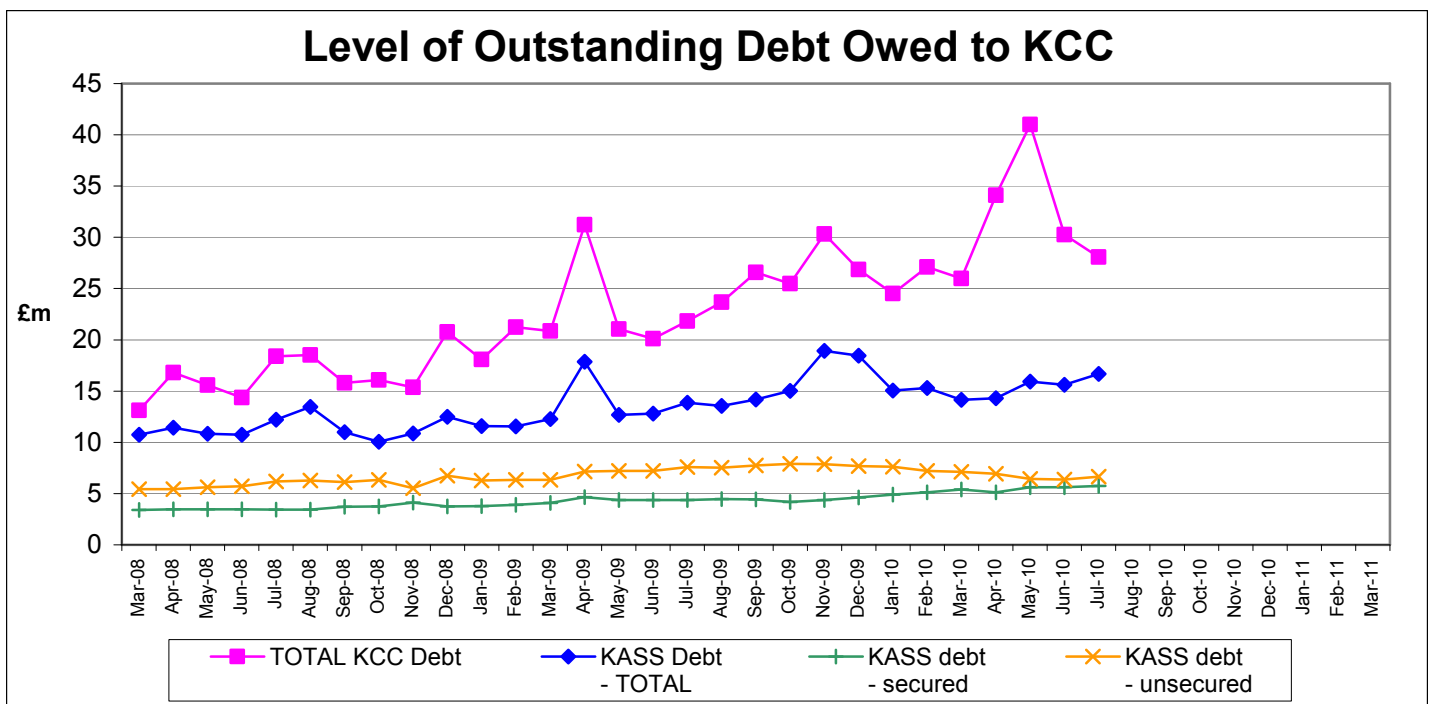
3. OUTSTANDING DEBT OWED TO KCC

The following graph represents the level of outstanding debt due to the authority, which has exceeded its payment term of 28 days. The main element of this relates to Adult Social Services and this is also identified separately, together with a split of how much of the Social Care debt is secured (i.e. by a legal charge on the clients' property) and how much is unsecured.

	Social Care Secured Debt £m	Social Care Unsecured Debt £m	Total Social Care debt £m	KASS Sundry debt £m	TOTAL KASS debt £m	All Other Directorates Debt £m	TOTAL KCC Debt £m
April 08	3.468	5.437	8.905	2.531	11.436	5.369	16.805
May 08	3.452	5.626	9.078	1.755	10.833	4.736	15.569
June 08	3.464	5.707	9.171	1.586	10.757	3.619	14.376
July 08	3.425	6.195	9.620	2.599	12.219	6.174	18.393
Aug 08	3.449	6.264	9.713	3.732	13.445	5.075	18.520
Sept 08	3.716	6.114	9.830	1.174	11.004	4.800	15.804
Oct 08	3.737	6.334	10.071	*	*	6.021	*
Nov 08	4.111	5.540	9.651	1.206	10.857	4.504	15.361
Dec 09	3.742	6.740	10.482	2.004	12.486	8.269	20.755
Jan 09	3.792	6.266	10.058	1.517	11.575	6.519	18.094
Feb 09	3.914	6.345	10.259	1.283	11.542	9.684	21.226
March 09	4.100	6.326	10.426	1.850	12.276	8.578	20.854

	Social Care Secured Debt	Social Care Unsecured Debt	Total Social Care debt	KASS Sundry debt	TOTAL KASS debt	All Other Directorates Debt	TOTAL KCC Debt
	£m	£m	£m	£m	£m	£m	£m
April 09	4.657	7.161	11.818	6.056	17.874	13.353	31.227
May 09	4.387	7.206	11.593	1.078	12.671	8.383	21.054
June 09	4.369	7.209	11.578	1.221	12.799	7.323	20.122
July 09	4.366	7.587	11.953	1.909	13.862	7.951	21.813
Aug 09	4.481	7.533	12.014	1.545	13.559	10.126	23.685
Sept 09	4.420	7.738	12.158	2.024	14.182	12.391	26.573
Oct 09	4.185	7.910	12.095	2.922	15.017	10.477	25.494
Nov 09	4.386	7.859	12.245	6.682	18.927	11.382	30.309
Dec 09	4.618	7.677	12.295	6.175	18.470	8.376	26.846
Jan 10	4.906	7.627	12.533	2.521	15.054	9.445	24.499
Feb 10	5.128	7.221	12.349	2.956	15.305	11.801	27.106
March 10	5.387	7.127	12.514	1.643	14.157	11.818	25.975
April 10	5.132	6.919	12.051	2.243	14.294	19.809	34.103
May 10	5.619	6.438	12.057	3.873	15.930	25.088	41.018
June 10	5.611	6.368	11.979	3.621	15.600	14.648	30.248
July 10	5.752	6.652	12.404	4.285	16.689	11.388	28.077
Aug 10							
Sept 10							
Oct 10							
Nov 10							
Dec 10							
Jan 11							
Feb 11							
March 11							

* In October 2008, KASS Social Care debt transferred from the COLLECT system to Oracle. The new reports were not available at this point; hence there is no data available for this period. The October Social Care debt figures relate to the last four weekly billing run in the old COLLECT system

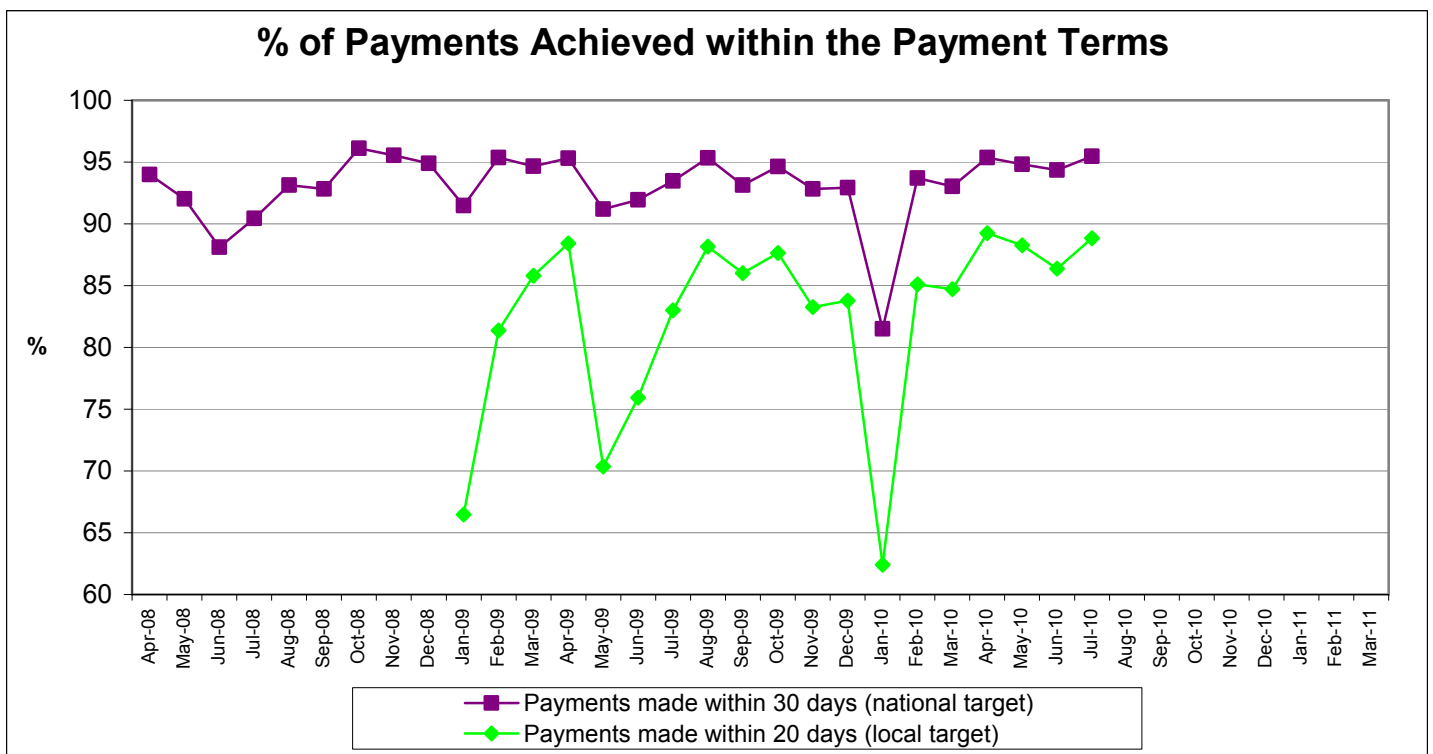


The overall KCC debt increased significantly in April and May 2010 due to two large invoices to Health raised within the Kent Drug Action Team and one large invoice raised within CFE to a youth charity, all of which have now been paid.

4. PERCENTAGE OF PAYMENTS MADE WITHIN THE PAYMENT TERMS

The following graph represents the percentage of payments made within the payments terms – the national target for this is 30 days, however from January 2009, we have set a local target of 20 days in order to help assist the cash flow of local businesses during the current tough economic conditions.

	2008-09		2009-10		2010-11	
	Paid within 30 days %	Paid within 20 days %	Paid within 30 days %	Paid within 20 days %	Paid within 30 days %	Paid within 20 days %
April	94.0	N/A	95.3	88.4	95.4	89.3
May	92.0	N/A	91.2	70.4	94.8	88.3
June	88.1	N/A	91.9	75.9	94.3	86.4
July	90.5	N/A	93.5	83.0	95.5	88.8
August	93.1	N/A	95.3	88.2		
September	92.8	N/A	93.1	86.0		
October	96.1	N/A	94.6	87.6		
November	95.5	N/A	92.8	83.3		
December	94.9	N/A	92.9	83.8		
January	91.5	66.5	81.5	62.4		
February	95.4	81.4	93.7	85.1		
March	94.7	85.8	93.0	84.7		

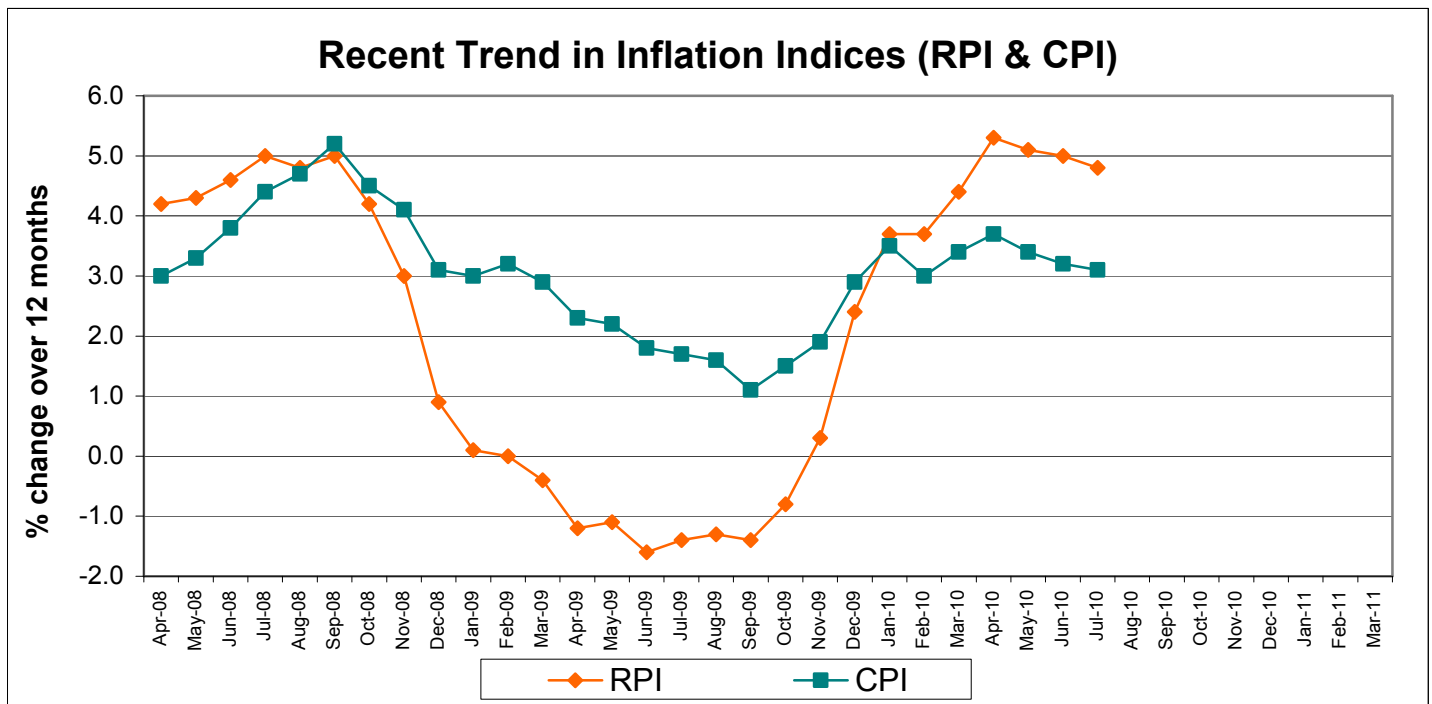


The percentages achieved for January were lower than other months due to the Christmas break. This is evident in both 2008-09 and 2009-10. This position was exacerbated in 2009-10 due to the snow. The 2010-11 year to date figure for invoices paid within 20 days is 88.2%, and within 30 days is 95.0%.

5. RECENT TREND IN INFLATION INDICES (RPI & CPI)

In the UK, there are two main measures of inflation – the Consumer Prices Index (CPI) and the Retail Prices Index (RPI). The Government's inflation target is based on the CPI. The RPI is the more familiar measure of inflation, which includes mortgage interest payments. The CPI and RPI measure a wide range of prices. The indices represent the average change in prices across a wide range of consumer purchases. This is achieved by carefully recording the prices of a typical selection of products from month to month using a large sample of shops and other outlets throughout the UK. The recent trend in inflation indices is shown in the table and graph below.

	2008-09		2009-10		2010-11	
	Percentage Change over 12 months					
	RPI %	CPI %	RPI %	CPI %	RPI %	CPI %
April	4.2	3.0	-1.2	2.3	5.3	3.7
May	4.3	3.3	-1.1	2.2	5.1	3.4
June	4.6	3.8	-1.6	1.8	5.0	3.2
July	5.0	4.4	-1.4	1.7	4.8	3.1
August	4.8	4.7	-1.3	1.6		
September	5.0	5.2	-1.4	1.1		
October	4.2	4.5	-0.8	1.5		
November	3.0	4.1	0.3	1.9		
December	0.9	3.1	2.4	2.9		
January	0.1	3.0	3.7	3.5		
February	0.0	3.2	3.7	3.0		
March	-0.4	2.9	4.4	3.4		



2010-11 July Monitoring of Prudential Indicators

1. Estimate of capital expenditure (excluding PFI)

Actual 2009-10	£344.065m	
Original estimate 2010-11	£460.330m	
Revised estimate 2010-11	£498.580m	(this includes the rolled forward re-phasing from 2009-10)

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

	2009-10 Actual	2010-11 Original Estimate	2010-11 Forecast as at 31-07-10
	£m	£m	£m
Capital Financing Requirement	1,230.100	1,333.075	1,236,211
Annual increase in underlying need to borrow	62.568	82.779	69,002

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 2009-10	12.36%
Original estimate 2010-11	11.85%
Revised estimate 2010-11	11.94%

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 2010-11

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

	Prudential Indicator 2010-11 £m	Position as at 31.07.10 £m
Borrowing	1,301	1,040
Other Long Term Liabilities	0	0
	1,301	1,040

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

	Prudential Indicator 2010-11 £m	Position as at 31.07.10 £m
Borrowing	1,349	1,092
Other Long Term Liabilities	0	0
	1,349	1,092

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 2010-11 are:

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

	£m
Borrowing	1,341
Other long term liabilities	0
	<hr/>
	1,341
	<hr/>

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

	£m
Borrowing	1,389
Other long term liabilities	0
	<hr/>
	1,389
	<hr/>

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 2010-11

(a) Borrowing

Fixed interest rate exposure	100%
Variable rate exposure	50%

(b) Investments

Fixed interest rate exposure	100%
Variable rate exposure	50%

These limits have been complied with in 2010-11. Total external debt is currently held at fixed interest rates.

8. Upper limits for maturity structure of borrowings

	Upper limit	Lower limit	As at 31.07.10
	%	%	%
Under 12 months	25	0	4
12 months and within 24 months	40	0	5
24 months and within 5 years	60	0	9
5 years and within 10 years	80	0	11
10 years and within 20 years	20	10	13
20 years and within 30 years	15	5	15
30 years and within 40 years	15	5	12
40 years and within 50 years	20	10	10
50 years and within 60 years	20	10	21

The 2010-11 limits were set based on the expected outturn for the year. Borrowing arrangements are kept under review and it is anticipated that by the year end the structure of the borrowings will fall below the upper limits.

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

Indicator £50m	Actual £30m
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CHILDREN, FAMILIES & EDUCATION DIRECTORATE SUMMARY

JULY 2010-11 FULL MONITORING REPORT

1. FINANCE

1.1 REVENUE

1.1.1 All changes to cash limits are in accordance with the virement rules contained within the constitution, with the exception of those cash limit adjustments which are considered "technical adjustments" ie where there is no change in policy, including:

- Allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.
- Cash limits have been adjusted since the budget was set to reflect the adjustments required as a result of the in year grant reductions, as reported to Cabinet in July and a number of technical adjustments to budget.
- The inclusion of a number of 100% grants (ie grants which fully fund the additional costs) awarded since the budget was set. These are detailed in appendix 2 to the executive summary.

1.1.2 **Table 1** below details the revenue position by Service Unit:

Budget Book Heading	Cash Limit			Variance			Comment
	G £'000s	I £'000s	N £'000s	G £'000s	I £'000s	N £'000s	
Children, Families & Education portfolio							
Delegated Budget:							
- Delegated Schools Budgets	1,026,175	-80,967	945,208	3,401	0	3,401	Estimated drawdown of reserves following 21 schools converting to academies
- Early Years free entitlement budget	40,135	0	40,135	0	0	0	
TOTAL DELEGATED	1,066,310	-80,967	985,343	3,401	0	3,401	
Non Delegated Budget:							
<u>Learning Group:</u>							
- Early Years & Childcare	6,274	-92	6,182	0	0	0	
- Advisory Service Kent (ASK) - Early Years	9,708	-15	9,693	30	-30	0	
- ASK Primary	6,001	-400	5,601	46	-46	0	
- ASK Secondary	3,297	-276	3,021	50	-50	0	
- ASK Strategic Development	3,545	-1,615	1,930	0	0	0	
- ASK Partnerships & Professional Development	2,446	-544	1,902	0	0	0	
- International Development	94	0	94	0	0	0	
- 14 - 24 Unit	5,660	-2,524	3,136	31	-31	0	
- School Organisation	925	0	925	0	0	0	
- School Governance	737	-467	270	0	0	0	
- Extended Services	3,889	-563	3,326	0	0	0	
- Minority Community Achievement	1,699	-116	1,583	0	0	0	
- Specialist Teaching Service	4,195	-535	3,660	0	0	0	
- Local Children's Service Partnerships	69,211	-9,487	59,724	0	0	0	
- Group Savings from restructure	-2,893	0	-2,893	0	0	0	
Total Learning Group	114,788	-16,634	98,154	157	-157	0	
<u>Specialist Children's Services Group:</u>							
- Residential Care	10,253	-2,014	8,239	935	-190	745	High demand for independent sector residential provision partially offset by underspend on secure accommodation

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
- Fostering Service	25,571	-254	25,317	1,537	1	1,538	High demand for Independent fostering allowances and in-house foster care placements partially offset by underspend in the county fostering team
- Adoption Service	7,400	-40	7,360	-32	0	-32	
- Other Preventative Services	10,371	-425	9,946	497	0	497	Increased demand of direct payments and daycare provision for children with a disability
- 16+ Service	7,738	0	7,738	1,703	0	1,703	Increased demand for residential care and in-house foster care placements, pressure on section 24/leaving care payments
- Childrens Support Services	3,939	-1,400	2,539	-205	5	-200	Underspend on social work professional training
- Assessment & Related	33,850	-1,242	32,608	-2,400	0	-2,400	Staff vacancies
- Asylum Seekers	15,568	-15,111	457	606		606	Costs incurred in supporting young people categorised as All Rights Exhausted & naturalised
- Special Educational Needs (SEN) & Resources	16,813	-6,723	10,090	0	0	0	
- SEN Transport to Schools	18,740	0	18,740	-1,500	0	-1,500	Lower costs resulting from contract renegotiation & fewer children than budgeted level.
- Independent Sector Provision	12,215	-697	11,518	0	0	0	
- Attendance & Behaviour Service	9,227	-1,695	7,532	0	0	0	
- Educational Psychology Service	3,692	-13	3,679	0	0	0	
- Common Assessment Framework & Contactpoint	538	-108	430	0	0	0	
- Group Savings from restructure	-290	0	-290	0	0	0	
Total Specialist Children's Services	175,625	-29,722	145,903	1,141	-184	957	
Commissioning & Partnership Group:							
- Strategic Planning & Review	2,049	0	2,049	-160	0	-160	NFER survey not due to be completed in 2010-11
- Policy & Performance (Vulnerable Children)	6,089	-1,077	5,012	0	0	0	
- Management Information	2,433	-117	2,316	0	0	0	
- Commissioning	14,810	-1,477	13,333	0	0	0	
- Business Planning & Management Unit	7,490	-465	7,025	177	22	199	Additional costs relating to the children social services legal services
- Group Savings from restructure	-536	0	-536	0	0	0	
Total Commissioning & Partnerships Group	32,335	-3,136	29,199	17	22	39	

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Resources & Planning Group:							
- Finance	4,254	-1,128	3,126	0	0	0	
- Awards	5,453	-603	4,850	207	0	207	Staffing pressure resulting from handover of work to the Student Loans Company. High demand for home to college transport
- Personnel & Development	17,311	-1,519	15,792	-417	0	-417	ISA scheme has been put on hold and underspend on school crossing patrols
- Communication & Information Governance	426	-10	416	0	5	5	
- Managing Directors Support	822	-25	797	0	0	0	
- Strategic Management	1,523	-6	1,517	-15	0	-15	
- Grant income & contingency	3,650	-1,122,237	-1,118,587	0	0	0	
- Support Services purchased from CED	9,415	0	9,415	0	0	0	
- Group Savings from restructure	-975	0	-975	0	0	0	
Total Resources & Planning Group	41,879	-1,125,528	-1,083,649	-225	5	-220	
Capital Programme & Infrastructure Group:							
- Capital Strategy Unit	19,199	-17,041	2,158	-30	8	-22	
- BSF/PFI/Academy Unit	432	0	432	0	0	0	
- Client Services	6,439	-4,480	1,959	22	110	132	Under-recovery of income relating to the cleaning & refuse collection contract
- Facilities Management	1,880	-203	1,677	0	0	0	
- Strategic Technology & Digital Curriculum	8,974	-600	8,374	-30	41	11	
- Health & Safety	608	-295	313	0	0	0	
- Admissions & Transport	1,416	0	1,416	0	0	0	
- Mainstream Home to School Transport	16,025	-484	15,541	-733	95	-638	Fall in the number of children requiring transport and contract renegotiations
- Group Savings from restructure	-52	0	-52	0	0	0	
Total Capital Programme & Infrastructure Group	54,921	-23,103	31,818	-771	254	-517	
TOTAL NON DELEGATED	419,548	-1,198,123	-778,575	319	-60	259	
Total CFE portfolio	1,485,858	-1,279,090	206,768	3,720	-60	3,660	
Assumed Mgmt Action				-259	0	-259	
Total CFE portfolio <u>after</u> mgmt action	1,485,858	-1,279,090	206,768	3,461	-60	3,401	this relates to the schools delegated budget and will be funded by a reduction in the schools reserves

Table 2, at the end of this section, details all forecast revenue variances over £100k. Each of these variances is explained further below:

1.1.3.1 Residential Care (gross and income)

Residential care services are forecasting a gross pressure of +£935k, partially offset by additional income of £190k for the anticipated reimbursement of placement costs from a neighbouring Local Authority. The service has recently experienced an increase in the number of children placed in independent sector residential placements resulting in an estimated gross pressure of +£1,258k. A review is currently being undertaken of all high cost placements (including residential care placement), as to whether a child's needs may be better served in a more cost effective in-house foster placement, however this is dependant on the availability of suitable foster care placements and further updates will be provided in future monitoring returns.

This pressure is partially offset by forecast underspends on secure accommodation of -£306k and placements for non-looked after children of -£17k. The budget for secure accommodation is sufficient to fund two full year placements. If these placements remain vacant, further savings will arise which will be declared in future months.

1.1.3.2 Fostering Service (gross)

The fostering service is forecasting a gross pressure of £1,537k due to pressures on independent fostering allowances (+£1,231k) and in-house foster care placements (+£561k) respectively, partially offset by underspends in the fostering team (-£193k) and related fostering/Kinship payments (-£62k).

There continues to be a high demand for both independent fostering allowances and in-house foster care placements and although significant funding was made available as part of the 2010-13 MTP this has been insufficient to cover the full year effect of children placed in 2009-10 and additional placements expected in 2010-11 (see activity data section 2.5.1 & 2.5.2). A review is currently being undertaken of all high cost placements, as to whether a child's needs may be better served in a more cost effective in-house foster placement. It is hoped this will help to reduce the pressure on independent fostering allowances. However this is dependant on the availability of suitable in-house foster care placements and would result in an increased pressure on in-house foster care budget. Further updates will be provided in future monitoring returns.

The county fostering team is forecasting an underspend of £193k partly due to staffing vacancies (-£93k) and delays in the commissioning of the county wide therapeutic service which is now expected to commence in September (-£100k).

1.1.3.3 Other Preventative Services (gross)

These services are forecasting a gross pressure of +£497k largely due to a continual rise in the demand for these services leading to a pressure on both direct payments (+£263k) and daycare (+£336k) budgets. The increase in demand for these services may be attributable, at least in part, to the national publicity surrounding the Aiming High programme as the number of children with a disability receiving short break services from all sources has doubled during the life of the programme which began in 2008. There is also a minor pressure on payments for other preventative services (+£49k) however these pressures are partially offset by minor underspends on Section 17 payments (-£87k) and the link placement scheme (-£64k).

1.1.3.4 16+ Service (gross)

The 16+ service is currently forecasting a gross pressure of +£1,703k due to significant demands on this service resulting from a peak in the number of children turning 16. There have been a high number of children transferring to this service in high cost placements, resulting in a pressure on residential care of +£1,082k. In addition, there are also pressures on in-house fostering (+£454k) and Section 24/Leaving Care payments (including supported lodgings) of +£192k. These are only partially offset by minor variances on other services (-£25k) including +£17k pressure on independent fostering allowances. It is hoped the pressure on this service will reduce, following the review of all high cost residential care and fostering placements, by transferring a number of children to lower cost supported lodgings. However, the Authority has a legal obligation to maintain the existing placement if the child requests. Further updates will be given in future monitoring reports.

1.1.3.5 Children's Support Services (gross)

These services are forecasting a gross underspend of -£205k mainly due to an underspend of -£225k in social care workforce training unit. This underspend has resulted from a number of staff vacancies coupled with the securing of additional external income (already reflected in the 2010-11 cash limit) to fund the social work training programme, allowing the rebadging of traditionally base funded activities, although this additional income is not certain each year. The unit is also commissioning a social work recruitment programme and it is anticipated any additional costs associated with this programme will be met from this budget. The full cost of the programme is not yet known and so the underspend on the service may reduce.

1.1.3.6 Assessment and Related (gross)

The current forecast underspend of -£2,400k is due to a high level of staff vacancies. In 2009-10 there were a number of successful recruitment drives, both nationally and internally and we are continuing to advertise social work posts on a rolling basis. In addition, a recent recruitment programme in Bulgaria has successfully resulted in the filling of a number of social work posts from September and further international social work recruitment programmes are planned for 2010-11. All of this has resulted in a reduction in the underspend on this budget from £3.7m in 2009-10 to the £2.4m currently forecast for 2010-11.

1.1.3.7 Asylum Services (gross and income)

The asylum service is forecasting a gross pressure of +£606k primarily due to the costs incurred in continuing to support young people (18+ care leavers) who are categorised as "All Rights Exhausted" (ARE) and "naturalised" (+£705k).

The UKBA will fund the costs of an individual for up to three months after the ARE process, but the LA remains responsible for costs under the Leaving Care Act until the point of removal. The UKBA are working on speeding up the ARE and removal process, however the processes have not been accelerated in tandem resulting in the widening of the gap between the dates of ARE and removal, exacerbating the pressure on the asylum budget. The Leader has recently sent a letter to the Chief Executive of UKBA raising this issue. In addition, the service also has a duty of care under the Leaving Care Act to support those young people who have undergone the naturalisation process but are not eligible for benefits due to delays in being identified by the benefit system or when undertaking education courses.

The service is working towards bringing the average weekly cost of care leavers in line with the UKBA funded rates of £150 per week per client by the beginning of 2011-12. Positive discussions have taken place with accommodation providers to relocate clients to more affordable housing in the later part of the year along with the greater use of housing benefit, although a series of one-off costs may be incurred as a result of the relocation. In the first 4 months of 2010-11 the average weekly costs has been £217.22 per week (see section 2.8). Additional funding was made available as part of the MTP in 2010-11 to help fund the difference between the current average cost and the funded rate, early forecasts suggest there will be a minor underspend of -£99k against this additional funding. However, this funding will be taken back as a saving in the 2011-14 MTP, therefore it is imperative the unit cost of £150 per week is reached by 1 April 2011.

On 12 August 2010, the UKBA wrote to all Local Authorities confirming the grant rules for the UASC Grant and Leaving Care Grant for 2010-11 financial year. Whilst there are no changes to the Leaving Care Grant, a new regime will be implemented for the UASC Grant from 1 October and the intention is to carry forward these new grant arrangements into 2011-12. Early analysis suggests changes to the grant rules will not have a significant impact on this service however a more detailed review is underway and a full update will be given in the next exception report to be reported to Cabinet in October.

1.1.3.8 SEN Transport (gross)

The budget is forecasting an estimated underspend of -£1,500k due to the full year effect of successful contract renegotiations in the previous years, coupled with ongoing contract reviews. The number of children requiring SEN transport remains high, however it is below the budgeted level due to additional funding made available as part of the MTP (see section 2.1). The forecast should be treated as provisional at this early stage in the year and will be reviewed in the next full monitoring report once the September pupil numbers are confirmed.

1.1.3.9 Strategic, Planning and Review (gross)

The National Foundation of Educational Research (NFER) survey is no longer due to take place in 2010-11 resulting in a forecast underspend of -£160k. The survey seeks the views of children on a range of subjects and the Directorate was hoping to use the 'Tellus' survey in the future, however this has recently been scrapped, and alternative options are now being considered.

1.1.3.10 Business Planning and Management Unit (gross)

The unit is forecasting a gross pressure of +£177k solely due to the pressure on the children social services legal budget following the introduction of the public law outline, a change in the way care proceedings are conducted, and increased demand for internal legal services, resulting in a forecast pressure of +£261k. This forecast is based on 2009-10 activity and should be treated as provisional at this early stage in the year. Updates will be provided in future monitoring reports. The pressure on legal services is partially offset by minor underspends of -£84k.

1.1.3.11 Awards (gross)

The awards service is forecasting a gross pressure of +£207k due to a pressure on staffing of +£150k and home to college transport of +£57k. The assessment and processing of the student loans applications has been centralised and this is the final year of a three year transfer of this service to the Student Loans Company. The number of staff has reduced over this period however a staffing pressure has arisen whilst the handover is finalised and the unit is closed. This is a one-off pressure and will disappear in 2011-12.

1.1.3.12 Personnel and Development (gross)

The unit is forecasting a gross underspend of -£417k of which -£350k relates to CRB checks and -£67k to School Crossing Patrols. In 2010-11 additional funding was made available as part of the MTP for the Independent Safeguarding Authority (ISA) scheme however, following the announcement by the Government, this has been put on hold indefinitely and may be scrapped, although the CRB checks will continue until a new scheme has been agreed.

1.1.3.13 Client Services (income)

In 2009-10, the unit was expected, as part of the MTP, to implement full-cost recovery in relation to contract management of the cleaning and refuse collection contracts with schools. However, whilst they have made significant strides to achieve this, the service is struggling to achieve the necessary income to cover the costs of the contract team resulting in a forecast +£110k under-recovery of income.

1.1.3.14 Mainstream Home to School Transport (gross)

The budget is forecasting a gross underspend of -£733k due to the number of children requiring transport continuing to be below budgeted level (see 2.1), along with the full year effect of successful contract renegotiations in 2009-10 and ongoing contract reviews. The forecast should be treated as provisional at this early stage in the year and will be reviewed in the next full monitoring report once the September pupil numbers are confirmed.

1.1.3.15 Group savings from restructure

In the previous monitoring report submitted to Cabinet in July it was feared £1 million pressure could result from delays in the restructure however it is now hoped the cost will not be as high. The recruitment process is now close to completion and it is believed the impact of removing 260 posts, (of which 100 were vacancies), has been reduced further by a higher level of staff turnover than normal due to staff responding proactively to the restructure. At this stage in the process, there are still 114 vacancies in the new structure (excluding assessment & related posts) and 180 staff who have either applied but have not been successful or did not apply at all. A process has now been put in place to fill vacant posts with staff that remain "at risk" where appropriate, in order to reduce the number of compulsory redundancies. It is not possible at this stage to quantify the full impact of protected salaries and staff working out notice periods beyond 1st September, but it is hoped these pressures will be offset by vacancies and any significant variances will be reported in the next full monitoring report to Cabinet in November.

Other Issues

1.1.3.16 Payments to PVI providers for the free Entitlement for three and four year olds

The latest forecast suggests an underspend of around -£2.6 million on payments to PVI providers for 3 and 4 year olds. This underspend is in addition to the £1.5 million cash limit recently removed from this service to help fund the in year government grant reductions (as reported to Cabinet in July). The number of hours provided has increased by 19.5% over the same term last year as per Section 2.2 due to one more week in the summer term than last year, a significant increase (3.5%) in the number of children, and an increase in the average number of hours taken up mainly due to the introduction of extension of the free entitlement to 15 hours per week in pilot areas. The forecast assumes this trend will continue in both the autumn and spring term. In addition, the extension of the free entitlement to 15 hours per week will be rolled out across the County from September 2010 and it has been assumed there will a similar level of take up as in the pilot area. A more accurate forecast will be available once the autumn term hours are known at the end of November/beginning of December and a further update will be given in the November exception report to be reported to Cabinet in January. As this budget is funded entirely from DSG and standards fund, this underspend is transferred into the DSG reserve at the end of the year in accordance with regulations.

1.1.3.17 Delegated Schools Budgets

We were expecting 6 schools to convert to academy status this year but following the government's recent proposals for fast tracking academies the Secretary of State has agreed in principle to 12 more schools converting to academies, with a further 3 awaiting a decision. Of these 12 schools, 10 are outstanding secondary schools, two of which form part of hard federations with primary schools. It is expected 8 of the schools (including the hard federations) will convert to academy status by the end of September, followed by the remaining schools from 1st November (1 school) and 1st January (3 schools). This will have a small impact on our budget this year, as schools take with them a proportion of the centrally held DSG budget. However we will not be able to offset this pressure with a corresponding saving within the directorate and will fund it from the centrally held DSG reserve. More information will become available as we move through the year and updates will be provided in future monitoring reports.

The forecast £3.401m drawdown of schools reserves shown in tables 1 and 2 represents the estimated reduction in reserves resulting from these 21 schools converting to academies including the 15 schools converting to academies following the recent government announcements.

Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER

(shading denotes that a pressure has an offsetting saving, which is directly related, or vice versa)

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
CFE	Schools Delegated Budget: estimated drawdown of schools reserves due to 21 schools converting to academies	+3,401	CFE	Assessment & Related (gross): high level of staff vacancies due to difficulty in recruitment	-2,400
CFE	Residential Care (gross): high demand for independent sector residential care placements	+1,258	CFE	SEN Transport (gross): fewer than budgeted children travelling and contract renegotiation	-1,500
CFE	Fostering Service (gross): Continual high demand for Independent fostering allowances	+1,231	CFE	Mainstream Home to School Transport: fewer children than budgeted level	-733
CFE	16+ Service (gross): high demand for residential care placements	+1,082	CFE	Personnel and Development (gross): Independent Safeguarding Authority scheme put on hold indefinitely	-350
CFE	Asylum Service (gross): Providing support for young people categorised as "all rights exhausted" and naturalised	+705	CFE	Residential Care (gross): fewer placements in secure accommodation	-306
CFE	Fostering Service (gross): high demand for in-house foster care placements	+561	CFE	Children's Support Services (gross): staff vacancies relating to social care professional training and use of external income to fund training programmes	-225
CFE	16+ Service (gross): high demand for in-house foster care placements	+454	CFE	Residential Care (gross): reimbursement of placements	-190
CFE	Other Preventative Services (gross): high demand for daycare services for children with a disability	+336	CFE	Strategic, Planning and Review (gross): National Foundation of Educational Research survey will not take place in 2010-11	-160
CFE	Other Preventative Services (gross): high demand of direct payments	+263	CFE	Fostering Service (gross): Delays in the implementation of the county wide therapeutic service	-100
CFE	Business Planning and Management Unit (gross): Rise in costs due to change in care proceedings and high demand for children social services legal budget	+261			
CFE	16+ Service (gross): high demand for Section 24/leaving care services	+192			
CFE	Awards (gross): staffing pressure whilst finalising the handover of work to the Student Loan Company	+150			
CFE	Client Services (income): under-recovery of income relating to the cleaning and refuse collection contract	+110			
		+10,004			-5,964

1.1.4 Actions required to achieve this position:

N/A

1.1.5 Implications for MTP:

The base budget implications of issues identified in this monitoring report will be a call on the amounts identified in the 2010/13 MTP as emerging pressures in 2011/12 and 2012/13. The details of individual amounts will be included when the revised plan is published for consultation in January 2011 together with any new pressures forecast for 2011/12 and 2012/13. The significant issues for the Children, Families and Education portfolio arising from 2010/11 budget monitoring are as follows:

- Residential Care – in the current year the service has seen an increase in the number of children placed in independent sector residential placements resulting in an estimated gross pressure of +£1,258k (see paragraph 1.1.3.1 above). It is anticipated that this demand will continue for the medium term and therefore a pressure will be included within the Directorate’s MTP submission.
- Independent and in-house Fostering – in the current year the fostering service is forecasting a gross pressure of £1,537k (see paragraph 1.1.3.2 above). Whilst a review is currently being undertaken of all high cost placements, it is anticipated that some of this demand will continue for the medium term and therefore a pressure will be included within the Directorate’s MTP submission.
- Other preventative services – in the current year the service is forecasting a gross pressure of +£497k (see paragraph 1.1.3.3 above) largely due to a continual rise in the demand for these services leading to a pressure on both direct payments and daycare budgets. It is anticipated that this demand will continue for the medium term and therefore a pressure will be included within the Directorate’s MTP submission.
- 16+ Leaving Care Services - The 16+ service is currently forecasting a gross pressure of +£1,703k (see paragraph 1.1.3.4). It is hoped the pressure on this service will reduce, following the review of all high cost residential care and fostering placements. However, if the reduction does not materialise and the future age profile of looked after children indicates a continuing pressure this will be included within the Directorate’s MTP submission.
- Asylum Service – Funding was made available as part of the MTP in 2010-11 to help fund the difference between the current average cost and the funded rate for 18+ Care Leavers. However, this funding will be taken back as a saving in the 2011-14 MTP, therefore it is imperative the unit cost of £150 per week is reached by 1 April 2011. The service is confident that they will be able to achieve this by the start of 2011-12, however a pressure is expected to continue on the service for those young people who are not covered by the existing grant rules, including the first 25 care leavers and those categorised as either “All Rights Exhausted” and naturalised.
- LSC Transfer - In the previous monitoring report, submitted to Cabinet in July, concerns were raised regarding the funding for the costs of term time residential placements at Independent Specialist Providers (ISP) for post 18 learners. Prior to the transfer of post 16 funding responsibility on 1st April 2010, the Learning Skills Council (LSC) had picked up all associated placement costs. This was a unique situation for Kent learners. The Young People’s Learner Agency (YPLA), the replacement to the LSC, has confirmed they will fund all costs for 2010-11 academic year. However, there is still a risk this position may be reconsidered in future years, resulting in an estimated £1million pressure. Following the recent announcements from the Secretary of State, the YPLA will now directly fund general FE & sixth form colleges and other work based learning providers for 16-19 learners (up to 25 with a learning disability), rather than funds being directed through the local authorities. The funding responsibilities for 19 – 24 learners are still unclear. Full details of the change in responsibilities are not expected until September and future funding implications not expected until after the Comprehensive Spending Review. If this results in a subsequent pressure this will be included within the Directorate’s MTP submission.

The revised MTP will include proposals on how the in-year cuts in Government grants will be accommodated in base budgets once it has been confirmed that these reductions are permanent following the announcement of the provisional local government finance settlement for 2011/12 which we anticipate will be in late November/Early December. The revised plan will also include the strategy to address the likely reductions in funding over the lifetime of the current parliament following the Chancellor’s emergency budget statement on 22nd June in which he outlined his plans to address the national budget deficit.

1.1.6 Details of re-phasing of revenue projects:

N/A

1.1.7 Details of proposals for residual variance:

The Directorate is forecasting an overall pressure of £3,660k, of which, +£3,401k represents the drawdown from school reserves following the anticipated transfer of 21 schools to academy status and +£259k net pressures relating to other non-delegated units. We are expecting to balance the 2010-11 Children, Families and Education portfolio (excluding Schools) following the review of all high cost placements in residential care, fostering service and 16+ service.

1.2 CAPITAL

1.2.1 All changes to cash limits are in accordance with the virement rules contained within the constitution and have received the appropriate approval via the Leader, or relevant delegated authority.

The capital cash limits have been adjusted since last reported to Cabinet on 12th July 2010, as detailed in section 4.1.

1.2.2 **Table 3** below provides a portfolio overview of the latest capital monitoring position excluding PFI projects.

	Previous Years £'000s	2010-11 £'000s	2011-12 £'000s	2012-13 £'000s	Future Years £'000s	TOTAL £'000s
Children, Families & Education						
Budget	373,518	222,297	233,962	248,101	154,816	1,232,694
Adjustments:						0
- re-phasing May monitoring		-2,569	2,787	-218		0
- Specialist Schools		75				75
- completed projects	-24,947					-24,947
Revised Budget	348,571	219,803	236,749	247,883	154,816	1,207,822
Variance		+4,040	-1,453	-1,761	+81	+907
split:						
- real variance		+883	+40	-16	0	+907
- re-phasing		+3,157	-1,493	-1,745	+81	0
Devolved Capital to Schools						
Budget	47,230	47,797	34,291	34,291		163,609
Adjustments:						0
- Extended Schools		-507				-507
- completed projects	-45,181					-45,181
-						
Revised Budget	2,049	47,290	34,291	34,291	0	117,921
Variance		0	0	0	0	0
split:						
- real variance		0	0	0	0	0
- re-phasing		0	0	0	0	0
Directorate Total						
Revised Budget	350,620	267,093	271,040	282,174	154,816	1,325,743
Variance	0	4,040	-1,453	-1,761	81	907
Real Variance	0	883	40	-16	0	907
Re-phasing	0	3,157	-1,493	-1,745	81	0

1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2010-11 and identifies these between projects which are:

- part of our year on year rolling programmes e.g. maintenance and modernisation;
- projects which have received approval to spend and are underway;
- projects which are only at the approval to plan stage and
- Projects at preliminary stage.

The variances are also identified as being either a real variance i.e. real under or overspending which has resourcing implications, or a phasing issue i.e. simply down to a difference in timing compared to the budget assumption.

Each of the variances in excess of £1m which is due to phasing of the project, excluding those projects identified as only being at the preliminary stage, is explained further in section 1.2.4 below.

All real variances are explained in section 1.2.5, together with the resourcing implications.

Table 4: CAPITAL VARIANCES OVER £250K IN SIZE ORDER

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme	Approval to Spend	Approval to Plan	Preliminary Stage
			£'000s	£'000s	£'000s	£'000s
Overspends/Projects ahead of schedule						
CFE	Maintenance Programme	phasing	3,592			
CFE	Dev Opps - Swadelands School	real			400	
			+3,592	+0	+400	+0
Underspends/Projects behind schedule						
			0	-0	-0	-0
			+3,592	-0	+400	-0

1.2.4 Projects re-phasing by over £1m:

1.2.4.1 Annual Planned Maintenance Programme – re-phasing of +£3.592m.

The budget allocation for maintenance is used to deliver programmes of planned and reactive maintenance work and servicing and inspections to comply with legislative and health and safety responsibilities to ensure the County Council keeps schools safe, warm and dry. To meet the varied types of works necessary to comply with the criteria the maintenance budget is divided into a number of headings: Major Maintenance Works, Reactive Additional Maintenance Works, Health & Safety, School Access Initiative, Kitchen Catering Equipment and Planned Maintenance Inspections.

Major & Reactive Maintenance Work (+£3.392m): the types of works funded from this programme are both planned and unforeseen maintenance. The criteria for these works are to avoid school closure or to attend to urgent health and safety matters. The overall forecast figure includes £0.880m for any future unforeseen work which may arise between August 2010 and 31 March 2011. The severity of 2010-11 winter could bring this relatively small contingency figure under extreme pressure. The contingency sum could also be affected by Kent Fire & Rescue Service reports which invariably identify significant landlord and tenant health and safety work required under legislation. It is recognised that by bringing funding forward this could potentially cause problems in future years. These issues, including the government cuts in supported borrowing, are being addressed within the CFE capital programme and proposals will be reported in due course.

Water Hygiene Assessments (Legionella Prevention (+£0.200m): in accordance with Health and Safety Commission Regulation the Authority undertakes water hygiene assessments through out the county. To help schools manage their responsibility and following an on-site assessment the Authority provides initial monitoring and training. The costs of this service have increased by £0.200m.

Revised phasing of the scheme is now as follows:

	Prior Years	2010-11	2011-12	2012-13	future years	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
BUDGET & FORECAST						
Budget	0	10,488	14,361	14,361	0	39,210
Forecast	0	14,080	12,565	12,565		39,210
Variance	0	+3,592	-1,796	-1,796	0	0
FUNDING						
Budget:						
Supported Borrowing	0	2,184	14,361	14,361	0	30,906
Grant	0	7,814	0	0	0	7,814
Prudential Borrowing	0	490	0	0	0	490
TOTAL	0	10,488	14,361	14,361	0	39,210
Forecast:						
Supported Borrowing	0	5,776	12,565	12,565	0	30,906
grant	0	7,814	0	0	0	7,814
Prudential Borrowing	0	490	0	0	0	490
TOTAL	0	14,080	12,565	12,565	0	39,210
Variance	0	+3,592	-1,796	-1,796	0	0

1.2.5 Projects with real variances, including resourcing implications:

There is a real variance of +£0.907m (+£0.883m in 2010-11, £0.040m in 2011-12, and -£0.016m in 2012-13) which is detailed as follows:

Basic Needs – Sittingbourne Community College - +£0.200m, Basic Needs – Fulston Manor - +£0.197m, Basic Needs – Westlands School - +£0.123m and Development Opportunities – Swadelands - +£0.400m (all in 2010-11): these are all new projects funded from additional developer contributions, which we propose will be approved as part of the 2011-14 MTP.

Taking these into account, there is an underlying variance of -£0.013m

1.2.6 General Overview of capital programme:

(a) Risks

The current programme carries with it significant risks primarily related to its funding. We already know that the proposed investment in the improvements and maintenance of our estate was simply addressing the committed and essential works but even the funding of this 'basic' programme is uncertain following the new coalition government and its priorities both in terms of the national financial situation and their education agenda. The uncertainty and the extent of the risks it carries will not become clearer at least until CSR in late October.

The announcement on both the BSF and Academies Programmes are very likely to have a major impact upon our overall capital programme but the extent won't become clear until the announcement on both CSR and on the individual academies.

We are also seeing separate individual government announcements that impact upon our current capital programme and these cover: Early Years, Co-location Schemes, Playbuilder and Extended Schools.

One other specific scheme risk relates to the re-provision of Lympne Primary School. We are currently holding a spend figure on Lympne of £0.915m, but are forecasting nothing on the basis that it will all be recovered, either via the professional indemnity claim, additional fire insurance funding or a claim against the causers of the fire for 'unrecoverable losses'.

(b) Details of action being taken to alleviate risks

We continue to stress to colleagues elsewhere within the authority the fixed nature of our budget and anything extra that they insist upon means another scheme loses. The programme is also monitored internally on a regular basis and any potential challenges noted and addressed wherever possible.

Following the BSF and Academies Programme announcement we have taken action to reduce our financial exposure as far as is possible.

1.2.7 PFI Projects

- Building Schools for the Future (wave 3)

£69.6m of investment in the BSF Wave 3 programme represents investment by a third party. No payment is made by KCC for the new/refurbished assets until the assets are ready for use and this is by way of an annual unitary charge to the revenue budget.

	Previous years	2010-11	2011-12	2012-13	Total
	£'000s	£'000s	£'000s	£'000s	£'000s
Budget	64,806	4,801	0	0	69,607
Actual / Forecast	64,806	4,801	0	0	69,607
Variance	0	0	0	0	0

(a) **Progress and details of whether costings are still as planned (for the 3rd party)**

The contracts for the establishment of the first Local Education Partnership (Kent LEP1 Ltd), including the PFI Agreement for the construction of the three PFI schools, were signed on 24th October 2008. The three PFI schools are complete and were handed over before the end of July 2010, as scheduled.

(b) **Implications for KCC of details reported in (a) i.e., could an increase in the cost result in a change to the unitary charge ?**

The PFI Contractor bears the risk of any delays to the construction programme (with the exception of any agreed compensation events). Consequently, any delays that may arise in the construction programme will not impact on the unitary charge.

- Building Schools for the Future (future waves 4, 5 & 6)

Although the table below indicates expenditure at budget, the £179.1m of investment in the BSF future waves is currently on hold following the Government's recent announcement, that Waves 4, 5 & 6 in Kent are '**stopped**' (subject to representations made by the Council).

	2010-11	2011-12	Future Years	Total
	£'000s	£'000s	£'000s	£'000s
Budget	18,000	66,000	95,100	179,100
Actual / Forecast	18,000	66,000	95,100	179,100
Variance	0	0	0	0

- (a) **Progress and details of whether costings are still as planned (for the 3rd party)**
Contracts for future BSF waves are still to be finalised and agreed and, as such, the figures are best estimates
- (b) **Implications for KCC of details reported in (a) i.e., could an increase in the cost result in a change to the unitary charge?**
The PFI Contractor bears the risk of any delays to the construction programme (with the exception of any agreed compensation events). Consequently, any delays that may arise in the construction programme will not impact on the unitary charge.

1.2.8 Project Re- Phasing

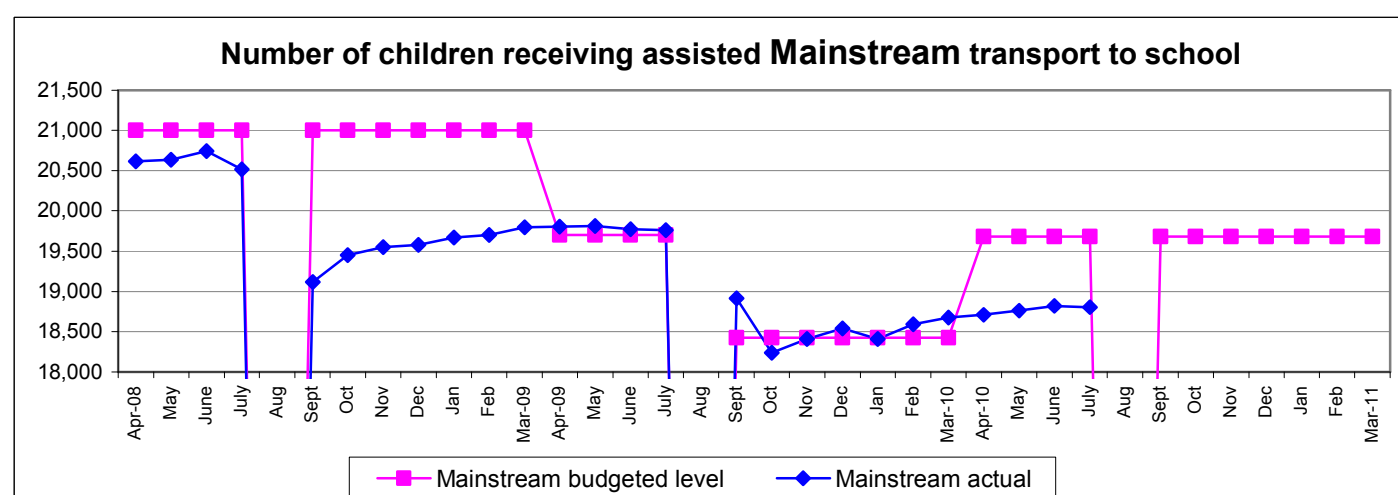
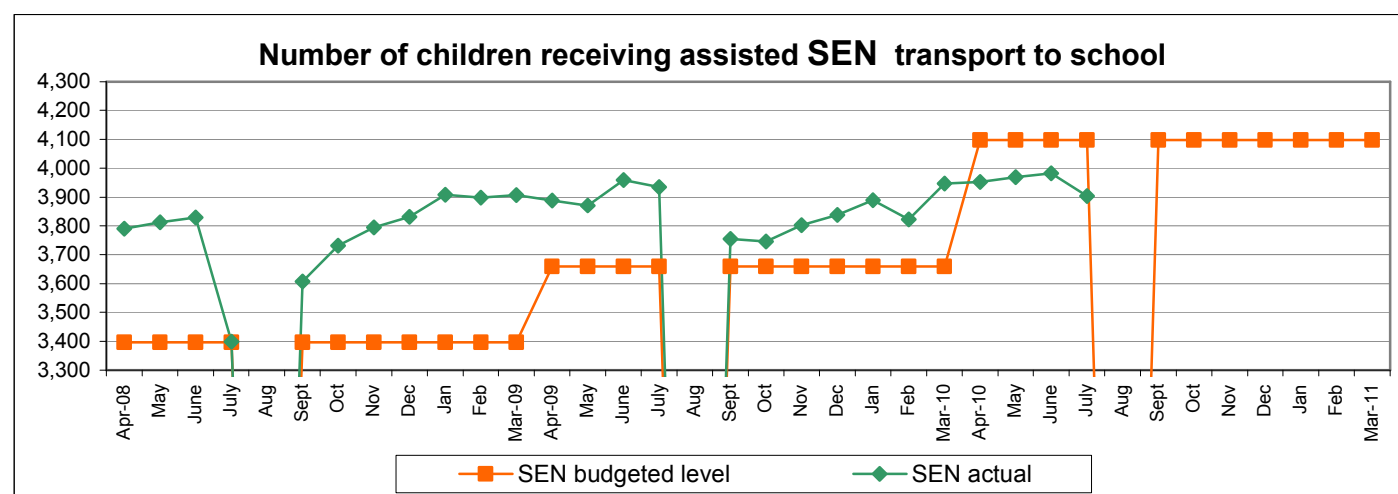
Cash limits are changed for projects that have re-phased by greater than £0.100m to reduce the reporting requirements during the year. Any subsequent re-phasing greater than £0.100m will be reported and the full extent of the rephasing will be shown. The proposed re-phasing is detailed in the table below.

	2010-11	2011-12	2012-13	Future Years	Total
	£'000s	£'000s	£'000s	£'000s	£'000s
Mod of Assets - The Skinners School					
Amended total cash limits	+200				+200
re-phasing	-100	+100			0
Revised project phasing	+100	+100	0	0	+200
Annual Planned Maintenance Programme					
Amended total cash limits	+10,488	+14,361	+14,361		+39,210
re-phasing	+3,592	-1,796	-1,796		0
Revised project phasing	+14,080	+12,565	+12,565	0	+39,210
Primary Improvement Programme - Rose Street					
Amended total cash limits	+975	+217	+5		+1,197
re-phasing	-232	+232			0
Revised project phasing	+743	+449	+5	0	+1,197
Primary Improvement Programme - St Matthews High Brooms					
Amended total cash limits	+837	+17	+1		+855
re-phasing	-101	+100	+1		0
Revised project phasing	+736	+117	+2	0	+855
Kitchen and Dining Programme					
Amended total cash limits	+828	+432			+1,260
re-phasing	+101	-101			0
Revised project phasing	+929	+331	0	0	+1,260
Total re-phasing >£100k	+3,260	-1,465	-1,795	0	0
Other re-phased Projects below £100k	-103	-28	+50	+81	0
TOTAL RE-PHASING	+3,157	-1,493	-1,745	+81	0

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1 Numbers of children receiving assisted SEN and Mainstream transport to school:

	2008-09				2009-10				2010-11			
	SEN		Mainstream		SEN		Mainstream		SEN		Mainstream	
	Budget level	actual	Budget level	actual	Budget level	actual	Budget level	actual	Budget level	actual	Budget level	actual
April	3,396	3,790	21,000	20,618	3,660	3,889	19,700	19,805	4,098	3,953	19,679	18,711
May	3,396	3,812	21,000	20,635	3,660	3,871	19,700	19,813	4,098	3,969	19,679	18,763
June	3,396	3,829	21,000	20,741	3,660	3,959	19,700	19,773	4,098	3,983	19,679	18,821
July	3,396	3,398	21,000	20,516	3,660	3,935	19,700	19,761	4,098	3,904	19,679	18,804
Aug	0	0	0	0	0	0	0	0	0	0	0	0
Sept	3,396	3,607	21,000	19,118	3,660	3,755	18,425	18,914	4,098		19,679	
Oct	3,396	3,731	21,000	19,450	3,660	3,746	18,425	18,239	4,098		19,679	
Nov	3,396	3,795	21,000	19,548	3,660	3,802	18,425	18,410	4,098		19,679	
Dec	3,396	3,831	21,000	19,579	3,660	3,838	18,425	18,540	4,098		19,679	
Jan	3,396	3,908	21,000	19,670	3,660	3,890	18,425	18,407	4,098		19,679	
Feb	3,396	3,898	21,000	19,701	3,660	3,822	18,425	18,591	4,098		19,679	
Mar	3,396	3,907	21,000	19,797	3,660	3,947	18,425	18,674	4,098		19,679	

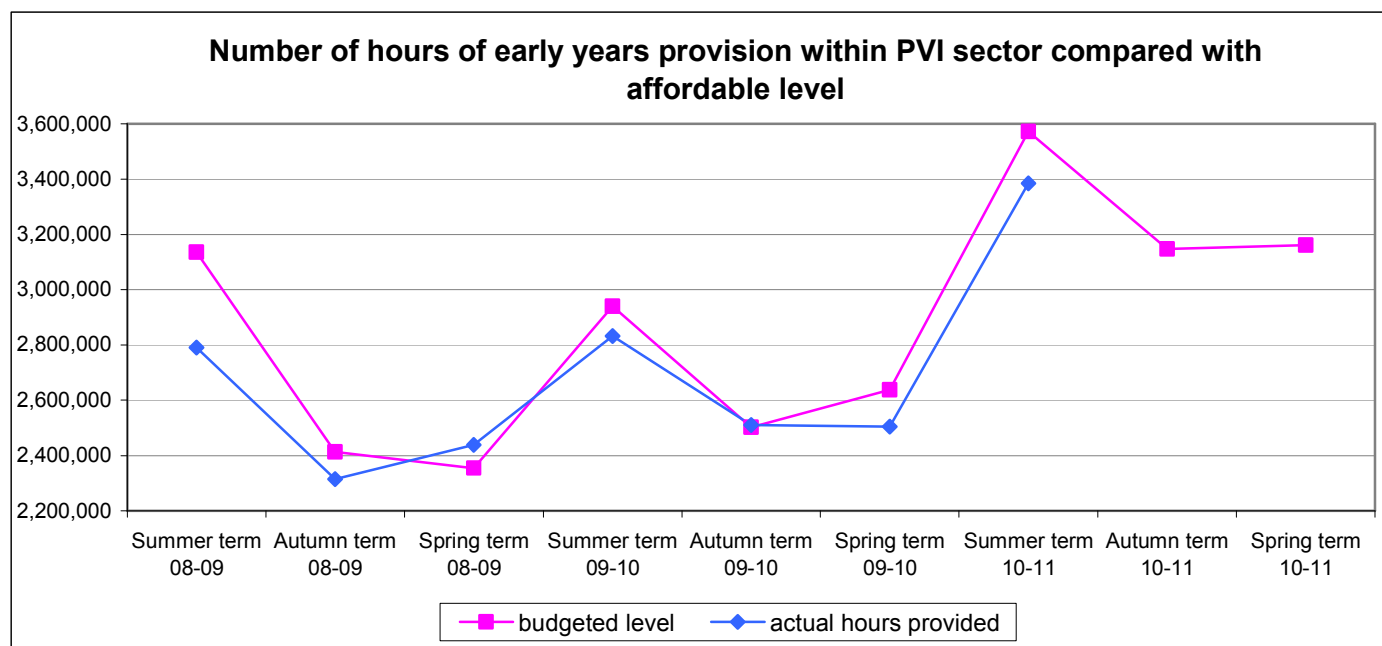


Comments:

- **SEN HTST** – The number of children is lower than the budgeted level contributing to the underspend of -£1,500k reported in section 1.1.3.8.
- **Mainstream HTST** – The number of children is lower than the budgeted level resulting in a corresponding underspend of -£733k (see section 1.1.3.14).

2.2 Number of hours of early years provision provided to 3 & 4 year olds within the Private, Voluntary & Independent Sector compared with the affordable level:

	2008-09		2009-10		2010-11	
	Budgeted number of hours	Actual hours provided	Budgeted number of hours	Actual hours provided	Budgeted number of hours	Actual hours provided
Summer term	3,136,344	2,790,446	2,939,695	2,832,550	3,572,444	3,385,199
Autumn term	2,413,489	2,313,819	2,502,314	2,510,826	3,147,387	
Spring term	2,354,750	2,438,957	2,637,646	2,504,512	3,161,965	
	7,904,583	7,543,222	8,079,655	7,847,888	9,881,796	3,385,199



Comments:

- The budgeted number of hours per term is based on an assumed level of take-up and the assumed number of weeks the providers are open. The variation between the terms is due to two reasons: firstly, the movement of 4 year olds at the start of the Autumn term into reception year in mainstream schools; and secondly, the terms do not have the same number of weeks.
- The phased roll-out of the increase in the number of free entitlement hours from 12.5hrs to 15 hrs per week began from September 2009 and is due to be rolled out across the County from September 2010. The increase in the number of hours has been factored into the budgeted number of hours for 2009-10 and 2010-11. This increase in hours is funded by a specific DFE Standards Fund grant.
- The current activity suggests an underspend of approximately £2.6m on this budget which has been mentioned in section 1.1.3.16 of this annex.
- It should be noted that not all parents currently take up their full entitlement and this can change during the year.
- The budgeted number of hours for 2010-11 has increased by 1,020,298 hours from the 8,861,498 previously reported in the 2009-10 outturn report due to an error in the calculation.

2.3 Number of schools with deficit budgets compared with the total number of schools:

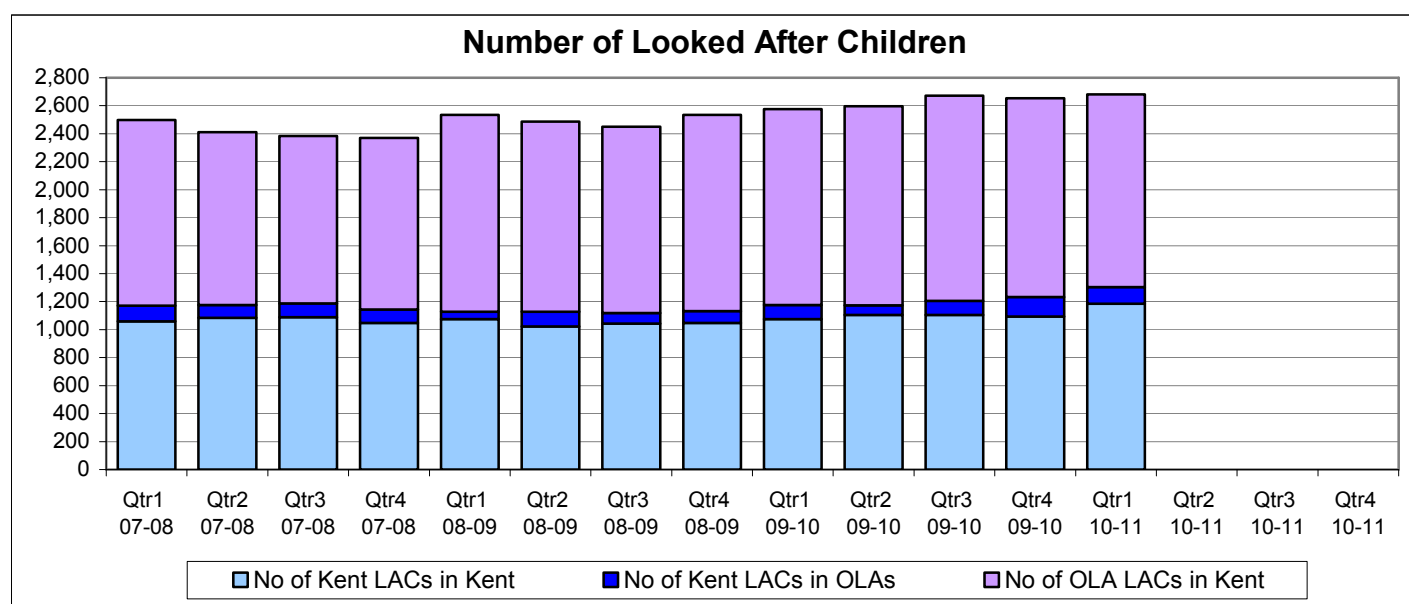
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
	as at 31-3-06	as at 31-3-07	as at 31-3-08	as at 31-3-09	as at 31-3-10	Projection
Total number of schools	600	596	575	570	564	543
Total value of school revenue reserves	£70,657k	£74,376k	£79,360k	£63,184k	£51,753k	£48,352k
Number of deficit schools	9	15	15	13	23	17
Total value of deficits	£947k	£1,426k	£1,068k	£1,775k	£2,409k	£2,474k

Comments:

- The information on deficit schools for 2010-11 has been obtained from the schools budget submissions. The LA receives updates from all schools through budget monitoring returns after 6 months, and 9 months as well as an outturn report at year end.
- KCC now has a “no deficit” policy for schools, which means that schools cannot plan for a deficit budget at the start of the year. Unplanned deficits will need to be addressed in the following year’s budget plan, and schools that incur unplanned deficits in successive years will be subject to intervention by the LA. The CFE Statutory team are working with all schools currently reporting a deficit with the aim of returning the schools to a balanced budget position as soon as possible. This involves agreeing a management action plan with each school.
- The number of schools is based on the assumption all 15 schools (including 13 outstanding secondary schools and 2 primary schools) will convert to academies before the 31st March 2011 in line with the government’s decision to fast track outstanding schools to academy status. This is in addition to the 6 secondary schools planned to transfer to academy status during 2010-11.
- The estimated drawdown from schools reserves of £3,401k represents the estimated reduction in reserves resulting from 21 schools converting to academy status, however the value of school reserves and deficits are very difficult to predict at this early stage in the year and further updates will be provided in future monitoring reports once we have received the first monitoring returns from schools.

2.4 Numbers of Looked After Children (LAC):

	No of Kent LAC placed in Kent	No of Kent LAC placed in OLAs	TOTAL NO OF KENT LAC	No of OLA LAC placed in Kent	TOTAL No of LAC in Kent
2007-08					
Apr – Jun	1,060	112	1,172	1,325	2,497
Jul – Sep	1,084	91	1,175	1,236	2,411
Oct – Dec	1,090	97	1,187	1,197	2,384
Jan – Mar	1,047	97	1,144	1,226	2,370
2008-09					
Apr – Jun	1,075	52	1,127	1,408	2,535
Jul – Sep	1,022	105	1,127	1,360	2,487
Oct – Dec	1,042	77	1,119	1,331	2,450
Jan – Mar	1,048	84	1,132	1,402	2,534
2009-10					
Apr – Jun	1,076	100	1,176	1,399	2,575
Jul – Sep	1,104	70	1,174	1,423	2,597
Oct – Dec	1,104	102	1,206	1,465	2,671
Jan – Mar	1,094	139	1,233	1,421	2,654
2010-11					
Apr – Jun	1,184	119	1,303	1,377	2,680
Jul – Sep					
Oct – Dec					
Jan – Mar					

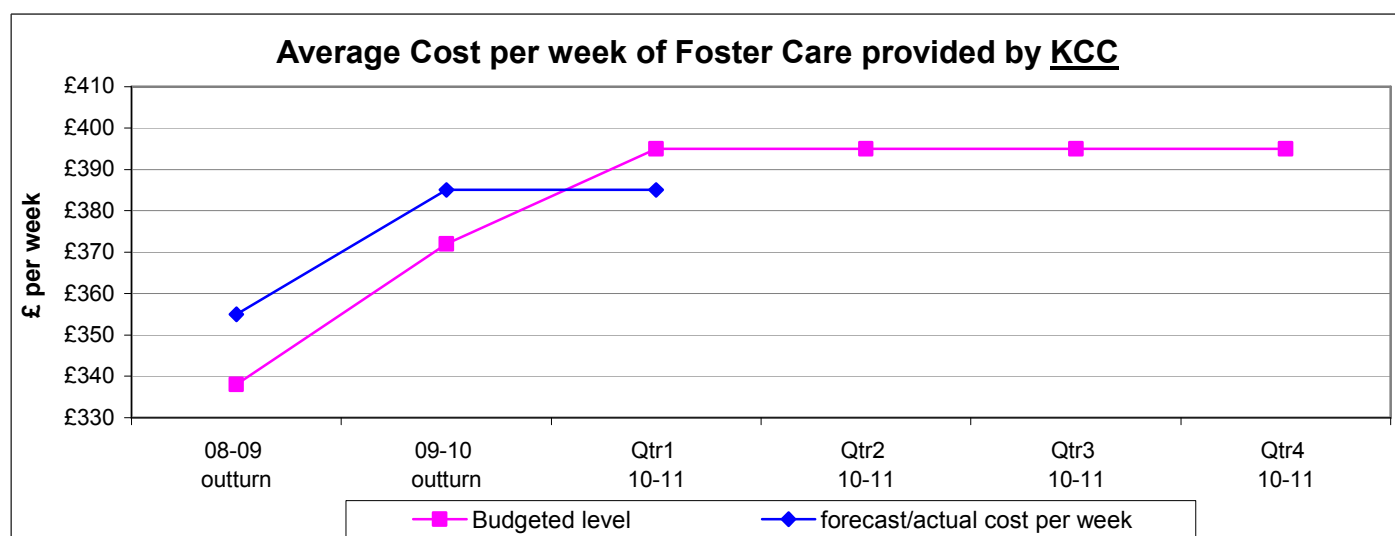
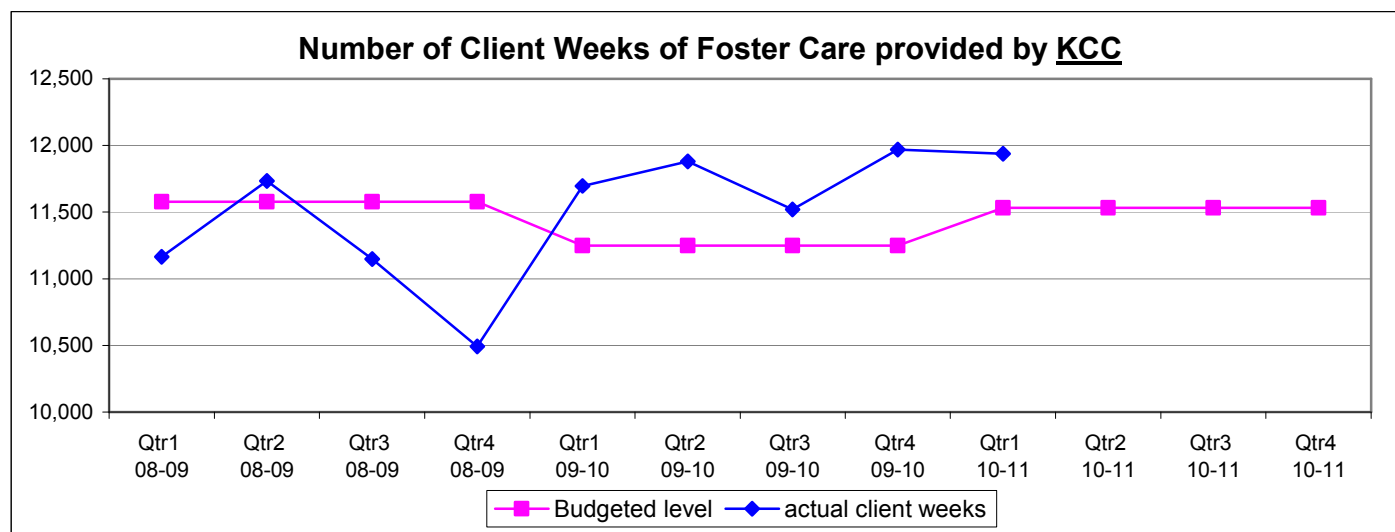


Comments:

- Children Looked After by KCC may on occasion be placed out of the County, which is undertaken using practice protocols that ensure that all long-distance placements are justified and in the interests of the child. All Looked After Children are subject to regular statutory reviews (at least twice a year), which ensures that a regular review of the child's care plan is undertaken. The majority (over 99%) of Looked After Children placed out of the Authority are either in adoptive placements, placed with a relative, specialist residential provision not available in Kent or living with KCC foster carers based in Medway.
- Please note, the number of looked after children for each quarter represents a snapshot of the number of children designated as looked after at the end of each quarter, it is not the total number of looked after children during the period. Therefore although the number of Kent looked after children has increased by 70, there could have been more during the period.
- The increase in the number of looked after children is reflected in the additional pressures on residential care, fostering and 16+ service (see sections 1.1.3.1, 1.1.3.2, 1.1.3.4).

2.5.1 Number of Client Weeks & Average Cost per Client Week of Foster Care provided by KCC:

	2008-09				2009-10				2010-11			
	No of weeks		Average cost per client week		No of weeks		Average cost per client week		No of weeks		Average cost per client week	
	Budget Level	actual	Budget level	actual	Budget level	actual	Budget level	actual	Budget level	actual	Budget level	forecast
Apr - June	11,576	11,166			11,249	11,695			11,532	11,937	£395	£386
July - Sep	11,576	11,735			11,249	11,880			11,532		£395	
Oct - Dec	11,576	11,147			11,249	11,518			11,532		£395	
Jan - Mar	11,576	10,493			11,249	11,969			11,532		£395	
	46,303	44,451	£338	£355	44,997	47,062	£372	£385	46,128	11,937	£395	£386

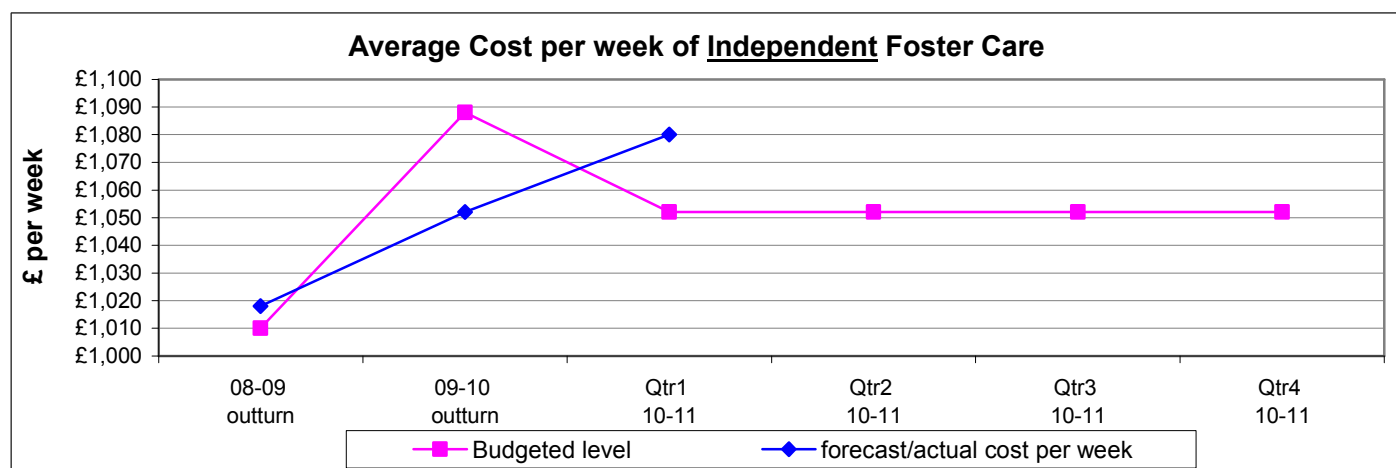
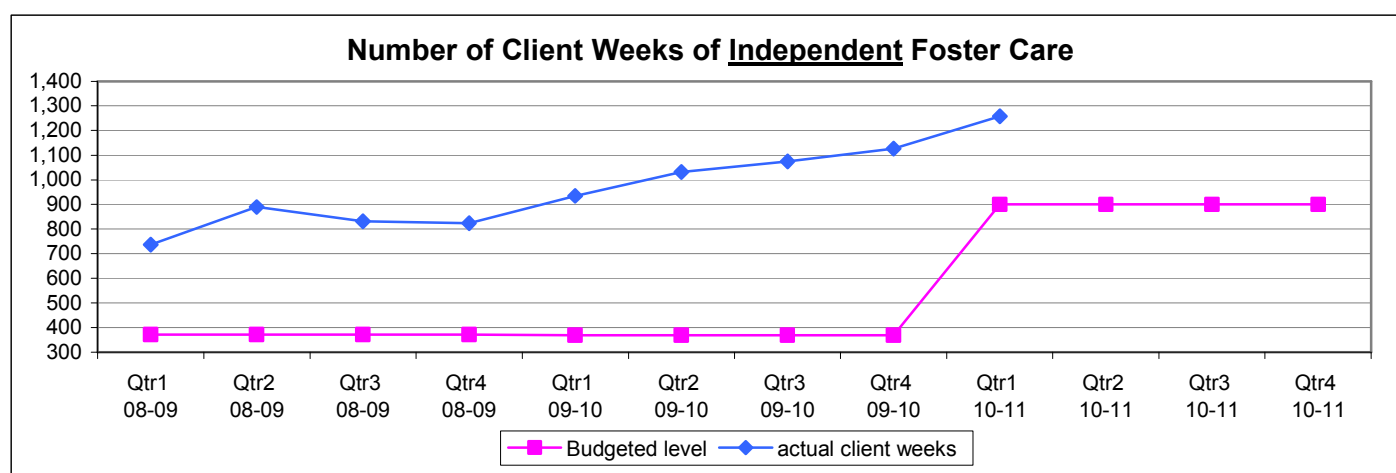


Comments:

- The actual number of client weeks is based on the numbers of known clients at a particular point in time. This may be subject to change due to the late receipt of paperwork.
- The budgeted level has been calculated by dividing the budget by the average weekly cost. The average weekly cost is also an estimate based on financial information which may be subject to change.
- The forecast unit cost of £386 is £9 below the budgeted level and when multiplied by the budgeted number of weeks, gives a saving of -£417k. However, this is more than offset by the high demand for in-house foster placements in both the fostering service (under 16s and those with a disability) and the 16+ service, therefore resulting in a combined net pressure of £1,015k (see sections 1.1.3.2 and 1.1.3.4). Although this forecast appears high compared with actual year to date activity, this is because all placements are forecast individually and it takes into account all future placements identified by District managers.

2.5.2 Number of Client Weeks & Average Cost per Client Week of Independent Foster Care:

	2008-09				2009-10				2010-11			
	No of weeks		Average cost per client week		No of weeks		Average cost per client week		No of weeks		Average cost per client week	
	Budget Level	actual	Budget level	actual	Budget level	actual	Budget level	actual	Budget level	actual	Budget level	forecast
Apr - June	372	737			369	935			900	1,257	£1,052	£1,080
July - Sep	372	890			369	1,032			900		£1,052	
Oct - Dec	372	831			369	1,075			900		£1,052	
Jan - Mar	372	823			369	1,126			900		£1,052	
	1,488	3,281	£1,010	£1,018	1,476	4,168	£1,088	£1,052	3,600		£1,052	

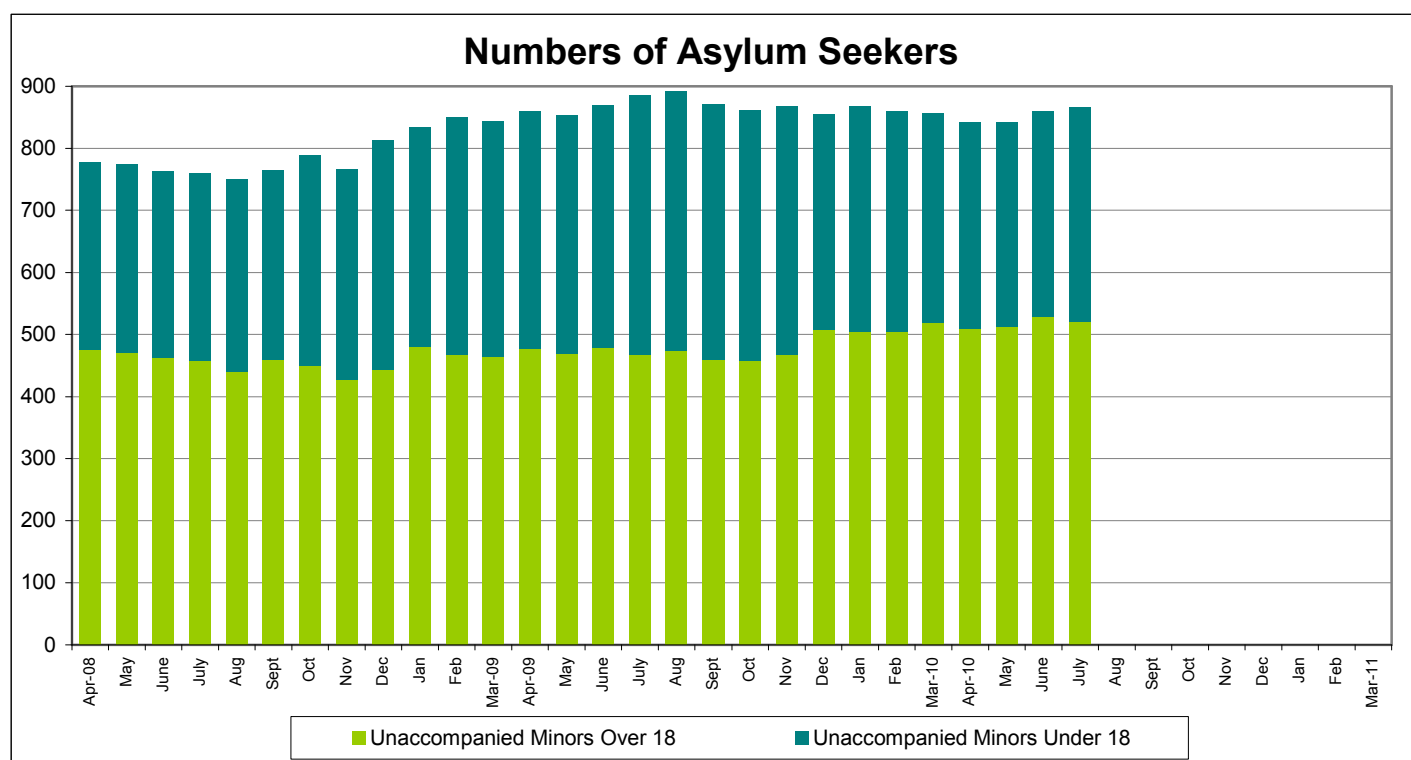


Comments:

- The actual number of client weeks is based on the numbers of known clients at a particular point in time. This may be subject to change due to the late receipt of paperwork.
- The budgeted level has been calculated by dividing the budget by the average weekly cost. The average weekly cost is also an estimate based on financial information which may be subject to change.
- The budgeted levels for 2010-11 are below the 2009-10 activity because although significant funding was made available as part of the MTP, this has been insufficient to cover the demands for this service. If current levels of activity continue throughout 2010-11, there will remain a pressure on the Independent Fostering budget of around £1,248k (see sections 1.1.3.2 and 1.1.3.4). Although this forecast appears low compared with actual year to date activity, this is because all placements are forecast on an individual basis as identified by District managers and a number of placements are due to end. This service will require careful monitoring to identify potential overspends as early as possible during 2010-11.
- The forecast unit cost of £1,080 is £28 above the budgeted level and when multiplied by the budgeted number of weeks, gives a pressure of £101k. This is included within the £1,248k pressure explained within sections 1.1.3.2 and 1.1.3.4.

2.6 Numbers of Unaccompanied Asylum Seeking Children (UASC):

	2008-09			2009-10			2010-11		
	Under 18	Over 18	Total Clients	Under 18	Over 18	Total Clients	Under 18	Over 18	Total Clients
April	302	475	777	383	477	860	333	509	842
May	304	471	775	384	469	853	329	512	841
June	301	462	763	391	479	870	331	529	860
July	302	457	759	418	468	886	345	521	866
August	310	441	751	419	474	893			
September	306	459	765	411	459	870			
October	340	449	789	403	458	861			
November	339	428	767	400	467	867			
December	370	443	813	347	507	854			
January	354	480	834	364	504	868			
February	382	467	849	355	504	859			
March	379	464	843	338	519	857			

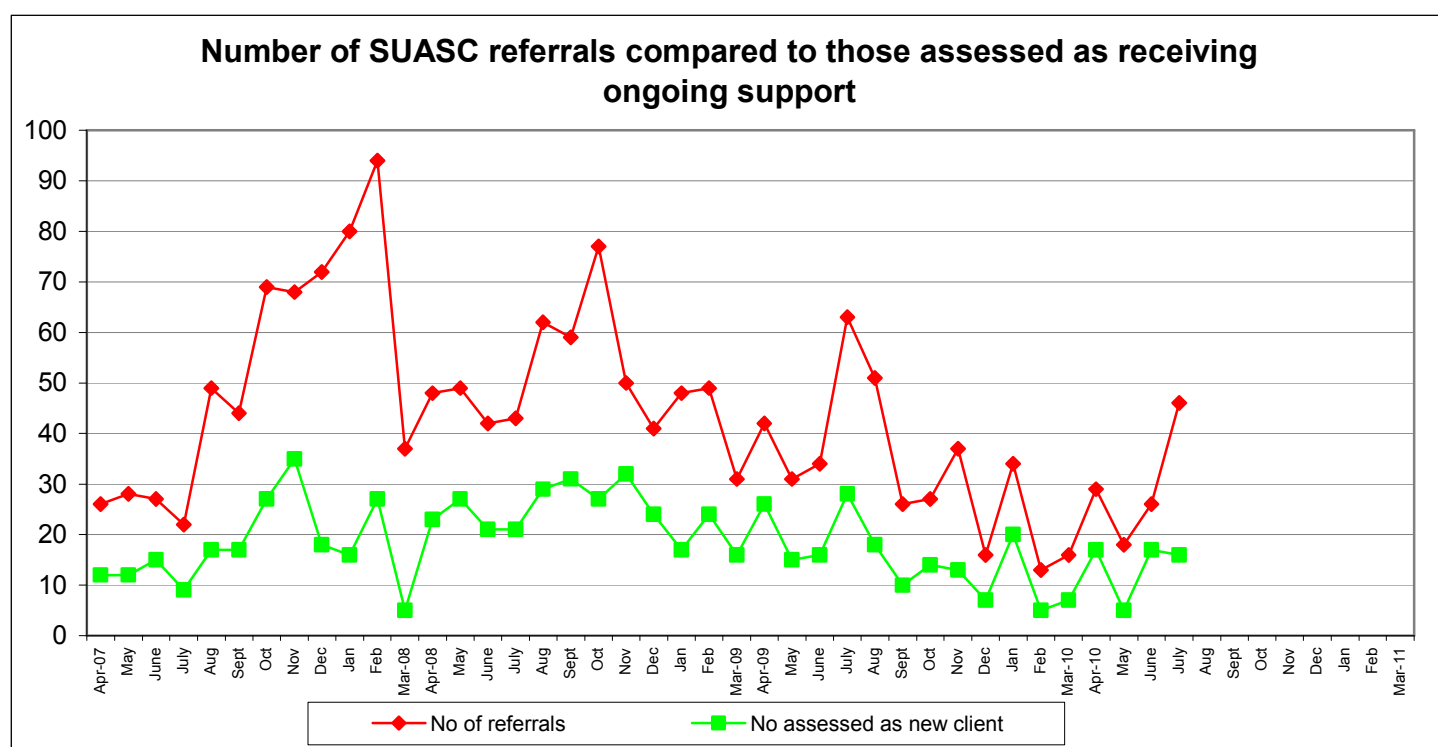


Comment:

- Client numbers are higher than the projected number, which for 2010-11 is an average of 836 clients per month (approx 4% higher). This is largely due to over 18s not reducing as quickly as predicted, partly due to UKBA removals being significantly lower than anticipated, and also due to a number of over 21s remaining in the service while they complete their education courses (this is reflected in the pressure on this service of £705k, see section 1.1.3.7)
- The age profile suggests the number of over 18s is increasing compared to the same period last year, and it is this service which is experiencing the shortfall of funding. In addition the age profile of the under 18 children has reduced, with significantly higher numbers being placed in foster care.
- The data recorded above will include some referrals for which the assessments are not yet complete or are being challenged. These clients are initially recorded as having the Date of Birth that they claim but once their assessment has been completed, or when successfully appealed, their category may change.

2.7 **Numbers of Asylum Seeker referrals compared with the number assessed as qualifying for on-going support from Service for Unaccompanied Asylum Seeking Children (SUASC) ie new clients:**

	2007-08			2008-09			2009-10			2010-11		
	No. of referrals	No. assessed as new client	%	No. of referrals	No. assessed as new client	%	No. of referrals	No. assessed as new client	%	No. of referrals	No. assessed as new client	%
April	26	12	46%	48	23	48%	42	26	62%	29	17	59%
May	28	12	43%	49	27	55%	31	15	48%	18	5	28%
June	27	15	56%	42	21	50%	34	16	47%	26	17	65%
July	22	9	41%	43	21	49%	63	28	44%	46	16	35%
August	49	17	35%	62	29	47%	51	18	35%			
Sept	44	17	39%	59	31	53%	26	10	38%			
Oct	69	27	39%	77	27	35%	27	14	52%			
Nov	68	35	51%	50	32	64%	37	13	35%			
Dec	72	18	25%	41	24	59%	16	7	44%			
Jan	80	16	20%	48	17	35%	34	20	59%			
Feb	94	27	29%	49	24	49%	13	5	38%			
March	37	5	14%	31	16	52%	16	7	44%			
	616	210	34%	599	292	49%	390	179	46%	119	55	46%

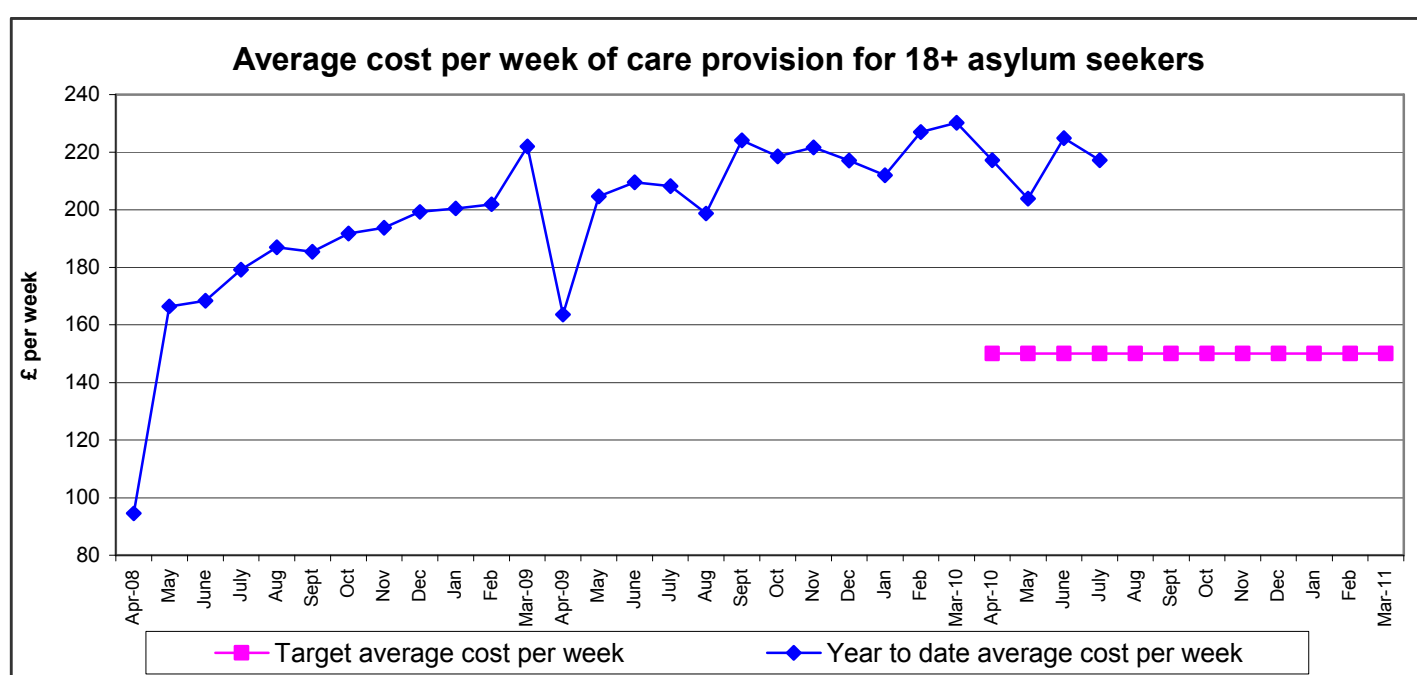


Comments:

- The number of referrals has tended to be lower since September 2009 which coincides with the French Government's action to clear asylum seeker camps around Calais. However, the first 4 months of 2010-11 has seen the number of referrals rise and exceed the budgeted number of 30 referrals per month.
- The number of referrals has a knock on effect on the number assessed as new clients. The budgeted level is based on the assumption 50% of the referrals will be assessed as a new client. The number assessed as a new client was higher than the budgeted level, of 15 new clients per month, for three of the last four months, which reverses the trend of the prior seven months where the number was below the budgeted level in every month except for January.

2.8 Average monthly cost of Asylum Seekers Care Provision for 18+ Care Leavers:

	2008-09		2009-10		2010-11	
	Target average weekly cost £p	Year to date average weekly cost £p	Target average weekly cost £p	Year to date average weekly cost £p	Target average weekly cost £p	Year to date average weekly cost £p
April		94.48		163.50	150.00	217.14
May		166.44		204.63	150.00	203.90
June		168.38		209.50	150.00	224.86
July		179.17		208.17	150.00	217.22
August		186.90		198.69	150.00	
September		185.35		224.06	150.00	
October		191.67		218.53	150.00	
November		193.71		221.64	150.00	
December		199.22		217.10	150.00	
January		200.46		211.99	150.00	
February		201.83		226.96	150.00	
March		221.97		230.11	150.00	



Comments:

- The funding levels for the Asylum Service agreed with the Government rely on us achieving an average cost per week of £150, in order for the service to be fully funded, which is also reliant on the UKBA accelerating the removal process. The UKBA will fund the costs of an individual for up to three months after the All Rights of appeal Exhausted (ARE) process, but the LA remains responsible for costs under the Leaving Care Act until the point of removal. As the gap between the date of ARE and the date of removal widens, then our ability to achieve a balanced position on the Asylum Service becomes more difficult.
- Since 1 April 2010, there have been 33 young people declared ARE but there have only been 3 removed from the UK. This is partly why we are forecasting a £705k pressure on this service, as explained in section 1.1.3.7.
- Additional funding was made available as part of the MTP in 2010-11 to help fund the difference between the current average cost and the funded rate, early forecasts suggest there will be a minor underspend of -£99k. This additional funding will be taken back as a saving in 11-14 MTP therefore it is imperative the unit cost of £150 per week is reached by 1 April 2011.

KENT ADULT SOCIAL SERVICES DIRECTORATE SUMMARY JULY 2010-11 FULL MONITORING REPORT

1. FINANCE

1.1 REVENUE

1.1.1 The cash limits that the Directorate is working to, **and upon which the variances in this report are based**, include adjustments for both formal virement and technical adjustments, the latter being where there is no change in policy. The Directorate would like to request formal virement through this report to reflect adjustments to cash limits required for the following changes required in respect of the allocation of previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process. This primarily relates to how the Directorate allocated demography/growth and savings, and how grant funding was allocated, decisions for which were made following a Special Budget SMT in January and subsequent detailed analysis by Areas. Where necessary allocations have been adjusted in light of the 2009-10 outturn expenditure and activity, whereas before they would have been based on forecasts from several months earlier. As a result, demography/growth and savings have in some cases been allocated across different headings to those assumed within budget build. Cash limits also need to be adjusted to reflect the changing trends in services over the past few years through modernisation of services and the move towards more self directed support. Services are now more likely to be community based, for example in supported accommodation, or through a domiciliary care package, or via a direct payment, rather than residentially based (although there are exceptions where very complex needs remain, e.g. many Older People with Mental Health Needs and clients with severe Learning or Physical Disabilities). The value of these changes is a decrease of £632k in gross and a £632k decrease in income.

Cash limits have also been adjusted to reflect a number of technical adjustments to budget, including realignment of gross and income to more accurately reflect current levels of services and the inclusion of a number of 100% grants/contributions (i.e. which fully fund the additional costs) awarded since the budget was set. These include the increase of £56k in the HIV/AIDS grant, and £95k for the Dementia Demonstrator funding, and reflects the receipts in advance carried forward from 2009-10 for Learning Disability Campus Re-provision Grant (£271k) and Social Care Reform Grant (£715k). Adjustments are also needed to reflect the further transfer of Learning Disability clients from Health under Section 256 arrangements; these adjustments increase both gross and income by £17,507k. It was previously acknowledged that some of the income budgets were not correctly aligned to where the gross budget was held. This should have been rectified in budget build but regrettably was not hence a number of adjustments are now required. The value of these changes is a £353k increase in gross and a £353k increase in income. Of this £557k relates to recharges to the Communities Directorate in respect of Supporting People costs which were not previously cash limited. The balance of -£204k is made up of small decreases in client, health and other income.

These adjustments have resulted in an overall increase in the gross expenditure budget of £18,365k (-£632k + £56k + £95k + £271k + £715k + £17,507k + £353k) and an increase in the income budget of an equal amount, giving a net nil effect.

In addition there has been an increase of £119k in the gross budget in relation to an approved roll-forward from 2009-10 together with £18k of other Corporate adjustments which together total £137k.

Therefore the overall movement in cash limits shown in table 1a below is an increase of £18,502k in gross expenditure (£18,365k + £137k) and an increase in income of £18,365k.

Table 1a shows:

- the published budget,
- the proposed budget following adjustments for both formal virement and technical adjustments, together with roll forward from 2009-10 as approved by Cabinet in July,
- the total value of the adjustments applied to each service line.

Cabinet is asked to approve these revised cash limits:

The changes to cash limits referred to above have also impacted on the 2010-11 affordable levels of activity and these have been updated within section 2 of this annex to reflect the revised cash limits outlined in Tables 1a and 1b.

1.1.2.1 Table 1a: Movement in cash limits since Published Budget

Budget Book Heading	Published Budget			Current Cash Limit			Movement in Cash Limit		
	G	I	N	G	I	N	G	I	N
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Adult Services portfolio									
Older People:									
- Residential Care	88,305	-33,217	55,088	87,616	-33,310	54,306	-689	-93	-782
- Nursing Care	44,209	-20,201	24,008	45,690	-21,078	24,612	1,481	-877	604
- Domiciliary Care	47,882	-10,490	37,392	47,498	-10,044	37,454	-384	446	62
- Direct Payments	4,981	-452	4,529	5,062	-532	4,530	81	-80	1
- Other Services	19,582	-3,082	16,500	20,187	-3,137	17,050	605	-55	550
Total Older People	204,959	-67,442	137,517	206,053	-68,101	137,952	1,094	-659	435
People with a Learning Difficulty:									
- Residential Care	65,284	-12,791	52,493	71,361	-18,794	52,567	6,077	-6,003	74
- Domiciliary Care	7,827	-949	6,878	7,393	-1,122	6,271	-434	-173	-607
- Direct Payments	7,747	-185	7,562	7,865	-143	7,722	118	42	160
- Supported Accommodation	12,729	-2,140	10,589	23,317	-12,643	10,674	10,588	-10,503	85
- Other Services	21,110	-1,397	19,713	21,603	-1,232	20,371	493	165	658
Total People with a LD	114,697	-17,462	97,235	131,539	-33,934	97,605	16,842	-16,472	370
People with a Physical Disability									
- Residential Care	12,759	-2,136	10,623	12,526	-1,951	10,575	-233	185	-48
- Domiciliary Care	7,718	-459	7,259	7,661	-449	7,212	-57	10	-47
- Direct Payments	7,022	-269	6,753	7,132	-249	6,883	110	20	130
- Supported Accommodation	477	-18	459	394	-8	386	-83	10	-73
- Other Services	5,940	-715	5,225	5,805	-896	4,909	-135	-181	-316
Total People with a PD	33,916	-3,597	30,319	33,518	-3,553	29,965	-398	44	-354
All Adults Assessment & Related	36,550	-1,876	34,674	37,292	-2,020	35,272	742	-144	598
Mental Health Service									
- Residential Care	6,456	-772	5,684	6,416	-882	5,534	-40	-110	-150
- Domiciliary Care	725		725	623		623	-102	0	-102
- Direct Payments	602		602	606		606	4	0	4
- Supported Accommodation	435		435	435	0	435	0	0	0
- Assessment & Related	10,001	-876	9,125	10,001	-876	9,125	0	0	0
- Other Services	6,914	-902	6,012	7,180	-902	6,278	266	0	266
Total Mental Health Service	25,133	-2,550	22,583	25,261	-2,660	22,601	128	-110	18
Gypsy & Traveller Unit	647	-319	328	662	-333	329	15	-14	1
People with no recourse to Public Funds	100		100	100		100	0	0	0
Strategic Management	1,289	-27	1,262	1,249	-27	1,222	-40	0	-40
Strategic Business Support	24,525	-2,134	22,391	24,673	-2,007	22,666	148	127	275
Support Services purchased from CED	6,816		6,816	6,787		6,787	-29	0	-29
Specific Grants		-8,773	-8,773		-9,910	-9,910		-1,137	-1,137
Adult Services controllable	448,632	-104,180	344,452	467,134	-122,545	344,589	18,502	-18,365	137

1.1.2.2 Table 1b below details the revenue position by Service Unit against the revised cash limits shown in table 1a:

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Adult Services portfolio							
Older People:							
- Residential Care	87,616	-33,310	54,306	663	-88	575	Price pressures due to dementia; staff cover for in-house; additional client/health income
- Nursing Care	45,690	-21,078	24,612	-260	24	-236	Forecast activity below affordable level
- Domiciliary Care	47,498	-10,044	37,454	-239	60	-179	Activity in independent in excess of affordable offset by underspend on in-house

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
- Direct Payments	5,062	-532	4,530	-97	-34	-131	
- Other Services	20,187	-3,137	17,050	-156	-7	-163	Small underspends on a number of lines
Total Older People	206,053	-68,101	137,952	-89	-45	-134	
People with a Learning Disability:							
- Residential Care	71,361	-18,794	52,567	3,777	-106	3,671	Demographic and placement pressures
- Domiciliary Care	7,393	-1,122	6,271	-85	-96	-181	
- Direct Payments	7,865	-143	7,722	97	-40	57	
- Supported Accommodation	23,317	-12,643	10,674	29	-119	-90	Demographic and placement pressures
- Other Services	21,603	-1,232	20,371	-981	-88	-1,069	Releasing of Managing Director's contingency to offset overall pressure; number of small underspends
Total People with a LD	131,539	-33,934	97,605	2,837	-449	2,388	
People with a Physical Disability							
- Residential Care	12,526	-1,951	10,575	224	253	477	Demographic and placement pressures
- Domiciliary Care	7,661	-449	7,212	98	23	121	
- Direct Payments	7,132	-249	6,883	95	-15	80	
- Supported Accommodation	394	-8	386	73	-12	61	
- Other Services	5,805	-896	4,909	-88	3	-85	
Total People with a PD	33,518	-3,553	29,965	402	252	654	
All Adults Assessment & Related	37,292	-2,020	35,272	334	95	429	Reduced turnover
Mental Health Service							
- Residential Care	6,416	-882	5,534	854	289	1,143	Forecast activity in excess of affordable level; increased proportion of S117 clients who do not contribute to costs
- Domiciliary Care	623		623	28	0	28	
- Direct Payments	606		606	-176	0	-176	Less than expected activity
- Supported Accommodation	435	0	435	94	0	94	
- Assessment & Related	10,001	-876	9,125	-95	30	-65	
- Other Services	7,180	-902	6,278	-523	-97	-620	Releasing of Managing Director's contingency/ other uncommitted monies to offset overall pressure
Total Mental Health Service	25,261	-2,660	22,601	182	222	404	
Gypsy & Traveller Unit	662	-333	329	60	-55	5	
People with no recourse to Public Funds	100		100	0	0	0	
Strategic Management	1,249	-27	1,222	-94	0	-94	
Strategic Business Support	24,673	-2,007	22,666	-905	91	-814	Uncommitted workforce development grant; vacancy management; non pay savings; grant funded posts

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Support Services purchased from CED	6,787		6,787	0	0	0	
Specific Grants		-9,910	-9,910	0	0	0	
Total Adult Services controllable	467,134	-122,545	344,589	2,727	111	2,838	
Assumed Management Action				-2,838		-2,838	
Forecast after Mgmt Action				-111	111	0	

1.1.3 Major Reasons for Variance: [provides an explanation of the 'headings' in table 2]

Table 2, at the end of this section, details all forecast revenue variances over £100k. Each of these variances is explained further below:

1.1.3.1 Older People:

The overall position for services for Older People is a net underspend of £134k.

a. Residential Care

This line is reporting a gross pressure of £663k and an over recovery of income of £88k. As at June there were 2,819 permanent clients in private and voluntary care compared with 2,751 in March which is an increase of 68 clients, 46 of whom were people with dementia. The forecast position is 155,570 weeks of care against an affordable level of 155,351, which is 219 weeks over budget. Using the forecast unit cost of £391.29, this increased level of activity generates a pressure of £86k. In addition the forecast unit cost is £1.38 higher than the affordable which results in a pressure of £214k and reflects the increasing numbers of clients with dementia as placements are more expensive. Although the higher level of activity generates increased income of £36k, the actual income per week is £162.60 against an expected level of £164.29. This gives an under-recovery in income of £262k.

In-house residential provision, including integrated care centres, is showing a pressure of £390k on gross primarily on staffing because of the continuing need to cover sickness and absence with agency staff in order to meet care standards, as well as meeting increased occupancy levels. The pressure on gross is offset by an additional £285k of income due to increased occupancy levels and recharges to health.

The forecast for Preserved Rights clients is showing minor variances on both gross and income.

b. Nursing Care

There is an underspend of £260k on gross expenditure and an under recovery of income of £24k against this line. The number of permanent clients in private and voluntary placements has increased to 1,417 in June compared to the 1,374 reported in March. The forecast is currently coming in 770 weeks under budget at a saving of £363k. The unit cost is currently forecast to be slightly more than budget, £470.67 instead of £470.01, which gives a pressure by £53k. The reduced activity has resulted in decreased income of £123k. The actual income per week is £159.79 against an expected level of £158.30. This gives an over-recovery in income of £118k.

The forecast for Preserved Rights clients is showing minor variances on both gross and income.

c. Domiciliary Care

Overall there is currently an underspend of £239k on gross with an under-recovery in income of £60k. Domiciliary care continues to be the most difficult to forecast as activity can be volatile; the continuing trend in the number of clients remains uncertain and the number receiving a domiciliary care package from the independent sector remains below the average of last year. The number of clients in receipt of a package through the private and voluntary sector decreased in June to 6,298 following two months of increases, compared with 6,227 clients in March. The current forecast assumes that 2,493,266 hours will be purchased against an affordable level of 2,476,546, generating a pressure of £259k. The forecast unit cost is only marginally more expensive than

affordable generating an additional cost of £68k. This will relate to the fact that people who do receive domiciliary care, in its traditional sense, are more likely to have higher needs and require more intense packages.

There is also a significant underspend of £490k relating to the in-house domiciliary service as the number of clients remains well below that afforded within the budget. There is also a minor underspend of £95k against block contracts.

There are a number of small variances across the various lines within domiciliary care which add up to an under-recovery of income of £60k.

d. Other Services

This line is showing a gross underspend of £156k due to small variances against a number of budgets including payments to voluntary organisations, day-care, and meals.

1.1.3.2 **People with a Learning Disability:**

Overall the position for this client group is a net pressure of £2,388k. Services for this client group remain under extreme pressure, particularly within residential care as a result of both demographic and placement price pressures. This includes the impact of young adults transferring from Children's Services, many of whom have very complex needs and require a much higher level of support. There are also increasing numbers of older learning disabled clients who are cared for at home by ageing parents who will begin to require more support. Cases of clients becoming/ or who could become "ordinarily resident" in Kent continue to be a problem. A client would become "ordinarily resident" when placed by another local authority in Kent and following de-registration of the home, the individual moves into supported accommodation. We have accepted responsibility for a number of clients, and we are still contesting a number of other applications. The issue of ordinary residence has been discussed nationally through the Association of Directors of Adult Social Services as the current system penalises those authorities, such as Kent, who have historically been a net importer of residential clients.

a. Residential Care

The overall forecast for residential care, including preserved rights clients, is a pressure on gross of £3,777k partially offset by an over recovery of income of £106k, giving a net pressure of £3,671k. Details of the individual pressures and savings contributing to this position are provided below.

The number of clients has increased from 632 in March to 703 in June which includes the transfer of a further 69 clients from Health under Section 256 arrangements. This is part of the overall transfer of responsibility for most Learning Disability placements from Health and these clients are 100% funded by Health. Both the costs and income relating to this transfer of clients are included in the cash limits and the additional activity is reflected in the affordable levels. The forecast assumes 1,133 weeks more than is affordable at a cost of £1,429k, and includes those known young people who are in the "transition" process and will be coming to adult social services before the end of the year. The actual unit cost is £1,261.46 which is £58.19 higher than the affordable level and adds £2,089k to the forecast. It should be noted that both the affordable and forecast unit costs have increased significantly from last year as a result of the placements transferred from Health under S256 arrangements. The additional client weeks add £359k of income, although the actual income per week is slightly lower than the expected level which generates an under-recovery in income of £40k.

The forecast number of client weeks of service provided to Preserved Rights clients is 97 lower than the affordable level because of increased attrition which is over and above that assumed in the budget; this reduced activity gives an underspend of £79k. The unit cost is £814.35 which is higher than the affordable level of £805.28 creating a pressure of £285k. The reduced level of activity has resulted in an under-recovery of income of £22k, and the actual income per week is less than expected which gives a pressure of £132k.

There is a small gross pressure of £60k against in house residential provision because of the need to cover sickness and absence with agency staff to meet national care standards.

b. Supported Accommodation

The current position is a gross pressure of £29k and an over recovery of income of £119k giving a net underspend of £90k with the number of clients having increased from 309 in March to 408 in June following the transfer of a number of clients from Health under Section 256 arrangements. As with residential care, both the costs and income relating to this transfer of clients are included in the cash limits and the additional activity is reflected in the affordable levels. The forecast shows 41 weeks more than affordable creating a pressure of £44k. This is based on a unit cost of £1,060.59 which is £1.93 per week lower than is affordable and this reduces the pressure by £39k. It should be noted that both the affordable and forecast unit costs have increased significantly from last year as a result of the placements transferred from Health under S256 arrangements as many of these clients cost over £1,200 per week. The extra activity generates increased income of £26k and the average income per week is higher than the level expected resulting in an over recovery in income of £103k.

There are also small variances against group homes and the adult placement scheme.

c. Other Services

This line is showing a gross underspend of £981k following the release of £830k of the Contingency held by the Managing Director to offset the overall pressure within this client group. The remaining underspend of £151k relates to small variances against a number of budgets including payments to voluntary organisations, day-care, and supported employment.

1.1.3.3 People with a Physical Disability:

Overall the position for this client group is a net pressure of £654k. Services for this client group remain under pressure as a result of both demographic and placement price pressures.

a. Residential Care

The overall forecast for residential care, including preserved rights clients, is a pressure on gross of £224k and an under recovery of income of £253k. Although the number of clients has reduced from 222 in March to 218 the forecast assumes 70 weeks more than is affordable giving a pressure of £63k. The actual unit cost is £904.33 which is £26.67 higher than the affordable which increases the pressure by £324k. The additional client weeks add £8k of income to the position however the income per week is less than the level expected which causes a pressure of £181k.

The forecast number of client weeks of service provided to Preserved Rights clients is 176 lower than the affordable level because of increased attrition which is over and above that assumed in the budget. This reduced activity gives an underspend of £152k and the unit cost is slightly lower than the affordable level which further reduces the position by £12k. The reduced activity and a lower average of income per week means an under-recovery in income of £76k.

1.1.3.4 All Adults & Assessment:

This budget is forecasting a gross pressure of £334k with an under-recovery in income of £95k. Although it is hoped that this pressure will reduce through vacancy management, it should be noted that the level of staff turnover in June for the Directorate as a whole had reduced to just 0.39% which is the lowest it has been in over 15 months. This low turnover increases the pressure on all staffing budgets as it is expected to fund the cost of performance related pay progression.

1.1.3.5 **Mental Health:**

The overall position for Mental Health is a net pressure of £404k.

a. **Residential Care**

The forecast for residential care, including preserved rights clients, is a pressure on gross of £854k and an under recovery of income of £289k. The affordable level for non-preserved rights was previously reduced following the decision to realign budgets to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care, however this change has not happened as quickly as anticipated. The intention to keep clients in the community remains, so budgets have been left as they are rather than adjusted back. The result is a forecast which is 1,681 weeks more than is affordable at a cost of £920k. The actual unit cost is £547.57 which is £1.83 lower than the affordable which reduces the pressure by £16k. The forecast also assumes a significant under-recovery in income as an increasing proportion of clients fall under Section 117 legislation meaning that they do not contribute towards the cost of their care. This has added £274k to the pressure.

The forecast for Preserved Rights clients reflects a small underspend of £50k because of increased attrition which is over and above that assumed in the budget. The reduced activity also means an under-recovery in income of £15k.

b. **Direct Payments**

As referred to above the affordable level was increased in both 2008-09 and 2009-10 to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care, however this change has not happened as quickly as anticipated. The intention to keep clients in the community remains so budgets have been left as they are rather than adjusted back. The result is a gross forecast which is underspending against budget by £176k.

c. **Other Services**

This line is showing an underspend on gross of £523k following the release of £520k of Contingency and other uncommitted funding held by the Managing Director to offset the overall pressure within this client group.

1.1.3.6 **Strategic Business Support:**

This line is forecasting a significant underspend of £905k against gross expenditure with an under recovery in income of £91k. Of the gross underspend £250k relates to uncommitted funding held by the Managing Director and this has been released to reduce the overall pressure within the Directorate. The remainder of the underspend results from savings in a number of areas including £345k of vacancy management through continuing to hold posts vacant and delaying the recruitment process, £146k of printing, stationery, rent and room hire and reduced Girobank charges, and £91k of posts funded externally and not backfilled, with the other £73k made up of numerous small savings.

Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER

(shading denotes that a pressure has an offsetting saving, which is directly related, or vice versa)

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	LD Residential Gross - Independent sector unit cost higher than affordable	+2,089	KASS	LD Other Services Gross - Release of contingency	-830
KASS	LD Residential Gross - Independent sector activity beyond affordable level	+1,429	KASS	MH Other Services Gross - Release of uncommitted funding and contingency	-520
KASS	MH Residential Gross - Slower than anticipated change to community based services creating activity higher than affordable	+920	KASS	OP Domiciliary Gross - In house provision client numbers below affordable level	-490
KASS	OP Residential Gross - In House provision Staffing	+390	KASS	OP Nursing Gross - Independent sector activity lower than affordable	-363
KASS	Adults Assessment Gross - reduced staff turnover & pressure of pay progression	+334	KASS	LD Residential Income - Additional income attributable to increased activity	-359
KASS	PD Residential Gross - Unit cost higher than affordable	+324	KASS	SBS Gross - vacancy management	-345
KASS	LD Residential Gross - Independent sector Preserved Right clients unit cost higher than affordable	+285	KASS	OP Residential Income - In House provision, recharges to health	-285
KASS	MH Residential Income - Increased incidence of clients classed at Section 117 causing a drop in average income collected	+274	KASS	SBS Gross - Uncommitted funding held by Managing Director	-250
KASS	OP Residential Income - Income per week lower than budgeted	+262	KASS	MH Direct Payments Gross - Slower than expected take up of community based services	-176
KASS	OP Domiciliary Care Gross - Increased activity beyond affordable level in independent sector provision	+259	KASS	PD Residential Gross - Preserved Rights clients increase in actual attrition rate	-152
KASS	OP Residential Gross - Change in unit cost of Independent Sector placements	+214	KASS	SBS Gross - Reduced costs of room hire, printing, stationery, rent and bank Giro charges	-146
KASS	PD Residential Income - Weekly income lower than expected	+181	KASS	OP Nursing Income - Increase in income per week compared to budgeted	-118
KASS	LD Residential Income - Independent sector Preserved Rights clients weekly income lower than affordable	+132	KASS	LD Supported Accommodation Income - additional income due to higher than expected average weekly income	-103
KASS	OP Nursing Income - reduced income from reduced Independent sector activity	+123			
		+7,216			-4,137

1.1.4 Actions required to achieve this position:

The forecast pressure of £2,838k assumes that the savings identified within the MTP will be achieved and the Directorate remains confident that all savings will be achieved. 'Guidelines for Good Management Practice', also referred to below, are in place across the Directorate, and these, together with vacancy management, are anticipated to address the overall pressure.

1.1.5 Implications for MTP:

The MTP assumes a breakeven position for 2010-11.

The base budget implications of issues identified in this monitoring report will be a call on the amounts identified in the 2010/13 MTP as emerging pressures in 2011/12 and 2012/13. The details of individual amounts will be included when the revised plan is published for consultation in January 2011 together with any new pressures forecast for 2011/12 and 2012/13. The significant issues for the KASS portfolio arising from 2010/11 budget monitoring are related to demography.

It is assumed that the demographic pressures for KASS are likely to be £8.7m in future years. This is based on detailed calculations, on trends over the past year of increased clients and complexity. Clearly this will be reviewed on an on-going basis as part of the monitoring process.

The revised MTP will include proposals on how the in-year cuts in Government grants will be accommodated in base budgets once it has been confirmed that these reductions are permanent following the announcement of the provisional local government finance settlement for 2011/12 which we anticipate will be in late November/Early December. The revised plan will also include the strategy to address the likely reductions in funding over the lifetime of the current parliament following the Chancellor's emergency budget statement on 22nd June in which he outlined his plans to address the national budget deficit.

1.1.6 Details of re-phasing of revenue projects:

No revenue projects have been identified for re-phasing.

1.1.7 Details of proposals for residual variance: *[eg roll forward proposals; mgmt action outstanding]*

This section should provide details of the management action outstanding, as reflected in the assumed management action figure reported in table 1.

The KASS Directorate is wholly committed to delivering a balanced outturn position by the end of the financial year. KASS has 'Guidelines for Good Management Practice' in place across all teams in order to help us manage demand on an equitable basis consistent with policy and legislation. Robust monitoring arrangements are in place on a monthly basis to ensure that forecasts and expenditure are closely monitored and where necessary challenged. Through these arrangements the Directorate expects to balance the £2,838k pressure by the end of the year.

1.2 CAPITAL

1.2.1 All changes to cash limits are in accordance with the virement rules contained within the constitution and have received the appropriate approval via the Leader, or relevant delegated authority.

The capital cash limits have been adjusted since last reported to Cabinet on 12th July 2010, as detailed in section 4.1.

1.2.2 **Table 3** below provides a portfolio overview of the latest capital monitoring position excluding PFI projects.

	Prev Yrs Exp £000s	2010-11 £000s	2011-12 £000s	2012-13 £000s	Future Yrs £000s	TOTAL £000s
Kent Adult Social Services portfolio						
Budget	5,796	14,455	7,285	2,640	1,162	31,338
Adjustments:						
- completed projects	-1,620					-1,620
Revised Budget	4,176	14,455	7,285	2,640	1,162	29,718
Variance		-5,108	3,109	1,530	379	-90
split:						
- real variance		-90				-90
- re-phasing		-5,018	+3,109	+1,530	+379	0

Real Variance	0	-90	0	0	0	-90
Re-phasing	0	-5,018	+3,109	+1,530	+379	0

1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2010-11 and identifies these between projects which are:

- part of our year on year rolling programmes e.g. maintenance and modernisation;
- projects which have received approval to spend and are underway;
- projects which are only at the approval to plan stage and
- Projects at preliminary stage.

The variances are also identified as being either a real variance i.e. real under or overspending which has resourcing implications, or a phasing issue i.e. simply down to a difference in timing compared to the budget assumption.

Each of the variances in excess of £1m which is due to phasing of the project, excluding those projects identified as only being at the preliminary stage, is explained further in section 1.2.4 below.

All real variances are explained in section 1.2.5, together with the resourcing implications.

Table 4: CAPITAL VARIANCES OVER £250K IN SIZE ORDER

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme £'000s	Approval to Spend £'000s	Approval to Plan £'000s	Preliminary Stage £'000s
Overspends/Projects ahead of schedule						
			+0	+0	+0	+0
Underspends/Projects behind schedule						
	Learning Disability Good Day programme Board	phasing			-2,613	
	Op-Integrated Care Centres	phasing			-1,082	
	Eastern Quarry	phasing			-521	
			0	-0	-4,216	-0
			-0	-0	-4,216	-0

1.2.4 Projects re-phasing by over £1m:

1.2.4.1 Modernisation of LD Services (Learning Disability Good Day Programme Board) – re-phasing of -£2.613m

Following extensive consultation of day care services for people with learning disabilities and recommending a way forward, the current forecast represents the revised timescale for this project.

Revised phasing of the scheme is now as follows:

	Prior Years	2010-11	2011-12	2012-13	future years	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
BUDGET & FORECAST						
Budget		3,853	749	1,152	1,162	6,916
Forecast		1,240	2,535	1,600	1,541	6,916
Variance	0	-2,613	1,786	448	379	0
FUNDING						
Budget:						
PEF 2		3,251	681	1,152	1,162	6,246
Prudential		210				210
Capital Receipts		392	68			460
TOTAL	0	3,853	749	1,152	1,162	6,916
Forecast:						
PEF 2		1,060	2,325	1,530	1,331	6,246
prudential		110	100			210
Capital Receipts		70	110	70	210	460
TOTAL	0	1,240	2,535	1,600	1,541	6,916
Variance	0	-2,613	+1,786	+448	+379	-0

1.2.4.2 OP Integrated Care Centres – re-phasing of -£1.082m

In light of the recent Directorate's over-arching strategy around its older persons services, this element has been re-phased.

Revised phasing of the scheme is now as follows:

	Prior Years	2010-11	2011-12	2012-13	future years	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
BUDGET & FORECAST						
Budget		1,082				1,082
Forecast				1,082		1,082
Variance	0	-1,082	0	+1,082	0	0
FUNDING						
Budget:						
PEF 2		1,082				1,082
TOTAL	0	1,082	0	0	0	1,082
Forecast:						
PEF 2				1,082		1,082
TOTAL	0	0	0	1,082	0	1,082
Variance	0	-1,082	0	+1,082	0	0

1.2.5 Projects with real variances, including resourcing implications:

There is a real variance of -£0.090m (in 2010-11) which is detailed as follows:

Modernisation of Assets -£0.090m (in 2010-11): The PCT was funding the Broadmeadow extension with £0.180m, but have only paid £0.090m. We are proposing to cover this external funding pressure by underspending on the modernisation of assets budget.

Taking this into account, there is no underlying variance.

1.2.6 General Overview of capital programme:

(a) Risks

The risks linked to KASS must be similar to those felt throughout the Authority in this current financially suppressed climate. As a Directorate that works alongside many partners such as District Councils, Private/Voluntary Organisations and Primary Care Trusts (PCT) in order to provide the most comprehensive service delivery to our users, the risks to KASS are potentially compounded.

(b) Details of action being taken to alleviate risks

The Directorate continues to closely monitor those risks associated with our partnership working arrangements on a regular basis through Area Asset Management Boards which run alongside its over-arching capital strategy. However, the Directorate may not always be able to influence/control the final outcome.

1.2.7 PFI projects

- The £44.3m investment in the PFI Excellent Homes for All project represents investment by a third party. No payment will be made by KCC for the newly built assets until they are ready for use. Again this will be by way of an annual unitary charge to the revenue budget.

	Previous years	2010-11	2011-12	2012-13	TOTAL
	£000s	£000s	£000s	£000s	£000s
Budget			22,300	22,000	44,300
Forecast			22,300	22,000	44,300
Variance					

(a) Progress and details of whether costings are still as planned (for the 3rd party)

Overall costings still as planned.

(b) Implications for KCC of details reported in (a) ie could an increase in the cost result in a change to the unitary charge ?

This contract has not been signed yet although the procurement is in the advanced stages of competitive dialogue. It is likely that the unitary charge is fixed for the duration of the contract period. Deductions will be made during the contract period if performance falls below the standards agreed or if the facilities are unavailable for use.

During the contract period if one of the partners proposes a change that either results in increased costs or a change in the balance of risk, this will need to be taken to the Project Board for agreement. Each partner will have a vote and any decision resulting in a change to the costs or risks would need unanimous approval.

1.2.8 Project Re-Phasing

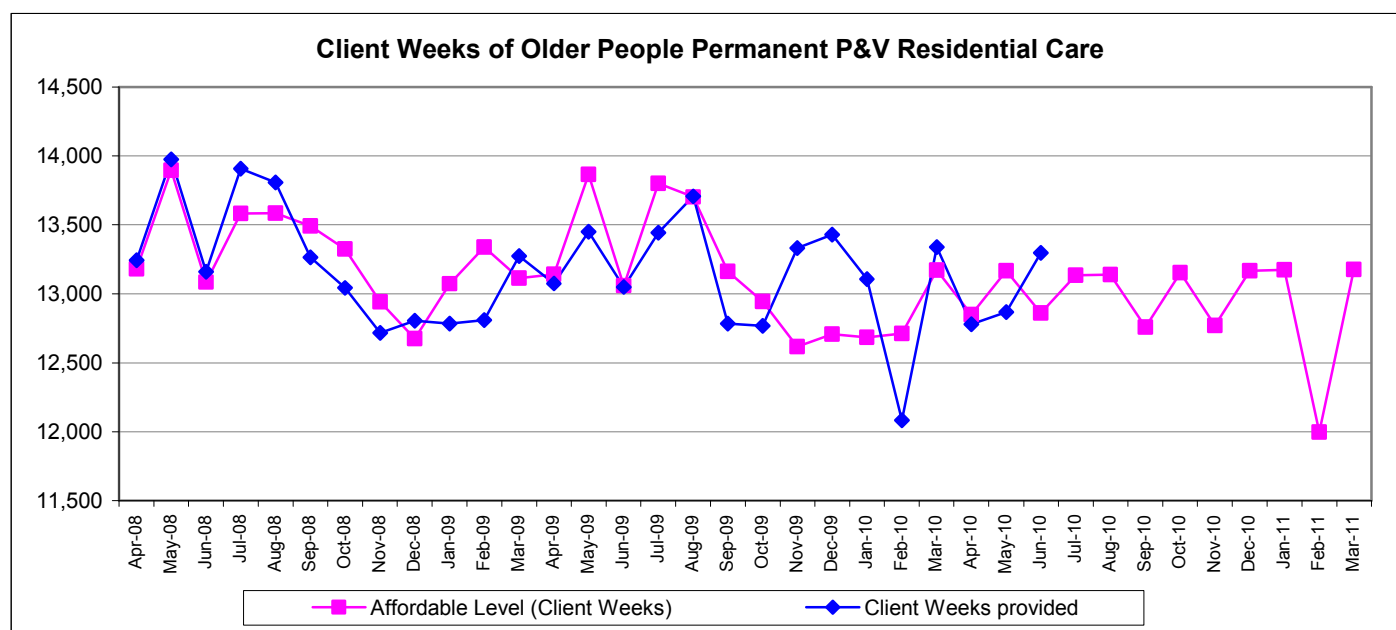
Cash limits are changed for projects that have re-phased by greater than £0.100m to reduce the reporting requirements during the year. Any subsequent re-phasing greater than £0.100m will be reported and the full extent of the rephasing will be shown. The proposed re-phasing is detailed in the table below.

	2010-11	2011-12	2012-13	Future Years	Total
	£k	£k	£k	£k	
Modernisation of Assets					
Amended total cash limits	+1,163	+267	+275		+1,705
re-phasing	-221	+221			0
Revised project phasing	+942	+488	+275	0	+1,705
Mental Health					
Amended total cash limits	+316				+316
re-phasing	-142	+142			0
Revised project phasing	+174	+142	0	0	+316
IT Infrastructure Grant					
Amended total cash limits	+511				+511
re-phasing	-162	+162			0
Revised project phasing	+349	+162	0	0	+511
Modernisation of LD Services					
Amended total cash limits	+3,853	+749	+1,152	+1,162	+6,916
re-phasing	-2,613	+1,786	+448	+379	0
Revised project phasing	+1,240	+2,535	+1,600	+1,541	+6,916
Strategy for new OP Integrated Care Centres					
Amended total cash limits	+1,082				+1,082
re-phasing	-1,082		+1,082		0
Revised project phasing	0	0	+1,082	0	+1,082
Community Care Centres - Thameside - East Quarry & Ebbsfleet					
Amended total cash limits	+521	+897			+1,418
re-phasing	-521	+521			0
Revised project phasing	0	+1,418	0	0	+1,418
Total re-phasing >£100k	-4,741	+2,832	+1,530	+379	0
Other re-phased Projects below £100k					
	-277	+277			
TOTAL RE-PHASING	-5,018	+3,109	+1,530	+379	0

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1.1 Number of client weeks of older people permanent P&V residential care provided compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided
April	13,181	13,244	13,142	13,076	12,848	12,778
May	13,897	13,974	13,867	13,451	13,168	12,866
June	13,084	13,160	13,059	13,050	12,860	13,298
July	13,581	13,909	13,802	13,443	13,135	
August	13,585	13,809	13,703	13,707	13,141	
September	13,491	13,264	13,162	12,784	12,758	
October	13,326	13,043	12,943	12,768	13,154	
November	12,941	12,716	12,618	13,333	12,771	
December	12,676	12,805	12,707	13,429	13,167	
January	13,073	12,784	12,685	13,107	13,175	
February	13,338	12,810	12,712	12,082	11,998	
March	13,114	13,275	13,172	13,338	13,176	
TOTAL	159,287	158,793	157,572	157,568	155,351	38,942

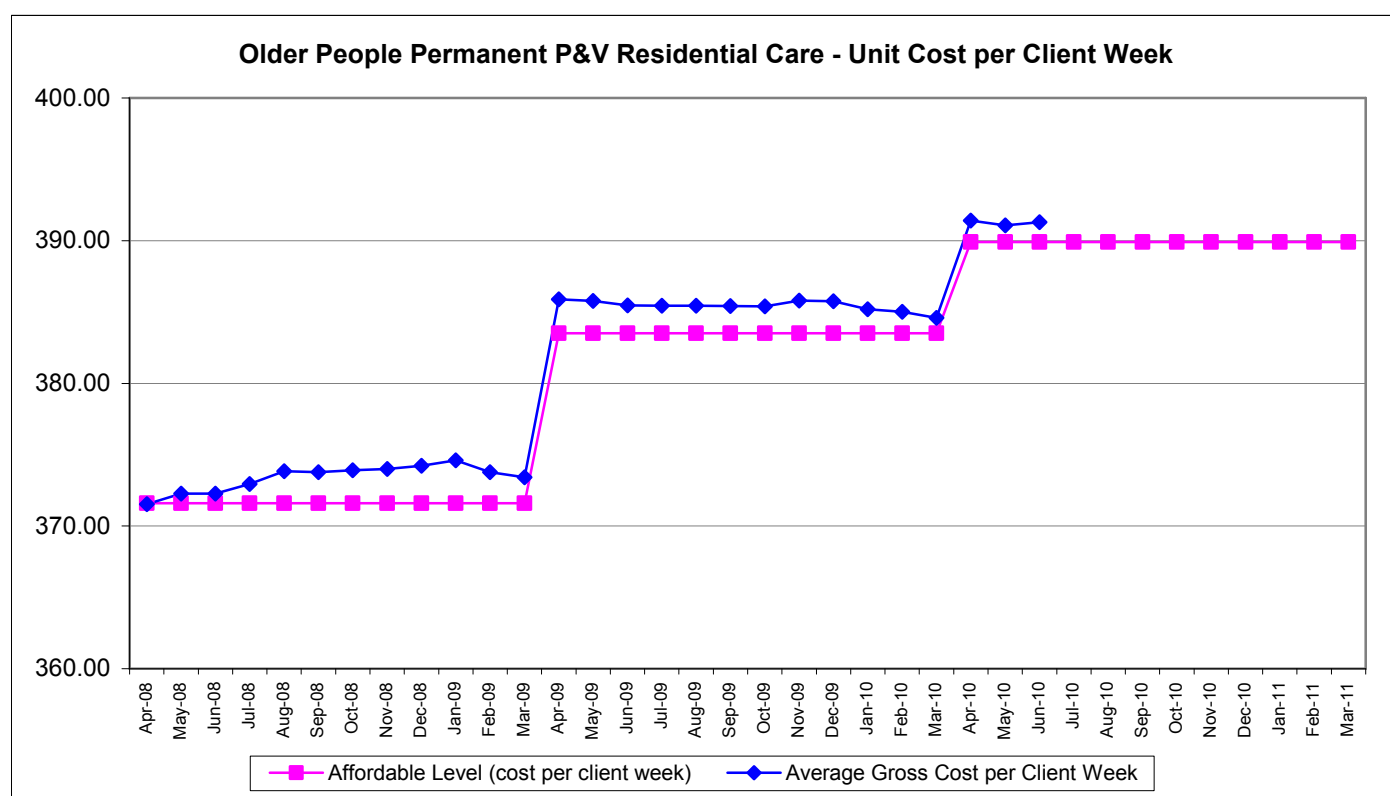


Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people permanent P&V residential care at the end of 2008-09 was 2,832, at the end of 2009-10 it was 2,751 and at the end of June 2010 it was 2,819. It is evident that there are ongoing pressures relating to clients with dementia. During this year, the number of clients with dementia has increased from 1,195 in March to 1,217 in April to 1,241 in June, and the other residential clients have increased from 1,556 in March to 1,575 in April to 1,578 in June.
- The current forecast is 155,570 weeks of care against an affordable level of 155,351; a difference of 219 weeks. Using the forecast unit cost of £391.29 this increase in activity increases the forecast by £86k, as highlighted in section 1.1.3.1.a
- To the end of June 38,942 weeks of care have been delivered against an affordable level of 38,876; a difference of 66 weeks.

2.1.2 Average gross cost per client week of older people permanent P&V residential care compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	371.60	371.54	383.52	385.90	389.91	391.40
May	371.60	372.28	383.52	385.78	389.91	391.07
June	371.60	372.27	383.52	385.47	389.91	391.29
July	371.60	372.94	383.52	385.43	389.91	
August	371.60	373.84	383.52	385.44	389.91	
September	371.60	373.78	383.52	385.42	389.91	
October	371.60	373.91	383.52	385.39	389.91	
November	371.60	374.01	383.52	385.79	389.91	
December	371.60	374.22	383.52	385.76	389.91	
January	371.60	374.61	383.52	385.20	389.91	
February	371.60	373.78	383.52	385.01	389.91	
March	371.60	373.42	383.52	384.59	389.91	

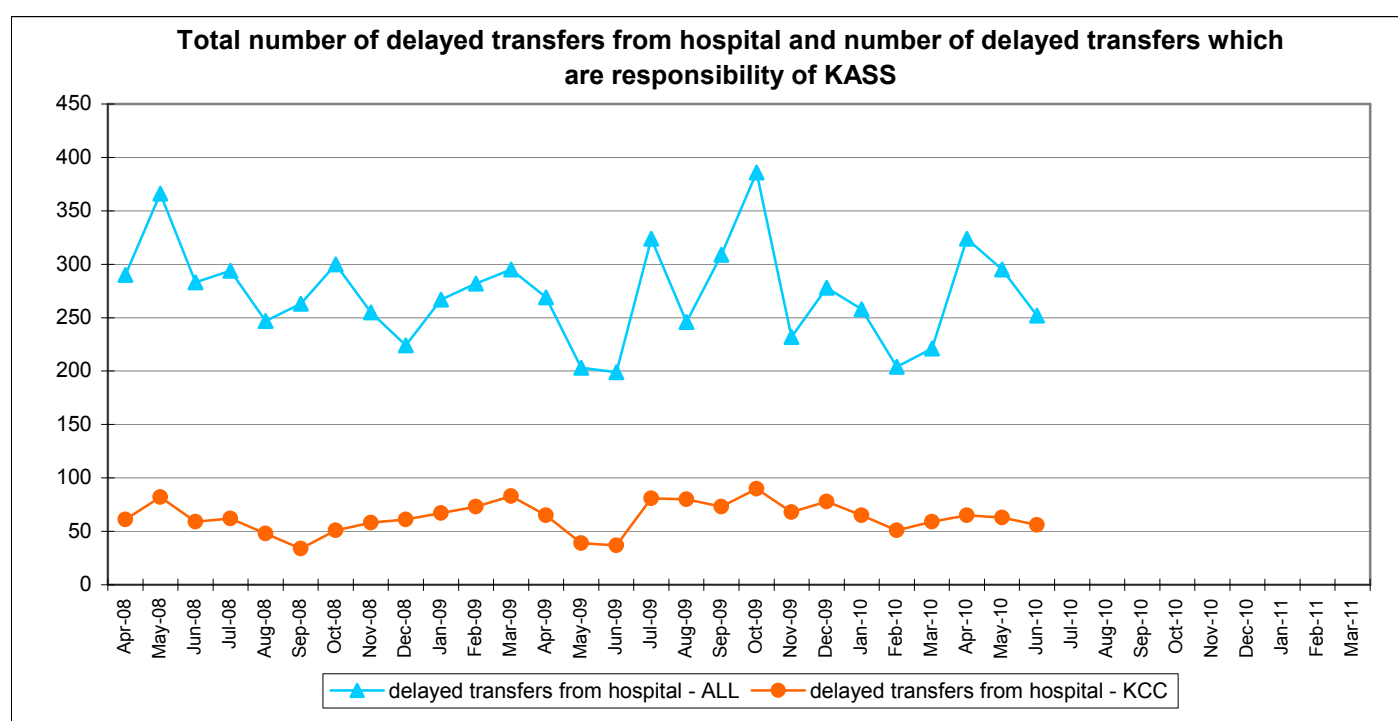


Comments:

- Average unit cost per week has increased more than inflation and is likely to reflect the increasing numbers of clients with dementia.
- The forecast unit cost of £391.29 is higher than the affordable cost of £389.91 and this difference of £1.38 adds £214k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.1.a

2.1.3 Total of All Delayed Transfers from hospital compared with those which are KASS responsibility:

	2008-09		2009-010		2010-11	
	ALL	KASS responsibility	ALL	KASS responsibility	ALL	KASS responsibility
April	290	61	269	65	324	65
May	366	82	203	39	295	63
June	283	59	199	37	252	56
July	294	62	324	81		
August	247	48	246	80		
September	263	34	309	73		
October	300	51	386	90		
November	255	58	232	68		
December	224	61	278	78		
January	267	67	258	65		
February	282	73	204	51		
March	295	83	221	59		

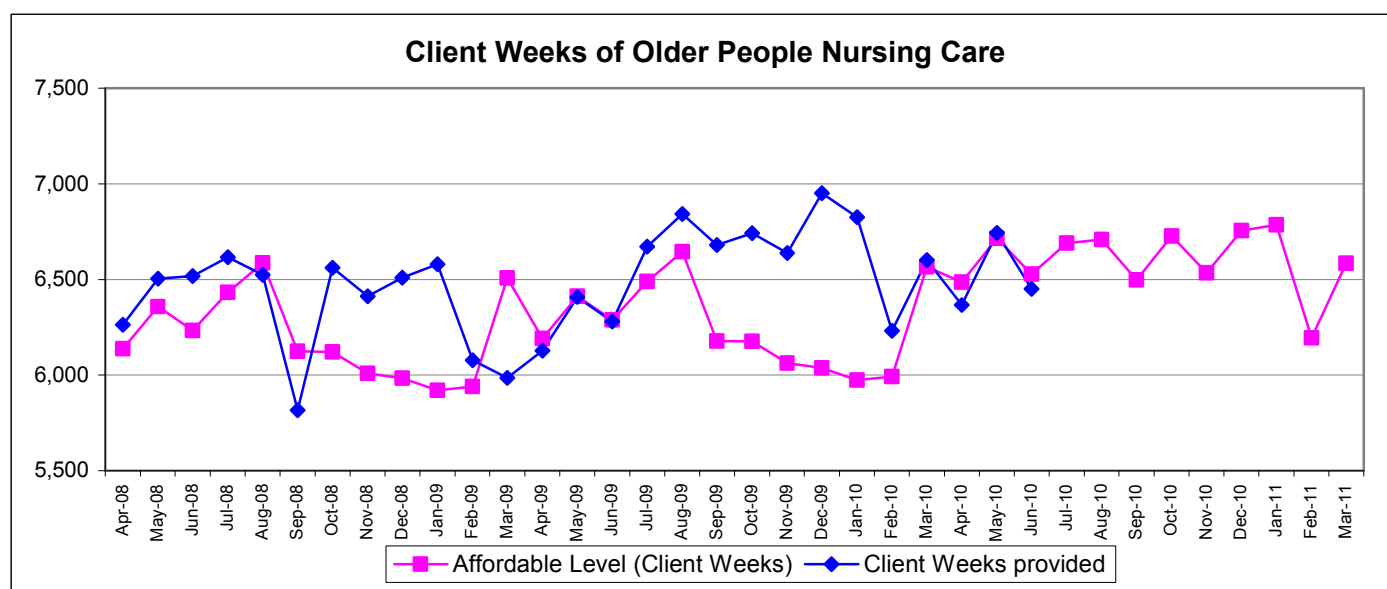


Comments:

- The Delayed Transfers of Care (DTCs) show the numbers of people whose movement from an acute hospital has been delayed. Generally, the main reasons for delay are 'Patient Choice' (just over 25%), 'Awaiting non-acute NHS care' (just under 25%) and 'Awaiting assessment' (20%). This figure shows all delays, but those attributable to Adult Social Services, and therefore subject to the reimbursement regime, are a minority. There are many reasons for fluctuations in the number of DTCs which result from the interaction of various different factors within a highly complex system across both Health and Social Care.
- This activity information is obtained from a national database based on data provided by the PCTs.

2.2.1 Number of client weeks of older people nursing care provided compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided
April	6,137	6,263	6,191	6,127	6,485	6,365
May	6,357	6,505	6,413	6,408	6,715	6,743
June	6,233	6,518	6,288	6,279	6,527	6,450
July	6,432	6,616	6,489	6,671	6,689	
August	6,586	6,525	6,644	6,841	6,708	
September	6,124	5,816	6,178	6,680	6,497	
October	6,121	6,561	6,175	6,741	6,726	
November	6,009	6,412	6,062	6,637	6,535	
December	5,984	6,509	6,037	6,952	6,755	
January	5,921	6,580	5,973	6,824	6,784	
February	5,940	6,077	5,992	6,231	6,194	
March	6,507	5,985	6,566	6,601	6,584	
TOTAL	74,351	76,367	75,008	78,992	79,199	19,558

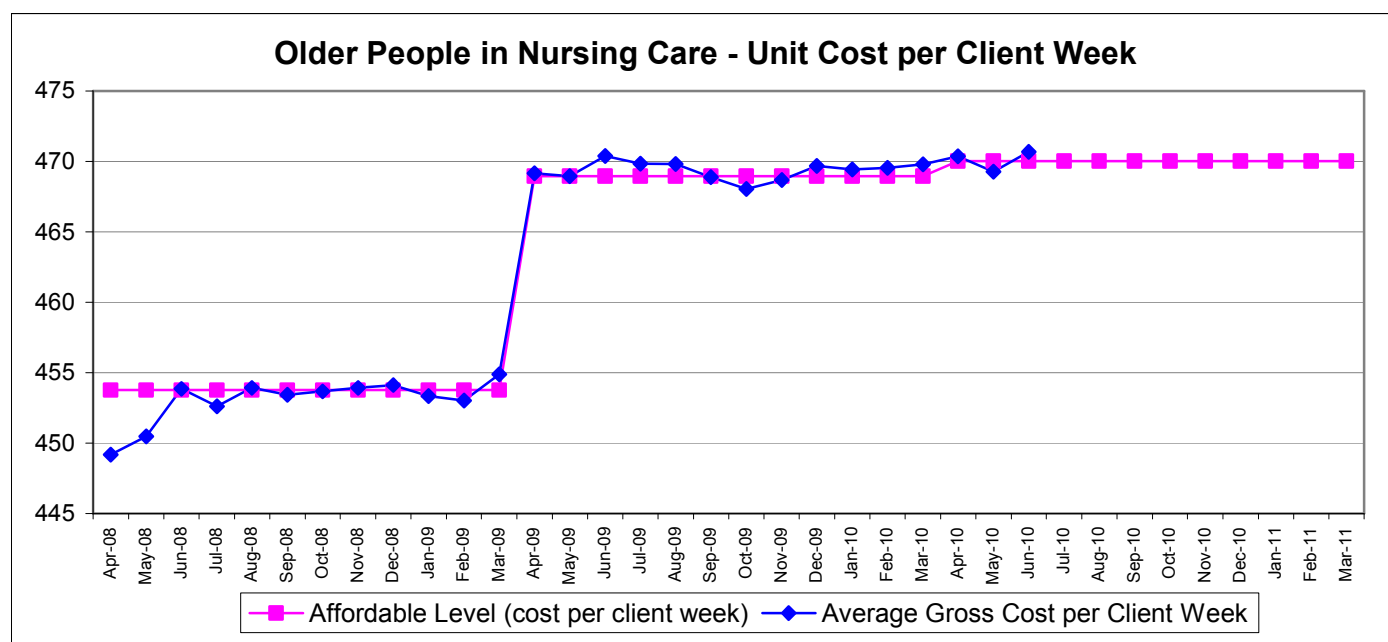


Comment:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people nursing care at the end of 2008-09 was 1,332, at the end of 2009-10 it was 1,374 and at the end of June 2010 it was 1,417. In nursing care, there is not the same distinction between clients with dementia, as with residential care. The difference in intensity of care for nursing care and nursing care with dementia is not as significant as it is for residential care.
- The current forecast is 78,429 weeks of care against an affordable level of 79,199; a difference of 770 weeks. Using the forecast unit cost of £470.67, this reduction in activity reduces the forecast by £363k, as highlighted in section 1.1.3.1.b
- To the end of June 19,558 weeks of care have been delivered against an affordable level of 19,727, a difference of -169 weeks.
- There are always pressures in permanent nursing care which may occur for many reasons. Increasingly, older people are entering nursing care only when other ways of support have been explored. This means that the most dependent are those that enter nursing care and consequently are more likely to have dementia. In addition, there will always be pressures which the directorate face, for example the knock on effect of minimising delayed transfers of care. Demographic changes – increasing numbers of older people with long term illnesses – also means that there is an underlying trend of growing numbers of people needing nursing care.

2.2.2 Average gross cost per client week of older people nursing care compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	453.77	449.18	468.95	469.15	470.01	470.36
May	453.77	450.49	468.95	468.95	470.01	469.27
June	453.77	453.86	468.95	470.37	470.01	470.67
July	453.77	452.61	468.95	469.84	470.01	
August	453.77	453.93	468.95	469.82	470.01	
September	453.77	453.42	468.95	468.88	470.01	
October	453.77	453.68	468.95	468.04	470.01	
November	453.77	453.92	468.95	468.69	470.01	
December	453.77	454.13	468.95	469.67	470.01	
January	453.77	453.33	468.95	469.42	470.01	
February	453.77	453.02	468.95	469.55	470.01	
March	453.77	454.90	468.95	469.80	470.01	

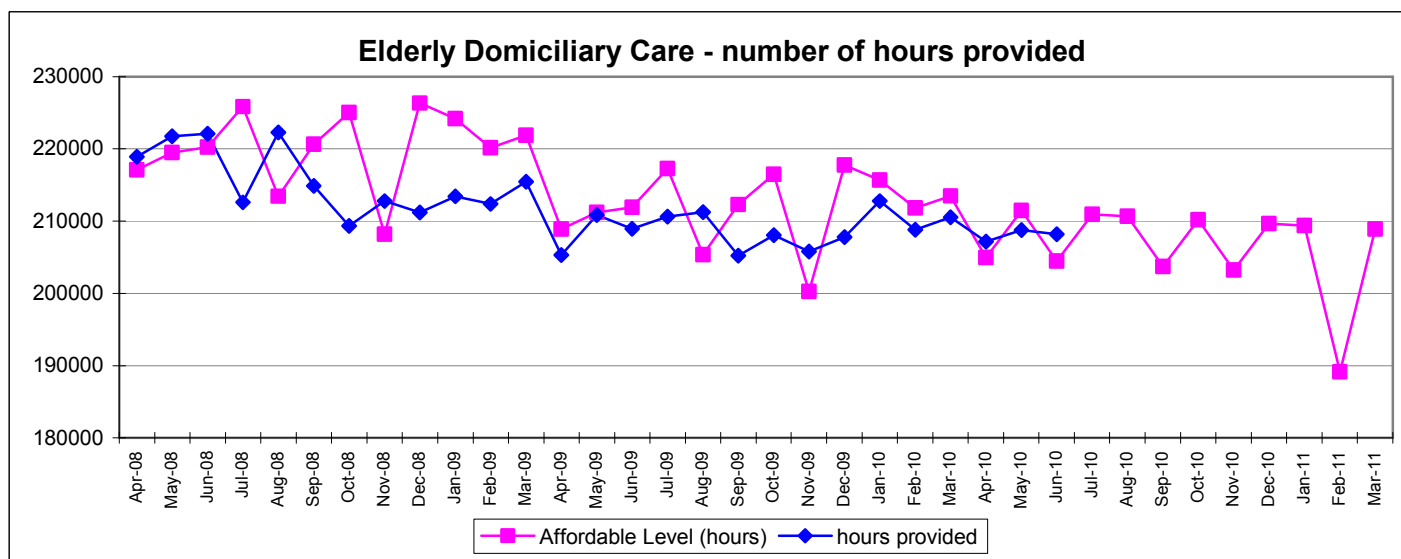
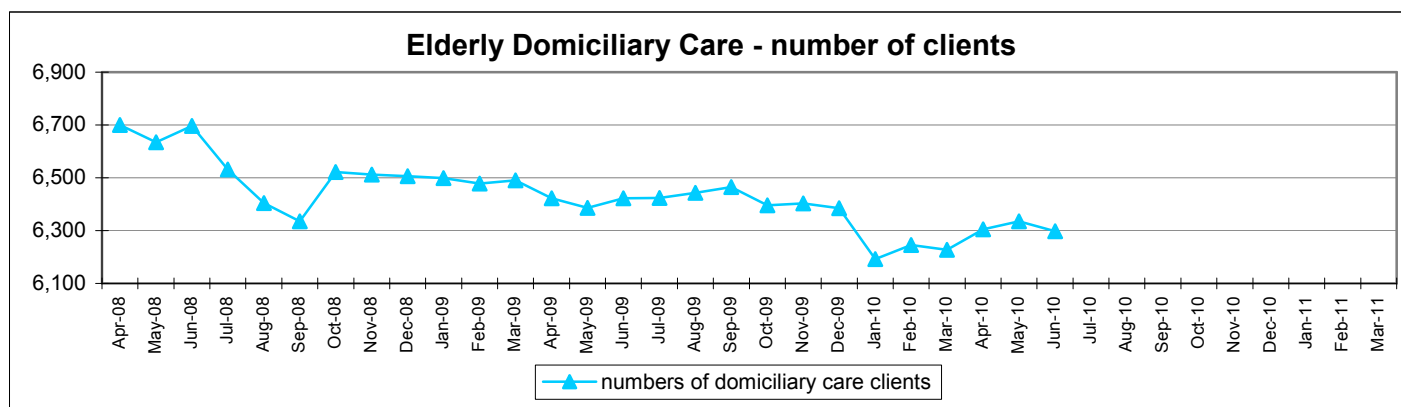


Comments:

- As with residential care, the unit cost for nursing care will be affected by the increasing proportion of older people with dementia who need more specialist and expensive care.
- The forecast unit cost of £470.67 is slightly higher than the affordable cost of £470.01 and this difference of £0.66 adds £53k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.1.b

2.3.1 Elderly domiciliary care – numbers of clients and hours provided:

	2008-09			2009-10			2010-11		
	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients
April	217,090	218,929	6,700	208,869	205,312	6,423	204,948	207,167	6,305
May	219,480	221,725	6,635	211,169	210,844	6,386	211,437	208,757	6,335
June	220,237	222,088	6,696	211,897	208,945	6,422	204,452	208,177	6,298
July	225,841	212,610	6,531	217,289	210,591	6,424	210,924		
August	213,436	222,273	6,404	205,354	211,214	6,443	210,668		
September	220,644	214,904	6,335	212,289	205,238	6,465	203,708		
October	225,012	209,336	6,522	216,491	208,051	6,396	210,155		
November	208,175	212,778	6,512	200,292	205,806	6,403	203,212		
December	226,319	211,189	6,506	217,749	207,771	6,385	209,643		
January	224,175	213,424	6,499	215,686	212,754	6,192	209,387		
February	220,135	212,395	6,478	211,799	208,805	6,246	189,143		
March	221,875	215,488	6,490	213,474	210,507	6,227	208,869		
TOTAL	2,642,419	2,587,139		2,542,358	2,505,838		2,476,546	624,101	



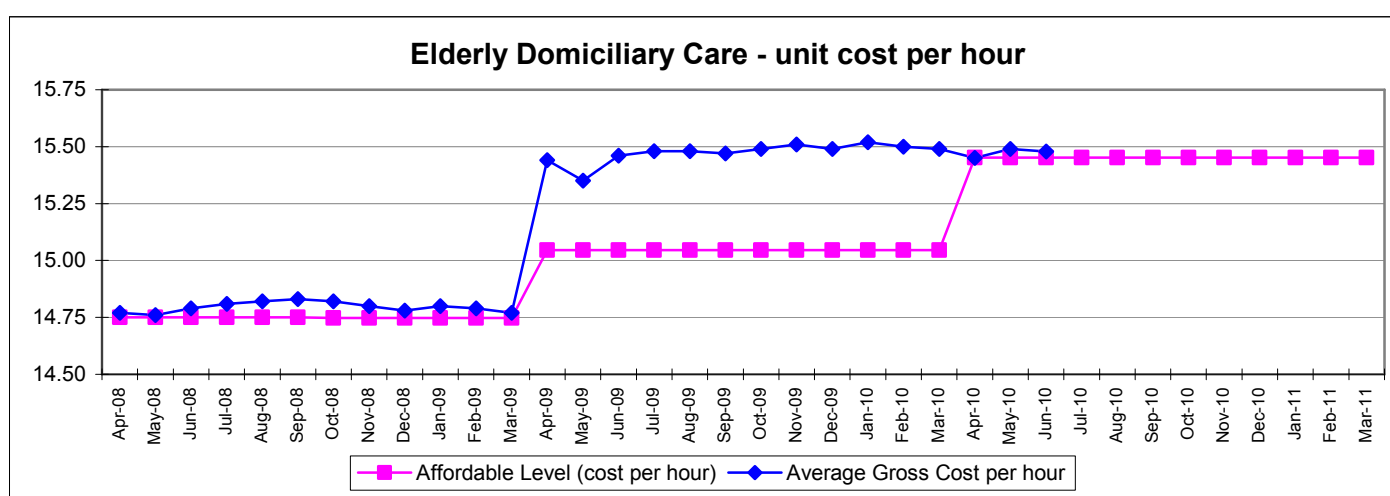
Comment:

- Figures exclude services commissioned from the Kent Enablement At Home service.
- The current forecast is 2,493,266 hours of care against an affordable level of 2,476,546, a difference of 16,720 hours. Using the forecast unit cost of £15.479 this additional activity increases the forecast by £259k, as highlighted in section 1.1.3.1.c
- To the end of June 624,101 hours of care have been delivered against an affordable level of 620,837, a difference of 3,264 hours.

- The number of people receiving domiciliary care has decreased since 2008/09, and we would not expect the number of domiciliary care clients to be significantly increasing for several reasons. Firstly, the success of preventative services such as intermediate care, rapid response and ongoing service developments with the voluntary sector and other organisations mean that we continue to prevent people from needing 'mainstream' domiciliary care. The LAA target focuses on how we can ensure that people are helped back to their own homes successfully with very minimal support. In the voluntary sector, people can access services, very often involving social inclusion (e.g. luncheon clubs and other social activities), without having to undergo a full care management assessment. Secondly, public health campaigns and social marketing aimed at improving people's health is already starting to result in healthier older people. Increase in the use of Telecare and Telehealth similarly reduces the need for domiciliary care, and it is possible that this trend will continue despite the growth in numbers of older people. Thirdly, in Kent, as well as nationwide, the take up of direct payments by older people, has for the first time, reached similar levels as people with physical disabilities.
- With the implementation of Self directed support within the Directorate and a key emphasis on enablement services, which is a short term but intensive service, we would expect the average hours per person to increase and this is starting to happen.

2.3.2 Average gross cost per hour of older people domiciliary care compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour
April	14.75	14.77	15.045	15.44	15.45	15.45
May	14.75	14.76	15.045	15.35	15.45	15.49
June	14.75	14.79	15.045	15.46	15.45	15.48
July	14.75	14.81	15.045	15.48	15.45	
August	14.75	14.82	15.045	15.48	15.45	
September	14.75	14.83	15.045	15.47	15.45	
October	14.75	14.82	15.045	15.49	15.45	
November	14.75	14.80	15.045	15.51	15.45	
December	14.75	14.78	15.045	15.49	15.45	
January	14.75	14.80	15.045	15.52	15.45	
February	14.75	14.79	15.045	15.50	15.45	
March	14.75	14.77	15.045	15.49	15.45	

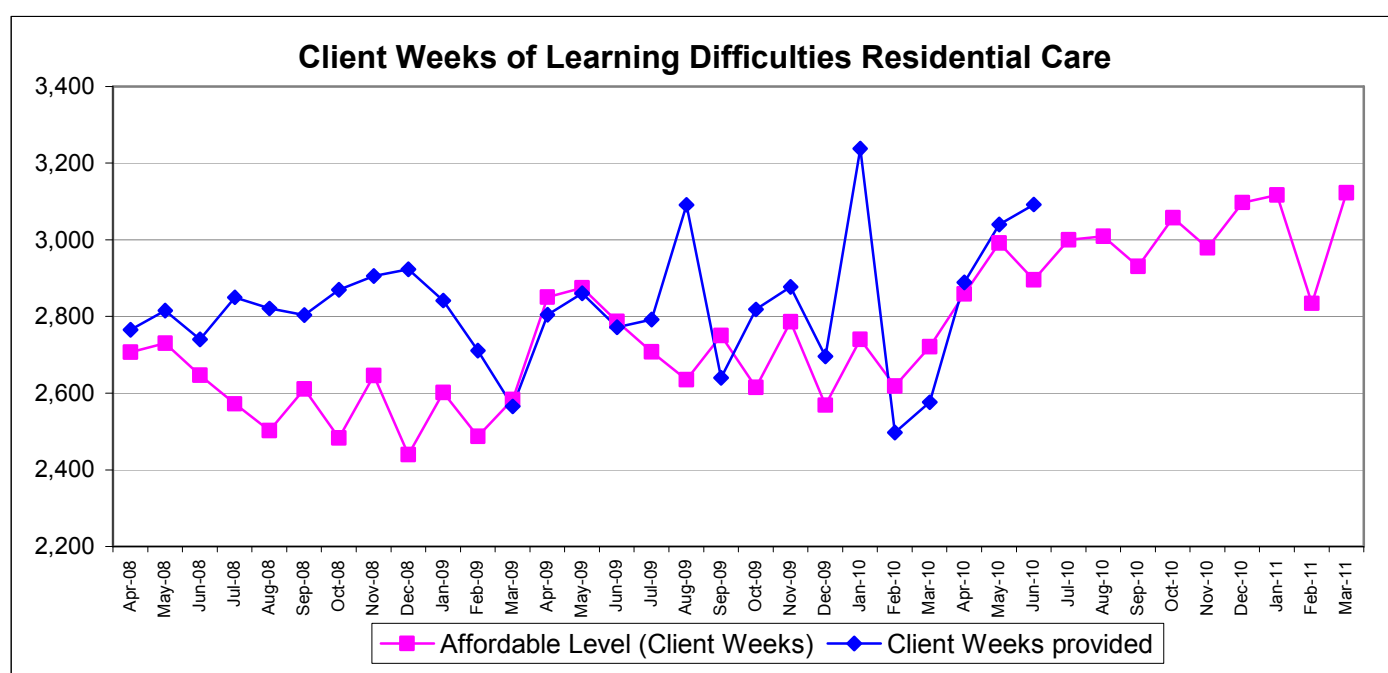


Comments:

- Average unit cost per week is increasing and may reflect the same issues outlined above concerning more intense packages and higher levels of need.
- The forecast unit cost of £15.479 is slightly higher than the affordable cost of £15.452 and this difference of £0.027 increases the pressure by £68k when multiplied by the affordable hours, as highlighted in section 1.1.3.1.c

2.4.1 Number of client weeks of learning difficulties residential care provided compared with affordable level (non preserved rights clients):

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided
April	2,707	2,765	2,851	2,804	2,859	2,889
May	2,730	2,815	2,875	2,861	2,991	3,040
June	2,647	2,740	2,787	2,772	2,896	3,092
July	2,572	2,850	2,708	2,792	3,000	
August	2,502	2,821	2,635	3,091	3,009	
September	2,611	2,803	2,750	2,640	2,931	
October	2,483	2,870	2,615	2,818	3,057	
November	2,646	2,906	2,786	2,877	2,979	
December	2,440	2,923	2,569	2,696	3,097	
January	2,602	2,842	2,740	3,238	3,117	
February	2,487	2,711	2,619	2,497	2,834	
March	2,584	2,565	2,721	2,576	3,123	
TOTAL	31,011	33,611	32,656	33,662	35,893	9,021

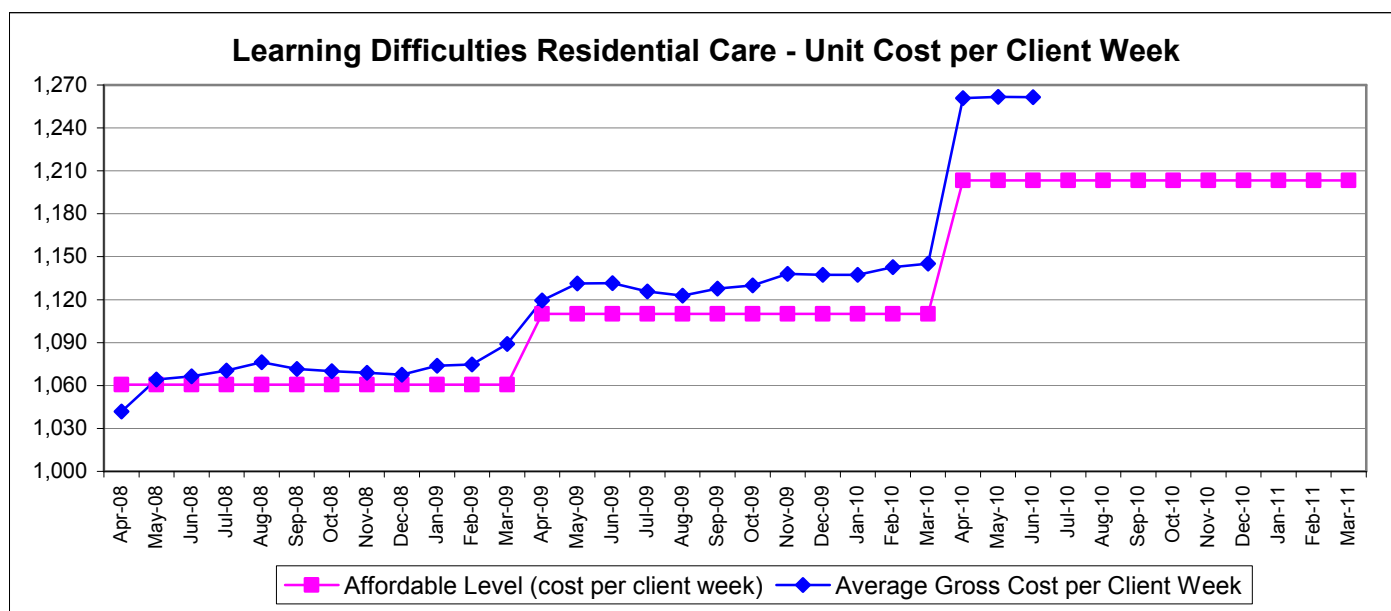


Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in LD residential care at the end of 2008-09 was 640, at the end of 2009-10 it was 632 and at the end of June 2010 it was 703. This increase in clients includes 69 new S256 clients.
- The current forecast is 37,026 weeks of care against an affordable level of 35,893, a difference of 1,133 weeks. Using the forecast unit cost of £1,261.46 this additional activity adds £1,429k to the forecast, as highlighted in section 1.1.3.2.a
- To the end of June 9,021 weeks of care have been delivered against an affordable level of 8,746, a difference of 275 weeks.

2.4.2 Average gross cost per client week of Learning Difficulties residential care compared with affordable level (non preserved rights clients):

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	1,060.70	1,041.82	1,110.15	1,119.42	1,203.27	1,260.82
May	1,060.70	1,064.19	1,110.15	1,131.28	1,203.27	1,261.67
June	1,060.70	1,066.49	1,110.15	1,131.43	1,203.27	1,261.46
July	1,060.70	1,070.50	1,110.15	1,125.65	1,203.27	
August	1,060.70	1,076.27	1,110.15	1,122.81	1,203.27	
September	1,060.70	1,071.59	1,110.15	1,127.79	1,203.27	
October	1,060.70	1,070.02	1,110.15	1,130.07	1,203.27	
November	1,060.70	1,068.95	1,110.15	1,137.95	1,203.27	
December	1,060.70	1,067.59	1,110.15	1,137.28	1,203.27	
January	1,060.70	1,073.71	1,110.15	1,137.41	1,203.27	
February	1,060.70	1,074.67	1,110.15	1,142.82	1,203.27	
March	1,060.70	1,089.10	1,110.15	1,145.12	1,203.27	

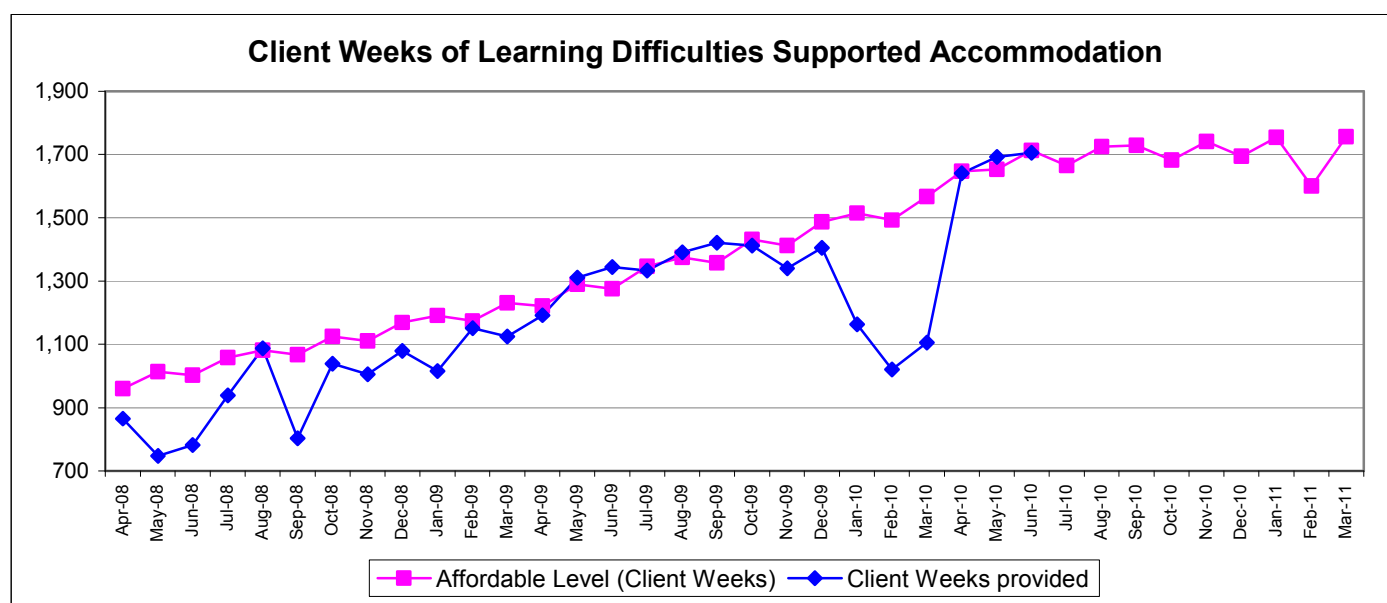


Comments:

- Clients being placed in residential care are those with very complex and individual needs which makes it difficult for them to remain in the community, in supported accommodation/supporting living arrangements, or receiving a domiciliary care package. These are therefore placements which attract a very high cost, with the average now being over £1,200 per week. It is expected that clients with less complex needs, and therefore less cost, can transfer from residential into supported living arrangements. This would mean that the average cost per week would increase over time as the remaining clients in residential care would be those with very high cost – some of whom can cost up to £2,000 per week. In addition, no two placements are alike – the needs of people with learning disabilities are unique and consequently, it is common for average unit costs to increase or decrease significantly on the basis of one or two cases.
- The forecast unit cost of £1,261.46 is higher than the affordable cost of £1,203.27 and this difference of £58.19 adds £2,089k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.a

2.5.1 Number of client weeks of learning difficulties supported accommodation provided compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided
April	960	865	1,221	1,192	1,647	1,641
May	1,014	747	1,290	1,311	1,653	1,692
June	1,003	782	1,276	1,344	1,712	1,705
July	1,058	939	1,346	1,333	1,665	
August	1,081	1,087	1,375	1,391	1,725	
September	1,067	803	1,357	1,421	1,729	
October	1,125	1,039	1,431	1,412	1,682	
November	1,110	1,006	1,412	1,340	1,741	
December	1,169	1,079	1,487	1,405	1,694	
January	1,191	1,016	1,515	1,163	1,754	
February	1,174	1,151	1,493	1,021	1,601	
March	1,231	1,125	1,567	1,105	1,756	
TOTAL	13,183	11,639	16,770	15,438	20,359	5,038

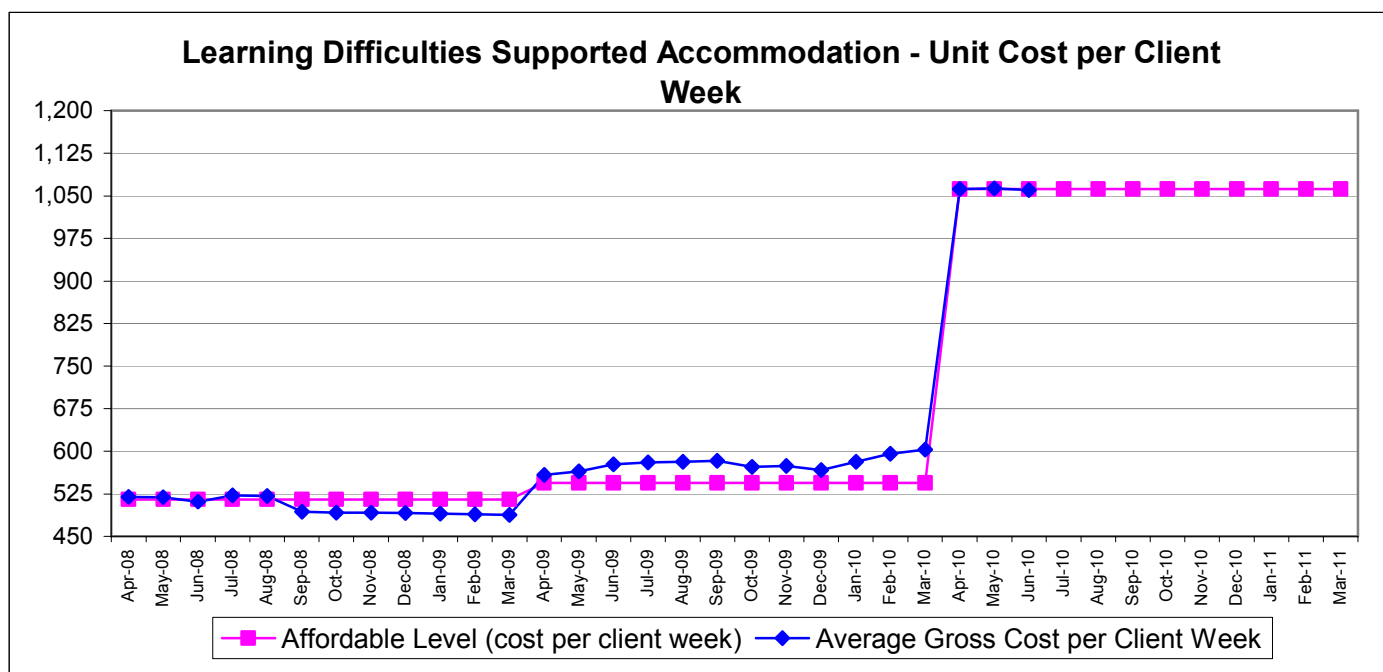


Comments:

- The above graph reflects the number of client weeks of service provided. The actual number of clients in LD supported accommodation at the end of 2008-09 was 233, at the end of 2009-10 it was 309 and at the end of June 2010 it was 408.
- The current forecast is 20,400 weeks of care against an affordable level of 20,359, a difference of 41 weeks. Using the forecast unit cost of £1,060.59 this increased activity creates a pressure of £44k as highlighted in section 1.1.3.2.b.
- To the end of June 5,038 weeks of care have been delivered against an affordable level of 5,012, a difference of 26 weeks.
- Like residential care for people with a learning disability, every case is unique and varies in cost, depending on the individual circumstances. Although the quality of life will be better for these people, it is not always significantly cheaper. The focus to enable as many people as possible to move from residential care into supported accommodation means that increasingly complex and unique cases will be successfully supported to live independently.

2.5.2 Average gross cost per client week of Learning Difficulties supported accommodation compared with affordable level (non preserved rights clients):

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	515.41	519.60	544.31	558.65	1,062.52	1,062.38
May	515.41	519.40	544.31	564.49	1,062.52	1,063.22
June	515.41	511.10	544.31	577.33	1,062.52	1,060.59
July	515.41	522.30	544.31	580.27	1,062.52	
August	515.41	521.40	544.31	581.76	1,062.52	
September	515.41	493.33	544.31	583.26	1,062.52	
October	515.41	491.85	544.31	572.59	1,062.52	
November	515.41	491.47	544.31	574.24	1,062.52	
December	515.41	490.83	544.31	566.87	1,062.52	
January	515.41	489.75	544.31	581.53	1,062.52	
February	515.41	488.90	544.31	595.89	1,062.52	
March	515.41	487.60	544.31	603.08	1,062.52	

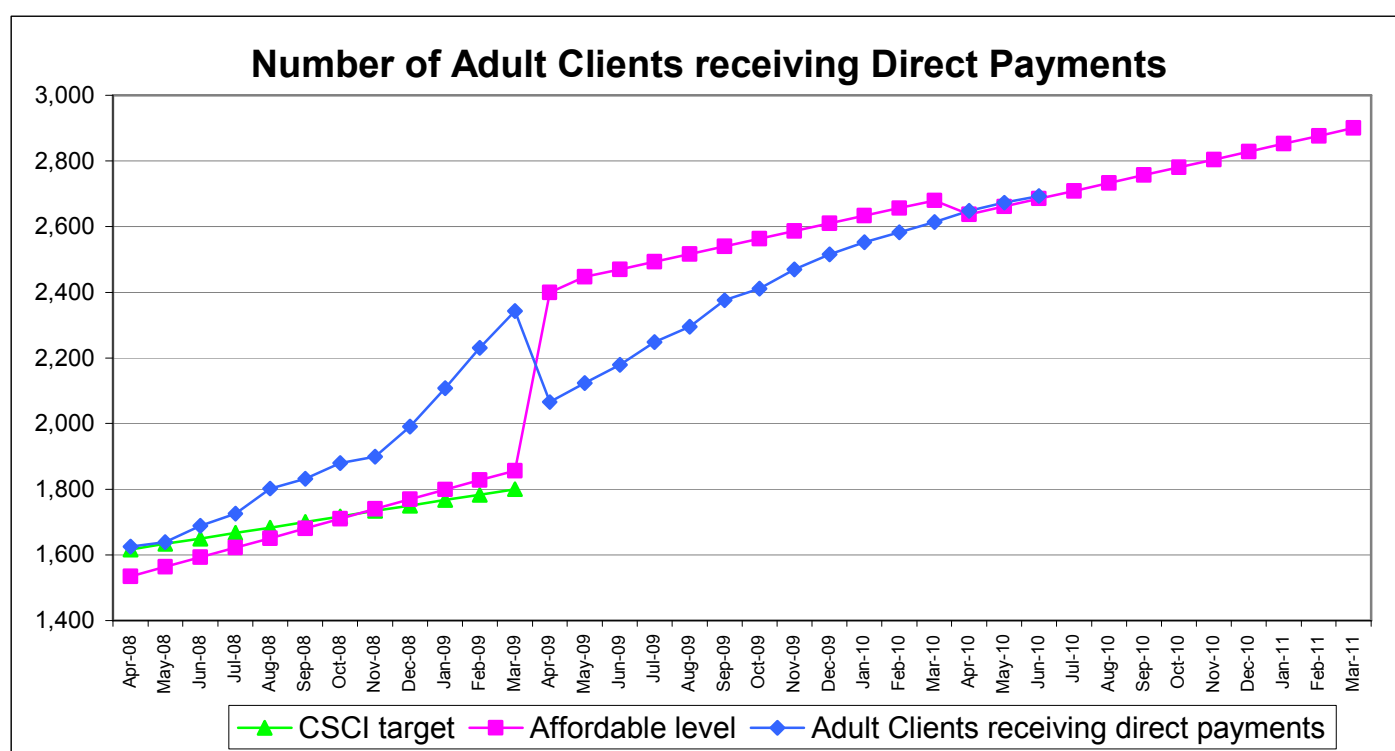


Comments:

- The forecast unit cost of £1,060.59 is higher lower than the affordable cost of £1,062.52 and this difference of £1.93 creates a saving of £39k when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.b.
- The costs associated with these placements will vary depending on the complexity of each case and the type of support required in each placement. This varies enormously between a domiciliary type support to life skills and daily living support.

2.6 Direct Payments – Number of Adult Social Services Clients receiving Direct Payments:

	2008-09			2009-10		2010-11	
	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments
April	1,617	1,535	1,625	2,400	2,065	2,637	2,647
May	1,634	1,564	1,639	2,447	2,124	2,661	2,673
June	1,650	1,593	1,689	2,470	2,179	2,685	2,693
July	1,667	1,622	1,725	2,493	2,248	2,709	
August	1,683	1,651	1,802	2,516	2,295	2,733	
September	1,700	1,681	1,832	2,540	2,375	2,757	
October	1,717	1,710	1,880	2,563	2,411	2,780	
November	1,734	1,740	1,899	2,586	2,470	2,804	
December	1,750	1,769	1,991	2,609	2,515	2,828	
January	1,767	1,799	2,108	2,633	2,552	2,852	
February	1,783	1,828	2,231	2,656	2,582	2,876	
March	1,800	1,857	2,342	2,679	2,613	2,900	



Comments:

- The activity being reported is as per the Department of Health definition for counting Direct Payments, which includes anyone who has received a Direct Payment during the preceding 12 months, but includes only those that are 'on-going'. i.e. in April the figures include clients who have received an on-going Direct Payment between 1st May 2009 and 30th April 2010, and the June figures includes clients who have received an on-going Direct Payment between 1st July 2009 and 30th June 2010. This compares with what was reported last year.

3. SOCIAL CARE DEBT MONITORING

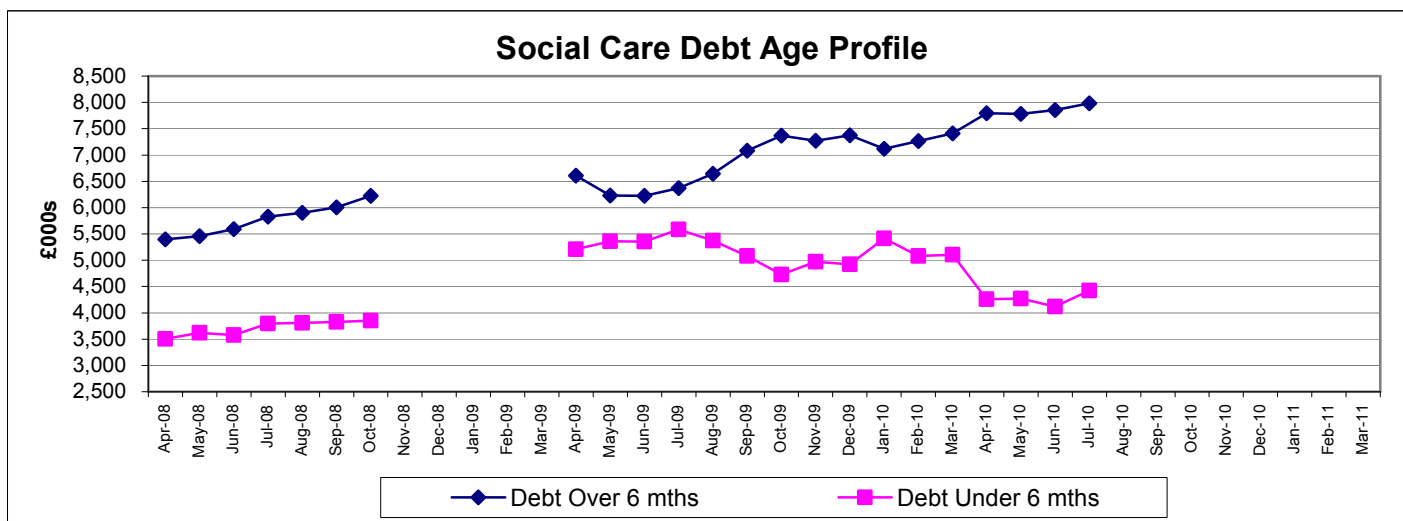
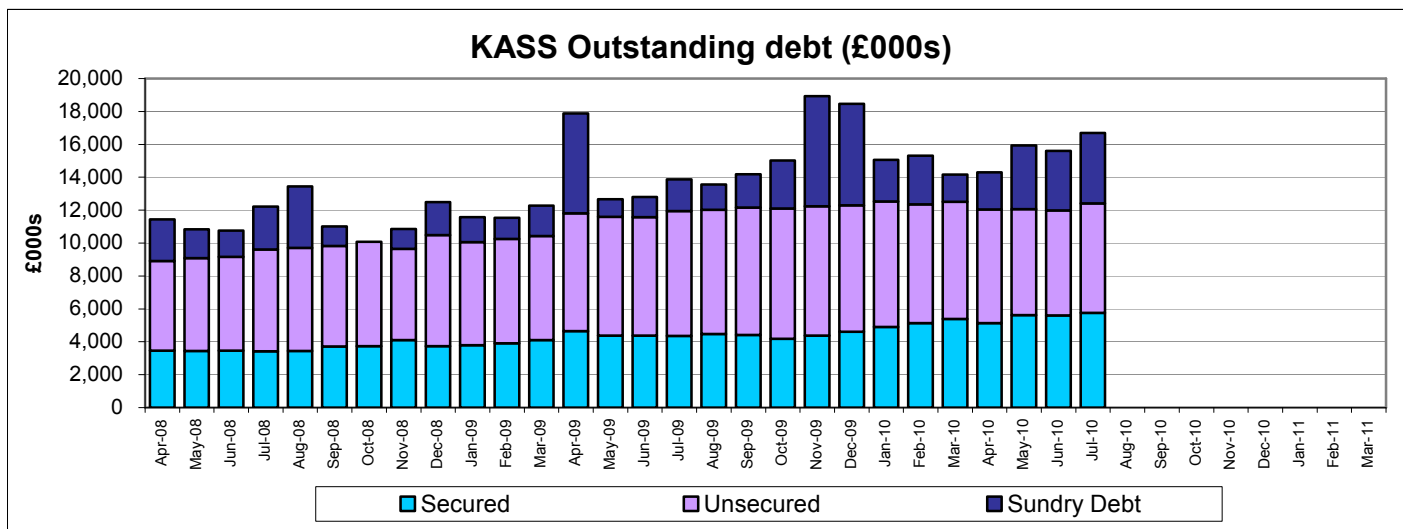
The outstanding debt as at the end of July was £16.689m compared with March's figure of £14.157m (reported to Cabinet in June) excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this figure is £4.285m of sundry debt compared to £1.643m at the end of March. The amount of sundry debt can change significantly for large invoices to health. Also within the outstanding debt is £12.404m relating to Social Care (client) debt which is a reduction of £0.110m from the last reported position to Cabinet in June (March position). The following table shows how this breaks down in terms of age and also whether it is secured (i.e. by a legal charge on the client's property) or unsecured, together with how this month compares with previous months. For most months the debt figures refer to when the four weekly invoice billing run interfaces with Oracle (the accounting system) rather than the calendar month, as this provides a more meaningful position for Social Care Client Debt. This therefore means that there are 13 billing invoice runs during the year. It also means that as the Directorate moved onto the new Client Billing system in October 2008, the balance will differ from that reported by Corporate Exchequer who report on a calendar month basis, apart from the period November 2008 to March 2009, when the figures are based on calendar months, as provided by Corporate Exchequer, because reports at that time were not aligned with the four weekly billing runs. From April 2009 the debt figures revert back to being on a four weekly basis to coincide with invoice billing runs. The age of debt cannot be completed for the months between November 2008 and March 2009 as the switch to Client Billing meant that all debts transferring on to the new system became "new" for purposes of reporting therefore it was not possible to show ageing until April.

Now that the full client debt monitoring and recovery function has been fully integrated into KASS, we have been able to develop bespoke reports that accurately reflect the ageing of Social Care debt. This has therefore meant that since April there has been some slight changes to how debt is categorised between that which is over six months and that which is under six months and this has resulted in slightly more debt being classed as over six months.

Debt Month	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Social Care Debt				
			Total Social Care Due Debt £000s	Debt Over 6 mths £000s	Debt Under 6 mths £000s	Secured £000s	Unsecured £000s
Apr-08	11,436	2,531	8,905	5,399	3,506	3,468	5,437
May-08	10,833	1,755	9,078	5,457	3,621	3,452	5,626
Jun-08	10,757	1,586	9,171	5,593	3,578	3,464	5,707
Jul-08	12,219	2,599	9,620	5,827	3,793	3,425	6,195
Aug-08	13,445	3,732	9,713	5,902	3,811	3,449	6,264
Sep-08	11,004	1,174	9,830	6,006	3,824	3,716	6,114
Oct-08	*	*	10,071	6,223	3,848	3,737	6,334
Nov-08	10,857	1,206	9,651			4,111	5,540
Dec-08	12,486	2,004	10,482			3,742	6,740
Jan-09	11,575	1,517	10,058			3,792	6,266
Feb-09	11,542	1,283	10,259			3,914	6,345
Mar-09	12,276	1,850	10,426			4,100	6,326
Apr-09	17,874	6,056	11,818	6,609	5,209	4,657	7,161
May-09	12,671	1,078	11,593	6,232	5,361	4,387	7,206
Jun-09	12,799	1,221	11,578	6,226	5,352	4,369	7,209
Jul-09	13,862	1,909	11,953	6,367	5,586	4,366	7,587
Aug-09	13,559	1,545	12,014	6,643	5,371	4,481	7,533
Sep-09	14,182	2,024	12,158	7,080	5,078	4,420	7,738
Oct-09	15,017	2,922	12,095	7,367	4,728	4,185	7,910
Nov-09	18,927	6,682	12,245	7,273	4,972	4,386	7,859
Dec-09	18,470	6,175	12,295	7,373	4,922	4,618	7,677
Jan-10	15,054	2,521	12,533	7,121	5,412	4,906	7,627
Feb-10	15,305	2,956	12,349	7,266	5,083	5,128	7,221
Mar-10	14,157	1,643	12,514	7,411	5,103	5,387	7,127

Debt Month	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Social Care Debt				
			Total Social Care Due Debt £000s	Debt Over 6 mths £000s	Debt Under 6 mths £000s	Secured £000s	Unsecured £000s
Apr-10	14,294	2,243	12,051	7,794	4,257	5,132	6,919
May-10	15,930	3,873	12,057	7,784	4,273	5,619	6,438
Jun-10	15,600	3,621	11,979	7,858	4,121	5,611	6,368
Jul-10	16,689	4,285	12,404	7,982	4,442	5,752	6,652
Aug-10							
Sep-10							
Oct-10							
Nov-10							
Dec-10							
Jan-11							
Feb-11							
Mar-11							

* In October 2008, KASS Social Care debt transferred from the COLLECT system to Oracle. The new reports were not available at this point, hence there is no data available for this period. The October Social Care debt figures relate to the last four weekly billing run in the old COLLECT system.



* The age of debt cannot be completed for the months between November 2008 and March 2009 as the switch to Client Billing meant that all debts transferring on to the new system became “new” for purposes of reporting therefore it was not possible to show ageing until April (i.e. once these debts became 6 months old in the new system).

ENVIRONMENT, HIGHWAYS & WASTE DIRECTORATE SUMMARY

JULY 2010-11 FULL MONITORING REPORT

1. FINANCE

1.1 REVENUE

1.1.1 All changes to cash limits are in accordance with the virement rules contained within the constitution, with the exception of those cash limit adjustments which are considered “technical adjustments” ie where there is no change in policy, including:

- Allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.
- Cash limits have been adjusted since the budget was set to reflect the adjustments required as a result of the in year grant reductions as reported to Cabinet in July, the addition of £0.717m of roll forward from 2009-10, as approved by Cabinet on 14 June 2010 and a number of technical adjustments to budget.
- The inclusion of new 100% grants (ie grants which fully fund the additional costs) awarded since the budget was set. These are detailed in Appendix 2 of the executive summary.

1.1.2 **Table 1** below details the revenue position by Service Unit:

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Environment, Highways & Waste portfolio							
Kent Highways Services	62,942	-12,724	50,218	0	0	0	
Public Transport Contracts	21,490	-2,977	18,513	537	0	537	Freedom Pass
Waste Management	69,945	-1,973	67,972	-600	0	-600	Increase in contract prices (£1.1m), offset by reduced tonnage (£1.7m)
Environmental Group	10,071	-4,830	5,241	0	0	0	
Planning & Development Group	770	-15	755	0	0	0	
Planning Applications	1,134	-477	657	0	0	0	
Transport Strategy Group	503		503	0	0	0	
Strategic Management	850		850	0	0	0	
Resources	5,255	-129	5,126	-150	0	-150	Vacancies
Support Services purchased from CED	1,768		1,768	0	0	0	
Total E, H & W	174,728	-23,125	151,603	-213	0	-213	
Assumed Management Action							
Forecast after Mgmt Action				-213	0	-213	

1.1.3 **Major Reasons for Variance:** *[provides an explanation of the 'headings' in table 2]*

Table 2, at the end of this section, details all forecast revenue variances over £100k. Each of these variances is explained further below:

[this section must include an explanation of every variance over £100k detailed in table 2]

Kent Highways Services (KHS):

1.1.3.1 The pothole find and fix programme is progressing well with approximately £4.1m spent after the first 13 weeks. The programme is expected to be completed by the Autumn and is estimated to outturn at around £6.5m. £2.448m of this programme has been funded by the Government, £2.5m from reserves and the remainder from funding released from efficiencies in other areas of Highways spend.

1.1.3.2 Estimates on the cost of the Freedom Pass show a pressure of £0.537m due to the popularity of the pass and the number of journeys now being undertaken. This may increase during the year depending on the take-up of passes in the new academic year and more will be known around October.

Waste Management:

1.1.3.2 The RPI index for April was much higher than budgeted, which has put significant price pressure on some of the Waste contracts. The Allington waste to energy price per tonne is £2.38 more than the budgeted figure which increases costs (assuming minimum tonnage through Allington of 325,000 tonnes) by £0.773m. Inflation on other disposal and Household Waste Recycling Centre contracts is expected to increase the total price pressure on waste to £1.1m.

1.1.3.3 This price pressure is expected to be offset by overall tonnage being less than the budgeted 760,000 tonnes. The draft April to July tonnage figures are below the affordable level. It is very early in the year to predict outturn tonnage with any level of certainty but on the basis of the April to July results, there is an expectation that tonnage will be at least 25,000 tonnes below budget which would give a saving of £1.7m at an average disposal cost per tonne of £68. Therefore, if waste tonnage does outturn at 25,000 tonnes below budget for the remainder of the year, it is expected that the waste budget will underspend by a net £0.6m (i.e. £1.7m saving on tonnage offset by £1.1m pressure on contract prices).

Resources

1.1.3.4 Staff vacancies of £0.15m are being held in order to help offset the pressure on the Freedom Pass.

Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER

(shading denotes that a pressure has an offsetting saving, which is directly related, or vice versa)

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
EHW	Waste contract prices	+1,100	EHW	Waste tonnage	-1,700
EHW	Freedom Pass	+537	EHW	Resources vacancies	-150
		+1,637			-1,850

1.1.4 Actions required to achieve this position:

Vacancies in Resources are being deliberately held in order to achieve this position.

1.1.5 Implications for MTP:

The base budget implications of issues identified in this monitoring report will be a call on the amounts identified in the 2010/13 MTP as emerging pressures in 2011/12 and 2012/13. The details of individual amounts will be included when the revised plan is published for consultation in January 2011 together with any new pressures forecast for 2011/12 and 2012/13. The significant issues for this portfolio arising from 2010/11 budget monitoring are:

- price increases on waste contracts – the April RPI figure, to which the indexation on many waste contracts is linked, was higher than expected in the MTP. Therefore if the index does not reverse in 2011, some catch up funding will be required, to maintain the purchasing power of the budget. This is estimated at about £1.2m currently.
- take-up and usage of the Freedom Pass – the Freedom Pass has proved extremely popular and the numbers of passes issued and the number of journeys undertaken is increasing. This will put a demand pressure on next year's budget of around £0.85m

The revised MTP will include proposals on how the in-year cuts in Government grants will be accommodated in base budgets once it has been confirmed that these reductions are permanent following the announcement of the provisional local government finance settlement for 2011/12 which we anticipate will be in late November/Early December. The revised plan will also include the strategy to address the likely reductions in funding over the lifetime of the current parliament following the Chancellor's emergency budget statement on 22nd June in which he outlined his plans to address the national budget deficit.

1.1.6 Details of re-phasing of revenue projects:

There are no re-phased revenue projects at this stage

1.1.7 Details of proposals for residual variance: *[eg roll forward proposals; mgmt action outstanding]*

This section should provide details of the management action outstanding, as reflected in the assumed management action figure reported in table 1.

It is proposed that the forecast underspend of £0.213m is held at present to deal with possible future pressures. These pressures are likely to come from Highways for dealing with the extraordinary number of insurance claims currently being experienced, the popularity of the Freedom Pass, the possibility of another bad winter and general maintenance pressures (although KHS is working hard currently to contain these additional general pressures).

1.2 CAPITAL

1.2.1 All changes to cash limits are in accordance with the virement rules contained within the constitution and have received the appropriate approval via the Leader, or relevant delegated authority.

The capital cash limits have been adjusted since last reported to Cabinet on 12th July 2010, as detailed in section 4.1.

1.2.2 **Table 3** below provides a portfolio overview of the latest capital monitoring position excluding PFI projects.

	Prev Yrs Exp £000s	2010-11 £000s	2011-12 £000s	2012-13 £000s	Future Yrs £000s	TOTAL £000s
Environment, Highways & Waste Portfolio						
Budget	193,123	167,010	119,582	83,605	224,661	787,981
Adjustments:						
- completed projects	-91,529					-91,529
-reduction in Gov. grants		-4,653				-4,653
Revised Budget	101,594	162,357	119,582	83,605	224,661	691,799
Variance		-1,615	-27,713	6,184	16,537	-6,607
split:						
- real variance		-364	-141	-115	-5,987	-6,607
- re-phasing		-1,251	-27,572	+6,299	+22,524	0

Real Variance		-364	-141	-115	-5,987	-6,607
Re-phasing		-1,251	-27,572	+6,299	+22,524	0

1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2010-11 and identifies these between projects which are:

- part of our year on year rolling programmes e.g. maintenance and modernisation;
- projects which have received approval to spend and are underway;
- projects which are only at the approval to plan stage and
- Projects at preliminary stage.

The variances are also identified as being either a real variance i.e. real under or overspending which has resourcing implications, or a phasing issue i.e. simply down to a difference in timing compared to the budget assumption.

Each of the variances in excess of £1m which is due to phasing of the project, excluding those projects identified as only being at the preliminary stage, is explained further in section 1.2.4 below.

All real variances are explained in section 1.2.5, together with the resourcing implications.

Table 4: CAPITAL VARIANCES OVER £250K IN SIZE ORDER

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme £'000s	Approval to Spend £'000s	Approval to Plan £'000s	Preliminary Stage £'000s
Overspends/Projects ahead of schedule						
	Integrated Transport scheme	real	500			
			+500	+0	+0	+0
Underspends/Projects behind schedule						
	Kent Thameside Strategic Programme	phasing			-1,027	
	Major Schemes Design Fees	real	-500			
	Rushenden Relief Road	real		-344		
			-500	-344	-1,027	-0
			-0	-344	-1,027	-0

1.2.4 Projects re-phasing by over £1m:

1.2.4.1 Kent Thameside Strategic Transport Programme – re-phasing of -£12.524m (-£1.027m in 2010-11, -£7.796m in 2011-12, -£3.701m in 2012-13 and +£12.524m in future years)

This programme is designed to deliver a package of Strategic Transport schemes in the Kent Thameside area. The programme has been re-phased by £12.524m. The re-phasing is due to the extended time that it has taken to secure Government funding for the programme.

Revised phasing of the scheme is now as follows:

	Prior Years	2010-11	2011-12	2012-13	future years	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
BUDGET & FORECAST						
Budget	231	2,317	9,743	11,497	127,510	151,298
Forecast	231	1,290	1,947	7,796	140,034	151,298
Variance	0	-1,027	-7,796	-3,701	+12,524	0
FUNDING						
Budget:						
Grant		838	7,471	4,783	34,510	47,602
Revenue	231					231
Developer Cont		1,479	2,272	6,714	93,000	103,465
TOTAL	231	2,317	9,743	11,497	127,510	151,298
Forecast:						
Grant		1,277	1,441	4,756	40,128	47,602
Revenue	231					231
Developer Cont		13	506	3,040	99,906	103,465
TOTAL	231	1,290	1,947	7,796	140,034	151,298
Variance	0	-1,027	-7,796	-3,701	12,524	0

1.2.4.2 Smart Link Ashford – re-phasing of -£20.0m (in 2011-12)

This Bus Project was anticipated to get programme entry from the Department for Transport in this autumn to qualify for funding. The Government have confirmed that programme entry will not be granted until at least 2011-12. Therefore, the construction of the scheme has now been re-phased.

	Prior Years	2010-11	2011-12	2012-13	future years	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
BUDGET & FORECAST						
Budget			20,000	10,000		30,000
Forecast				20,000	10,000	30,000
Variance	0	0	-20,000	10,000	10,000	0
FUNDING						
Budget:						
Grant			20,000	10,000		30,000
TOTAL	0	0	20,000	10,000	0	30,000
Forecast:						
Grant				20,000	10,000	30,000
TOTAL	0	0	0	20,000	10,000	30,000
Variance	0	0	-20,000	10,000	10,000	0

1.2.5 Projects with variances, including resourcing implications:

There is a real variance of -£6.607m (-£0.364m in 2010-11, -£0.141m in 2011-12, -£0.115m in 2012-13 and -£5.987m in future years) which is detailed as follows:

- 1.2.5.1 **Major scheme Design -£0.5m** (in 2010-11): the budget includes £0.5m to carry out the initial design of Smart Link Bus Project that was anticipated to get programme entry from the Department for Transport (DfT) for funding this autumn. The Government have confirmed that the scheme will not receive Programme Entry until at least 2011-12. **It is therefore requested to divert this funding to accelerating the A2 slip road project in Canterbury which is within the Integrated Transport Programme.**
- 1.2.5.2 **Kent Thameside Strategic Transport Programme - -£5.987m** (in future years): as well as the re-phasing mentioned in 1.2.4.2 above there is also a real variance in future years, this is due to the transfer of the A2 Bean junction improvement to the Regional Transport Programme.
- 1.2.5.3 **Rushenden Relief Road: -£0.600m** (-£0.344m in 2010-11, -£0.141m in 2011-12 and -£0.115m in 2012-13): the phase 1 of the scheme which included approach embankment was completed at the end of June. The revised forecast for the outturn is less than originally anticipated due to the allocated contingency provision for risk and compensation events not being fully utilised. This has given a real saving of £0.344m in 2010-11. Review of the scheme indicates that there will be a further saving of £0.256m in future years. There has also been a change in funding between SEEDA and developer contributions which is explained in the overview of the capital programme (section 1.2.6).

Taking these into account, there is an underlying variance of -£0.020m

1.2.6 General Overview of capital programme:

- (a) Risks and action being taken to alleviate risks

East Kent Access Phase 2 - spend on this project is currently predicted to be ahead of the original DfT allocation for this year. DfT will be approached formally to bring forward its phasing of the budget in October. The total scheme outturn remains a concern particularly because of construction price inflation and utility costs but this is being closely monitored together with robust contract management to ensure that necessary management action can be taken at the appropriate time to reduce the risk.

Sittingbourne Northern Relief Road - spend on this project is also currently predicted to be ahead of the original DfT allocation for this year. DfT will be approached formally to bring forward its phasing of the budget in October.

Rushenden Relief Road - SEEDA has not been able to secure the £1.9m funding required to complete the scheme. The preferred option is not to leave this road part-finished because of the impact this will have on the development and regeneration of this area and therefore other ways of funding the shortfall are currently being explored. A charge on the land or S106 is being considered by Legal and it is thought they are likely to recommend S106. There is no work on-site at present while the completed earthworks are allowed to settle. Should the funding not be available the risk to KCC is minimal due to the fact that the construction of road has not started. A Member decision will be sought in the autumn, to approve the alternative funding (when secured) and to complete the road build.

Victoria Way, Ashford - this scheme is funded from the Community Infrastructure Fund. Funding expires at 31 March 2011. Late award has always made this completion date challenging and the need to remove unforeseen land contamination and difficulties with utilities are already threatening a delay beyond 31 March 2011. The project team are focused on preparing a plan of action to overcome the difficulties and to mitigate the risk of overrun beyond the funding deadline.

Drovers Roundabout - M20 Junction 9 - this scheme is funded by the Regional Infrastructure Fund (RIF) and Growth Area Fund. As with Victoria way the funding expires on 31 March 2011. Progress is good so far but the feature bridge remains the biggest risk of delay. The team are focussed on plans to overcome that risk but if there is a RIF timing issue and consequent shortfall in funding, Ashford Borough Council has agreed that KCC will be able to claim S106 money to cover any underfunding. It is expected there will be sufficient S106 monies to cover any risk to KCC.

1.2.7 Project Re-Phasing

Cash limits are changed for projects that have re-phased by greater than £0.100m to reduce the reporting requirements during the year. Any subsequent re-phasing greater than £0.100m will be reported and the full extent of the rephasing will be shown. The proposed re-phasing is detailed in the table below.

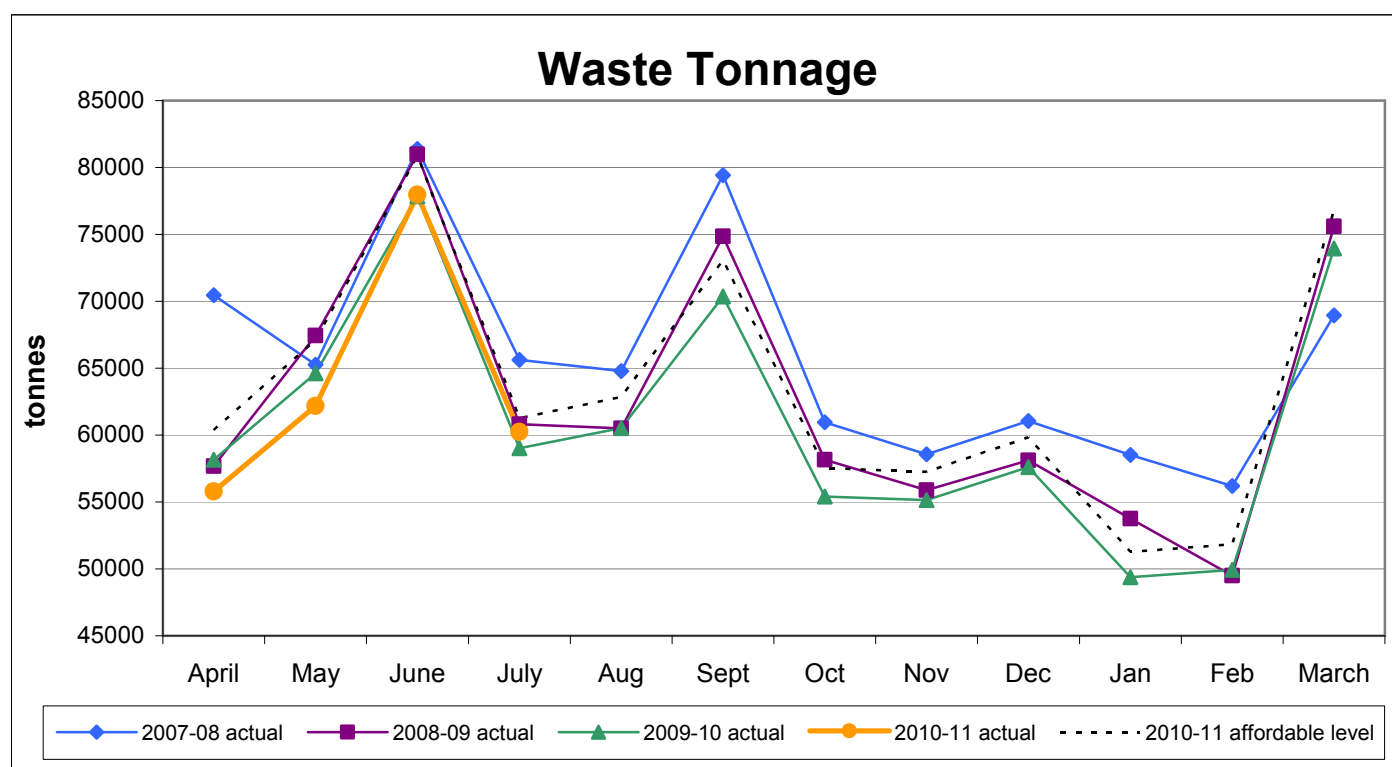
	2010-11	2011-12	2012-13	Future Years	Total
	£k	£k	£k	£k	
Energy and Water Efficiency Investment					
Amended total cash limits	+602	+605	+129	+373	+1,709
re-phasing	-224	+224			0
Revised project phasing	+378	+829	+129	+373	+1,709
Archaeological Resource Centre					
Amended total cash limits	+100	+600	+200		+900
re-phasing	-100	+100			0
Revised project phasing	0	+700	+200	0	+900
Windmills Refurbishments					
Amended total cash limits	0	+100			+100
re-phasing	+100	-100			0
Revised project phasing	+100	0	0	0	+100
Kent Thameside Strategic Transport Programme					
Amended total cash limits	+2,317	+9,743	+11,497	+127,510	+151,067
re-phasing	-1,027	-7,796	-3,701	+12,524	0
Revised project phasing	+1,290	+1,947	+7,796	+140,034	+151,067
Smart Link - Ashford					
Amended total cash limits	0	+20,000	+10,000		+30,000
re-phasing		-20,000	+10,000	+10,000	0
Revised project phasing	0	0	+20,000	+10,000	+30,000
Total re-phasing >£100k	-1,251	-27,572	+6,299	+22,524	0
Other re-phased Projects below £100k					
TOTAL RE-PHASING	-1,251	-27,572	+6,299	+22,524	0

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1 Waste Tonnage:

	2007-08	2008-09	2009-10	2010-11	
	Waste Tonnage	Waste Tonnage	Waste Tonnage	Waste Tonnage *	Affordable Level
April	70,458	57,688	58,164	55,795	60,394
May	65,256	67,452	64,618	62,174	67,096
June	81,377	80,970	77,842	77,969	80,826
July	65,618	60,802	59,012	60,228	61,274
August	64,779	60,575	60,522		62,842
September	79,418	74,642	70,367		73,065
October	60,949	58,060	55,401		57,526
November	58,574	55,789	55,138		57,252
December	61,041	58,012	57,615		59,825
January	58,515	53,628	49,368		51,260
February	56,194	49,376	49,930		51,845
March	68,936	76,551	73,959		76,795
TOTAL	791,115	753,545	731,936	256,166	760,000

* Note: waste tonnages are subject to slight variations between quarterly reports as figures are refined and confirmed with Districts

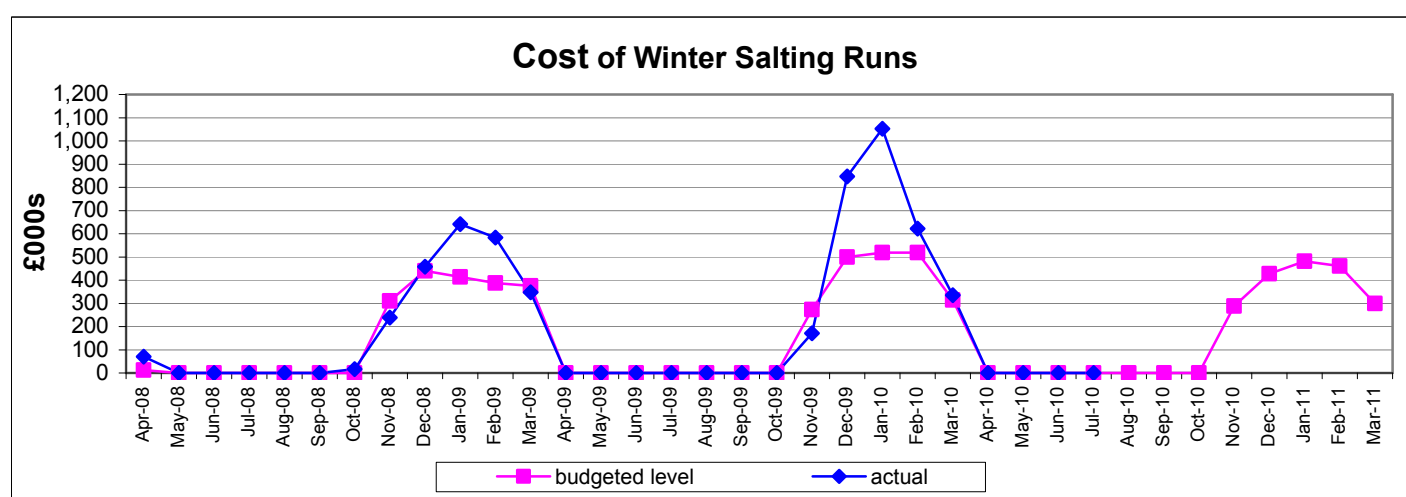
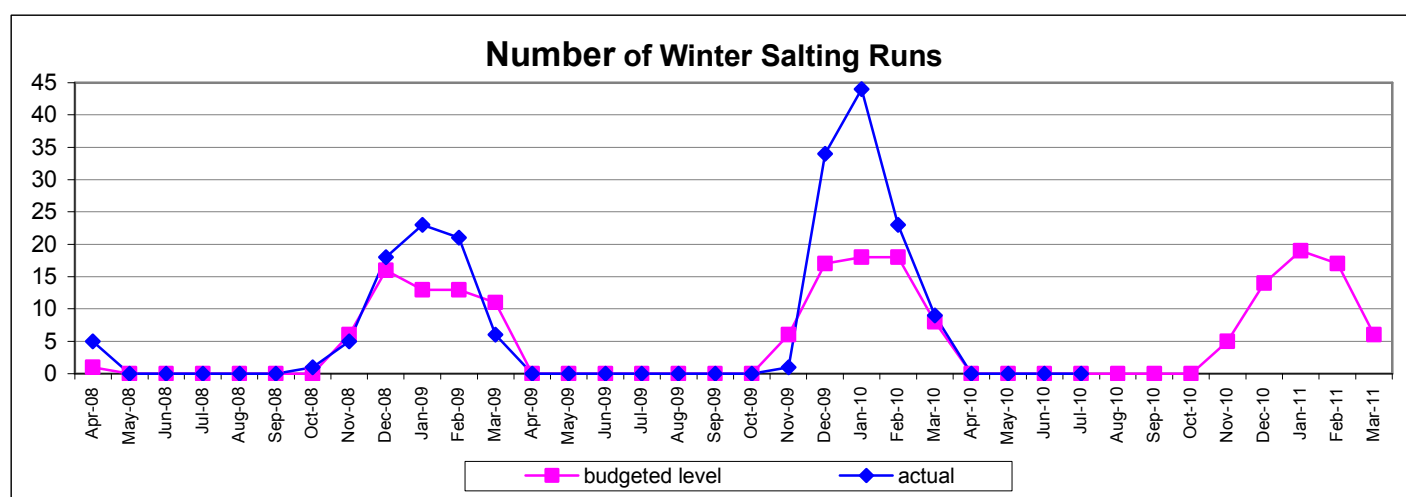


Comments:

- Waste volumes are below the affordable level for the four months of 2010-11 and the outturn assumptions in 1.1.3.3 above assume that tonnage will continue to remain below the budgeted levels for the rest of the year. Tonnages are too unpredictable to give a precise outturn at this stage but a reasonable assumption is that waste volumes will be around 25,000 tonnes below budget based on current figures. However waste may start to increase again at any point, now that the economy is picking up and continued falls in waste cannot be relied upon.

2.2 Number and Cost of winter salting runs:

	2008-09				2009-10				2010-11			
	Number of salting runs		Cost of salting runs		Number of salting runs		Cost of salting runs		Number of salting runs		Cost of salting runs	
	Actual	Budgeted Level	Actual £000s	Budgeted Level £000s	Actual	Budgeted Level	Actual £000s	Budgeted Level £000s	Actual	Budgeted level	Actual £000s	Budgeted Level £000s
April	5	1	70	13	-	-	-	-	-	-	-	-
May	-	-	-	-	-	-	-	-	-	-	-	-
June	-	-	-	-	-	-	-	-	-	-	-	-
July	-	-	-	-	-	-	-	-	-	-	-	-
August	-	-	-	-	-	-	-	-	-	-	-	-
September	-	-	-	-	-	-	-	-	-	-	-	-
October	1	-	16	-	-	-	-	-	-	-	-	-
November	5	6	239	310	1	6	171	273	5	5	288	288
December	18	16	458	440	34	17	847	499	14	14	427	427
January	23	13	642	414	44	18	1,052	519	19	19	482	482
February	21	13	584	388	23	18	622	519	17	17	461	461
March	6	11	348	375	9	8	335	315	6	6	299	299
TOTAL	79	60	2,357	1,940	111	67	3,027	2,125	-	61	-	1,957

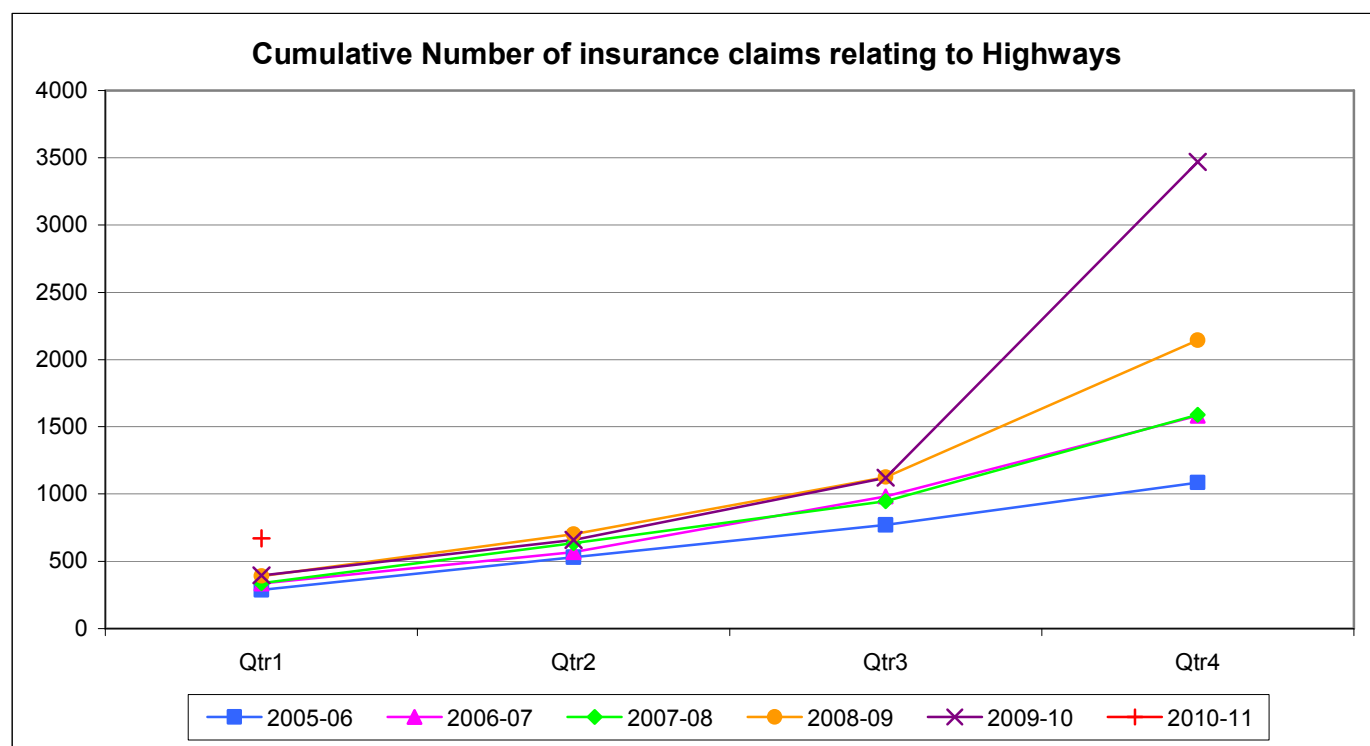


Comment:

- The charges for the Winter Maintenance Service reflect two elements of cost: the smaller element being the variable cost of the salting runs undertaken; the major element of costs, relating to overheads and mobilisation within the contract, have been apportioned equally over the 5 months of the salting period.

2.3 Number of insurance claims arising related to Highways:

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
	Cumulative no. of claims	Cumulative no. of claims	Cumulative no. of claims	Cumulative no. of claims	Cumulative no. of claims	Cumulative no. of claims
April – June	286	335	336	392	395	672
July – Sept	530	570	636	702	658	
Oct – Dec	771	982	946	1,126	1,122	
Jan - Mar	1,087	1,581	1,589	2,144	3,469	



Comments:

- Numbers of claims will continually change as new claims are received relating to accidents occurring in previous quarters. Claimants have 3 years to pursue an injury claim and 6 years for damage claims. The data previously reported has been updated to reflect claims logged with Insurance as at 1 July 2010.
- The number of claims rose sharply at the end of 2008-09 and 2009-10. The particularly adverse weather conditions and the consequent damage to the highway seems a major factor with this along with some possible effect from the economic downturn. Claims for the 1st quarter 2010-11 are also significantly above previous years (and will increase as more claims for that period are received in subsequent months).
- The Insurance section continues to work closely with Highways to try to reduce the number of successful claims and currently the Authority manages to achieve a rejection rate of claims where it is considered that we do not have any liability, of about 70%.
- As previously reported, a new way of charging KHS for highways related insurance claims has been introduced for 2010-11 in order to more accurately reflect the risk and reward associated with managing risk within the Highways service. This will be reviewed at the end of the first year to see whether the new scheme has achieved this objective.

COMMUNITIES DIRECTORATE SUMMARY JULY 2010-11 FULL MONITORING REPORT

1. FINANCE

1.1 REVENUE

1.1.1 All changes to cash limits are in accordance with the virement rules contained within the constitution, with the exception of those cash limit adjustments which are considered "technical adjustments" ie where there is no change in policy, including:

- Allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.
- Cash limits have been adjusted since the budget was set to reflect the adjustments required as a result of the in year grant reductions as reported to Cabinet in July, the addition of £0.126m of roll forward from 2009-10, as approved by Cabinet on 14 June 2010 and a number of technical adjustments to budget including the transfer of the Stronger Safer Communities Area Based Grant from the Finance portfolio.
- The inclusion of a number of 100% grants (ie grants which fully fund the additional costs) awarded since the budget was set. These are detailed in Appendix 2 of the executive summary.

1.1.2 **Table 1** below details the revenue position by Service Unit:

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Communities portfolio							
Kent Drug & Alcohol Action Team	17,172	-14,933	2,239	0	0	0	
Youth Offending Service	6,757	-3,012	3,745	1	-1	0	
Youth Services	12,059	-5,205	6,854	-19	-3	-22	
Supporting People	32,314	-220	32,094	0	0	0	
Adult Education (incl KEY)	17,072	-17,172	-100	0	0	0	
Arts Unit	2,277	-285	1,992	-107	95	-12	Variance relates to the finalisation and repayment of an Interreg grant, gross and income effect.
Libraries, Archives & Museums	22,602	-3,045	19,557	-62	62	0	Gross costs have been reduced by enhanced vacancy management with AV income forecasts reduced in line with Qtr 1 activity.
Sports, Leisure & Olympics	3,002	-1,373	1,629	-8	8	0	
Supporting Independence	4,937	-4,160	777	0	0	0	
Kent Community Safety Partnership	5,296	-382	4,914	33	-79	-46	Reduced staff costs mainly due to part year Community Warden vacancies offset by contribution towards directorate vacancy savings target. Additional income from Future Jobs Fund.
Coroners	2,702	-475	2,227	95	0	95	Continuation of pressure reported in 2009-10, regarding long inquests and Body removal contract.

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Emergency Planning	828	-199	629	-9	9	0	
Kent Scientific Services	1,271	-780	491	-40	58	18	Reduced staff costs arising from vacancy management, offset by higher than anticipated price increases of chemical and safety equipment. Income variance relates to an income target, which at present is deemed as not achievable.
Registration	3,895	-3,027	868	-28	0	-28	Reduced staff and premises costs.
Trading Standards	3,655	-322	3,333	-63	11	-52	Reduced staff costs due to vacancies being held, where possible, for duration of year; reduced spend on staff related, premises and transport costs. Reduced fees income
Policy & Resources	1,669	-361	1,308	0	0	0	
Business Development & Support	579	-228	351	-16	16	0	
Strategic Management	929		929	-1	0	-1	
Centrally Managed directorate budgets	1,296	-1,228	68	46	-53	-7	
Support Services purchased from CED	4,760		4,760	0	0	0	
Total Communities controllable	145,072	-56,407	88,665	-177	122	-55	
Assumed Management Action						0	
Forecast after Mgmt Action				-177	122	-55	

1.1.3 Major Reasons for Variance: [provides an explanation of the 'headings' in table 2]

Table 2, at the end of this section, details all forecast revenue variances over £100k. Each of these variances is explained further below:

1.1.3.1 Coroners: +£95k Net (Gross +£95k)

The pressures affecting the service, and our inability to control Coroners' expenditure has been fully documented over the past years.

Despite additional funding in each of the last three years to address the issue of long inquests and increasing pressures on Mortuary costs, the service continues to experience pressures, due to a rise in the number of deaths that are deemed suspicious.

The main pressure arises from long inquests payments (£39k on staff pay, £47k premises and £43k fees with private sector). As an example, two long inquests in the North West Kent area are forecast in the region of £49k, with another significant inquest scheduled later in the year, estimated at a further cost of £20k.

The pressure is being exacerbated by one of the coroners continuing to use, in the first quarter, an external provider for toxicology and other laboratory services, instead of using Kent Scientific Services, which contributes £20k towards the forecast overspend.

These pressures are being partially offset because late invoices relating to 2009-10 have come in at less than the estimated creditor provisions set up at the end of the year.

1.1.3.2 Libraries: -£62k Gross and +£62k Income

The service has made savings on gross expenditure, mainly through vacancy management (-£65k), and on premises costs (-£134k) which have been achieved from one-off rates rebates for three of their libraries.

This is being offset by higher than anticipated running costs (£89k) and increased internal recharges (£39k).

Libraries are forecasting a reduction in their Audio Visual and merchandising income streams of £155k and reduced fines income of £50k, due to reduced activity in Quarter 1. The budget was set at a lower level than in the prior year but even then; revised targets have not been met. Therefore, the forecast for the year has been reduced accordingly.

This is being offset by various one-off income contributions from internal and external partners totalling £146k.

1.1.3.3 Community Learning & Skills (AE &KEY)

Subsequent to the preparation of the 2010-2011 budget, the service was notified of a variation in grant funding of £469k, for the 2010-2011 academic year from the Skill Funding Agency (formerly the Learning & Skills Council).

The service has responded to this ever changing and volatile market by revising its budget plans to take into account the net loss of grant income, amended the enrolment targets set, and put in place management action designed to reduce expenditure in line with current funding levels and to mitigate against the loss of income.

Cash limits have been adjusted to reflect this grant reduction, as highlighted in Appendix 3, Reconciliation of Gross and Income Cash Limits to the Budget Book, to the executive summary report.

1.1.3.4 Supporting People

Commitments are in place that will result in gross expenditure being close to £2,796k in excess of the agreed cash limit for floating support. This is a demand led service provided by the unit, to assist customers within their homes. Demand currently exceeds the resources allocated and, therefore, additional support has been provided to cope with the increase in demand. These costs will be met by a drawdown from the existing supporting people earmarked reserve and, therefore, a balanced position is being forecast with regard to the main grant.

As a result of the 10 June Government savings announcement, the service was notified of a reduction in the Area Based Grant for supporting people administration of £736k. Cabinet, at its meeting in July, agreed that this reduction could be met by a drawdown from the supporting people earmarked reserve and the cash limit has been reduced accordingly to reflect this drawdown. However, the current forecast for supporting people administration indicates a modest underspend of -£73k, therefore the estimated drawdown from the reserve will be reduced accordingly.

Overall therefore, the current estimated drawdown from the reserve is £2,723k (£2,796k - £73k) above the budgeted drawdown of £736k.

Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER

(shading denotes that a pressure has an offsetting saving, which is directly related, or vice versa)

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
CMY	Supporting People: planned increase in the level of Floating Support and small underspend on administration	+2,723	CMY	Drawdown from Supporting People reserve.	-2,723
CMY	Libraries: reduced forecast on audio visual income stream due to reduction in activity compared with Q1 in 09-10 and anticipated shortfall in merchandising income.	+155	CMY	Libraries: one-off income contributions from internal and external partners.	-146
CMY	Coroners: long inquest costs	+129	CMY	Libraries: Reduced spend on utilities and one off rates rebates.	-134
		+3,007			-3,003

1.1.4 Actions required to achieve this position:Community Learning & Skills

In order to mitigate against the grant reduction from the Skills Funding Agency of £469k, the service has enacted management action devised to deliver a balanced budget.

Vacancy management

Due to the current financial climate and volatility regarding grant funding, the directorate has informed units to maintain and extend vacancies wherever possible, but on the basis that front line provision should not be adversely affected. In addition, services have also been asked to monitor and reduce all non essential expenditure.

Grant Reductions

A few directorate units have recently been notified of reduced grant income from internal and external partners. In all cases, management actions has been enacted to contain expenditure and to deliver a balanced budget position.

Supporting People

The service expects to drawdown £3.459m from its reserve to address costs required to service their contracts. The level of drawdown required, has been exacerbated by the removal of the Admin grant.

1.1.5 Implications for MTP:

The base budget implications of issues identified in this monitoring report will be a call on the amounts identified in the 2010/13 MTP as emerging pressures in 2011/12 and 2012/13. The details of individual amounts will be included when the revised plan is published for consultation in January 2011 together with any new pressures forecast for 2011/12 and 2012/13. There are no significant issues for the Communities portfolio arising from 2010/11 budget monitoring.

The revised MTP will include proposals on how the in-year cuts in Government grants will be accommodated in base budgets once it has been confirmed that these reductions are permanent, following the announcement of the provisional local government finance settlement for 2011/12 which we anticipate will be in late November/Early December. The revised plan will also include the strategy to address the likely reductions in funding over the lifetime of the current parliament following the Chancellor's emergency budget statement on 22nd June in which he outlined his plans to address the national budget deficit.

1.1.6 Details of re-phasing of revenue projects:

None

1.1.7 Details of proposals for residual variance: [eg roll forward proposals; mgmt action outstanding]

This section should provide details of the management action outstanding, as reflected in the assumed management action figure reported in table 1.

N/A

1.2 CAPITAL

1.2.1 All changes to cash limits are in accordance with the virement rules contained within the constitution and have received the appropriate approval via the Leader, or relevant delegated authority.

The capital cash limits have been adjusted since last reported to Cabinet on 12th July 2010, as detailed in section 4.1.

1.2.2 **Table 3** below provides a portfolio overview of the latest capital monitoring position, excluding PFI projects.

	Prev Yrs Exp £000s	2010-11 £000s	2011-12 £000s	2012-13 £000s	Future Yrs £000s	TOTAL £000s
Communities Portfolio						
Budget	33,545	28,725	10,311	3,060	350	75,991
Adjustments:						
- re-phasing May monitoring		-1,680	1,680			
- completed projects	-18,654					-18,654
- The Beaney			170			170
Revised Budget	14,891	27,045	12,161	3,060	350	57,507
Variance	0	-22	+876	0	0	+854
split:						
Real Variance	0	261	593			854
Re-phasing	0	-283	283			

1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2010-11 and identifies these between projects which are:

- part of our year on year rolling programmes e.g. maintenance and modernisation;
- projects which have received approval to spend and are underway;
- projects which are only at the approval to plan stage and
- Projects at preliminary stage.

The variances are also identified as being either a real variance i.e. real under or overspending which has resourcing implications, or a phasing issue i.e. simply down to a difference in timing compared to the budget assumption.

Each of the variances in excess of £1m which is due to phasing of the project, excluding those projects identified as only being at the preliminary stage, is explained further in section 1.2.4 below.

All real variances are explained in section 1.2.5, together with the resourcing implications.

Table 4: CAPITAL VARIANCES OVER £250K IN SIZE ORDER

portfolio	Project	real/ phasing	Rolling Programme £'000s	Approval to Spend £'000s	Approval to Plan £'000s	Preliminary Stage £'000s
Overspends/Projects ahead of schedule						
	None					
			+0	+0	+0	+0
Underspends/Projects behind schedule						
	None					
			0	-0	-0	-0
			-0	-0	-0	-0

1.2.4 Projects rephasing by over £1m:

None

1.2.5 Projects with real variances, including resourcing implications:

There is a real variance of +£0.854m (-£0.022m in 2010-11 and £0.876m in 2011-12) which is detailed as follows:

Edenbridge Centre +£0.830m (+£0.237m in 2010-11,+£0.593m in 2011-12 and rephasing of -£0.237m from 2010-11 to 2011-12): The increase in gross expenditure reflects the revised and increased project specifications which include funding in full from the developer, external partners and the service units (libraries and youth). The full funding proposals are expected to be completed and approval to spend sought later this year.

Taking this into account, there is an underlying variance of +£0.024m

1.2.6 General Overview of capital programme:

(a) Risks (mitigations in section b below):

Library Modernisation Programme – consists of a number of large individual projects, which if delayed could result in significant rephasing of costs into 2011-12. As this programme is linked to the Modernisation of Assets budget, delays in relation to DDA and planned maintenance would also ensue.

The Beaney – further archaeology is required, which could result in additional delays and cost. The existing building needs significant restoration, the cost of which was included in the original budget but if further defects are noted then these may not be covered by the project contingency. The delayed start could also lead to further weather related delays.

Turner Contemporary– the external funding target of £2.9m, underwritten by KCC, may not be reached, therefore causing a potential funding shortfall.

Ashford Gateway Plus – the specification of the build was enhanced to incorporate partner requests, however any further changes to the specification or schedule could result in additional costs.

Ramsgate Library – final agreement with the Administrator is very close. It is anticipated that the settlement should be in line with the project budget; however there is small risk that this position may alter.

Tunbridge Wells Library – awaiting revised plans and costings for the external lifts. Given the listed status of the building, there is a small risk that the budget will be insufficient to meet the cost of remedial works.

Kent History & Library Centre – project funding could be affected by both the state of the property market, by virtue of reduced capital receipts/land value, and rising costs.

Gravesend Library – the delay to the programme start could result in additional costs if the proposed schedule cannot be adhered to.

New community facilities at Edenbridge – the project is partially dependent upon external partner funding, which in itself is reliant on the sale of a partner asset, and without this in place the KCC share of the project costs will rise.

(b) Details of action being taken to alleviate risks:

Library Modernisation Programme – a Library Modernisation Advisory Group, including support from the Property Group, has been established to oversee this programme and to co-ordinate appropriate project management, design development, estates and financial advice of the various rolling programmes. Expenditure has been profiled over the coming year for each of the key locations.

The Beaney – the archaeology to the crane foundations is considered a low risk as this is a small, relatively shallow area and the project team is working closely with Canterbury Archaeological Trust. A full assessment of the existing building by specialist consultants is now underway and further value engineering will follow if the allocated budget and contingency is insufficient to cover remedial works. Any weather related delays will be a call on the contingency, which was recently increased as a prudent measure.

KCC are working closely with the specialist consultants and Canterbury City Council, our partners in this venture, to ensure that this risk is mitigated and that the project is kept on schedule with regards to timing and cost.

Turner Contemporary– Turner Contemporary Art Trust has been established to raise funds to meet the funding target and a number of donations have been made in recent months, although the funding target has still to be fully mitigated.

Ashford Gateway Plus – the installation of the steel frame indicates that progress will be prompt for the remainder of the build. Further specification changes are not expected at this late stage of the design but any possible changes would require value engineering or full funding to ensure there is no financial liability to the authority.

Ramsgate Library – the outstanding defects liability has been costed by the Quantity Surveyor and formed part of the settlement negotiations. Therefore it is considered that sufficient funds will be available to complete the works. Negotiations are ongoing but are at an advanced stage.

Tunbridge Wells Library – development of the revised plans is now progressing well and the conservation officers are involved in this process thereby ensuring that the project

completes on time and within budget. The budget is being monitored and the revised plans are focused on essential works only, to ensure no exposure to KCC.

Kent History and Library Centre – a revised funding strategy is being devised, which will aim to close any future funding shortfall.

Gravesend Library – the contractors have identified a revised schedule that aims to complete the re-development within the original timeframe, thereby minimising the risk and exposure to the authority.

New community facilities at Edenbridge – the developer has indicated a willingness to purchase the third party property, thus alleviating the risk to the authority that funding will not be in place at the required juncture. This significantly reduces the risk associated with this project.

1.2.7 Project Re-Phasing

Cash limits are changed for projects that have re-phased by greater than £0.100m to reduce the reporting requirements during the year. Any subsequent re-phasing greater than £0.100m will be reported and the full extent of the rephasing will be shown. The proposed re-phasing is detailed in the table below.

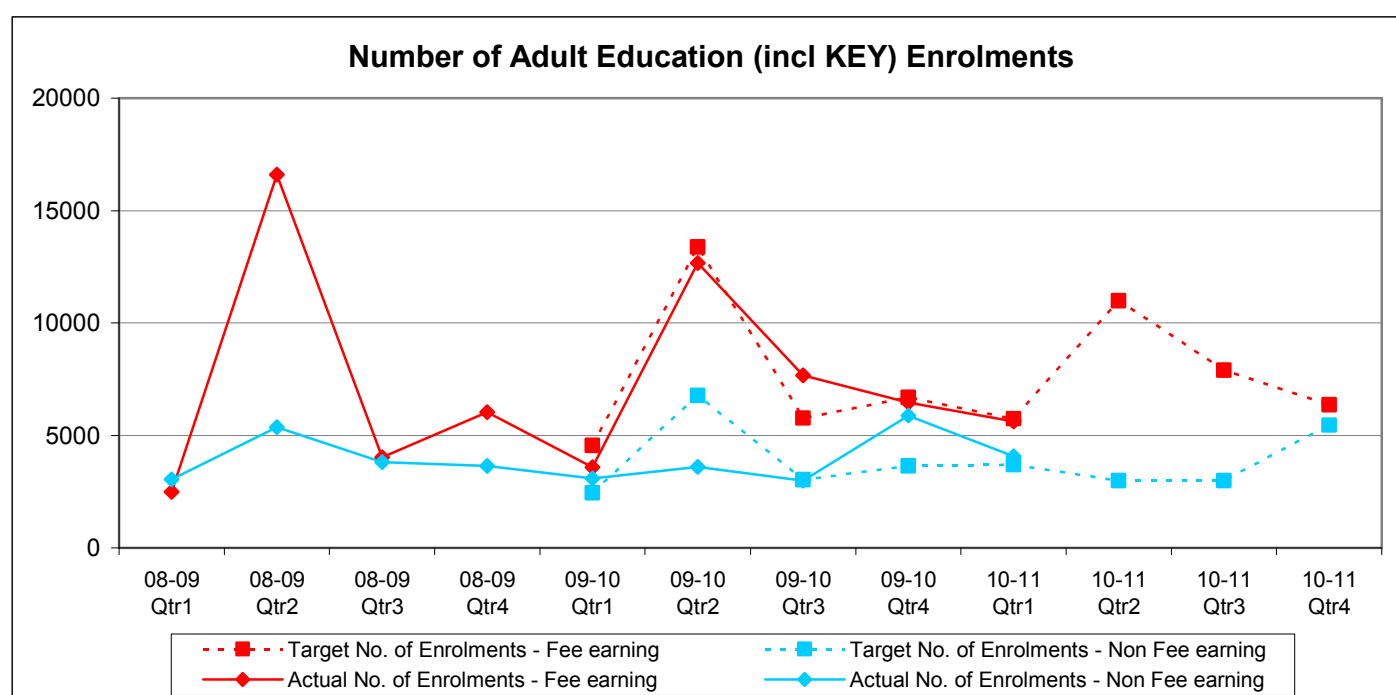
	2010-11	2011-12	2012-13	Future Years	Total
	£k	£k	£k	£k	
New Community Facilities at Edenbridge					
Amended total cash limits	+75	+1,680			+1,755
re-phasing	-237	+237			0
Revised project phasing	-162	+1,917	0	0	+1,755
Total re-phasing >£100k	-237	+237	0	0	0
Other re-phased Projects below £100k	-46	+46			0
TOTAL RE-PHASING	-283	+283	0	0	0

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1 Number of Adult Education & KEY enrolments:

	2008-09			2009-10					
	ACTUALS			TARGET			ACTUALS		
	Fee earning	Non fee earning	TOTAL	Fee earning	Non fee earning	TOTAL	Fee earning	Non fee earning	TOTAL
Apr - Jun	2,496	3,049	5,545	4,560	2,456	7,016	3,589	3,087	6,676
Jul - Sept	16,590	5,360	21,950	13,377	6,774	20,151	12,667	3,598	16,265
Oct - Dec	4,024	3,816	7,840	5,776	3,029	8,805	7,680	2,986	10,666
Jan - Mar	6,039	3,639	9,678	6,689	3,651	10,340	6,474	5,880	12,354
TOTAL	29,149	15,864	45,013	30,402	15,910	46,312	30,410	15,551	45,961

	2010-11					
	TARGET			ACTUALS		
	Fee earning	Non fee earning	TOTAL	Fee earning	Non fee earning	TOTAL
Apr - Jun	5,750	3,700	9,450	5,619	4,075	9,694
Jul - Sept	11,000	3,000	14,000			
Oct - Dec	7,900	3,000	10,900			
Jan - Mar	6,368	5,462	11,830			
TOTAL	31,018	15,162	46,180	5,619	4,075	9,694



Comments:

- The Skills Funding Agency (SFA) grants depend partly on enrolments to courses and are subject to a contract agreement with SFA. Students taking courses leading to a qualification are funded via Further Education (FE) grant based upon the course type and qualification. However, students taking non-vocational courses not leading to a formal qualification are funded via a block allocation not related to enrolments, referred to as Adult and Community Learning Grant (ACL) grant. Student enrolments are gathered via a census at three points during the academic year. Students pay a fee to contribute towards costs of tuition and examinations. There is a concession on ACL tuition fees for those aged under 19, those in receipt of benefits and those over 60. FE courses are free for those aged under 19 or in receipt of benefits undertaking Basic Skills or Skills for Life Courses.

- All enrolments (fee and non fee paying) have exceeded the target by 2.6% for the periods April – June. Enrolments on fee paying courses have increased by 56.6% over that achieved for similar period last year, but are below target by 2.2%. Enrolments for courses where fees are not payable have increased by 32% over that achieved for similar period in 2009-10, and are 10.1% above target enrolments for 2010-2011.

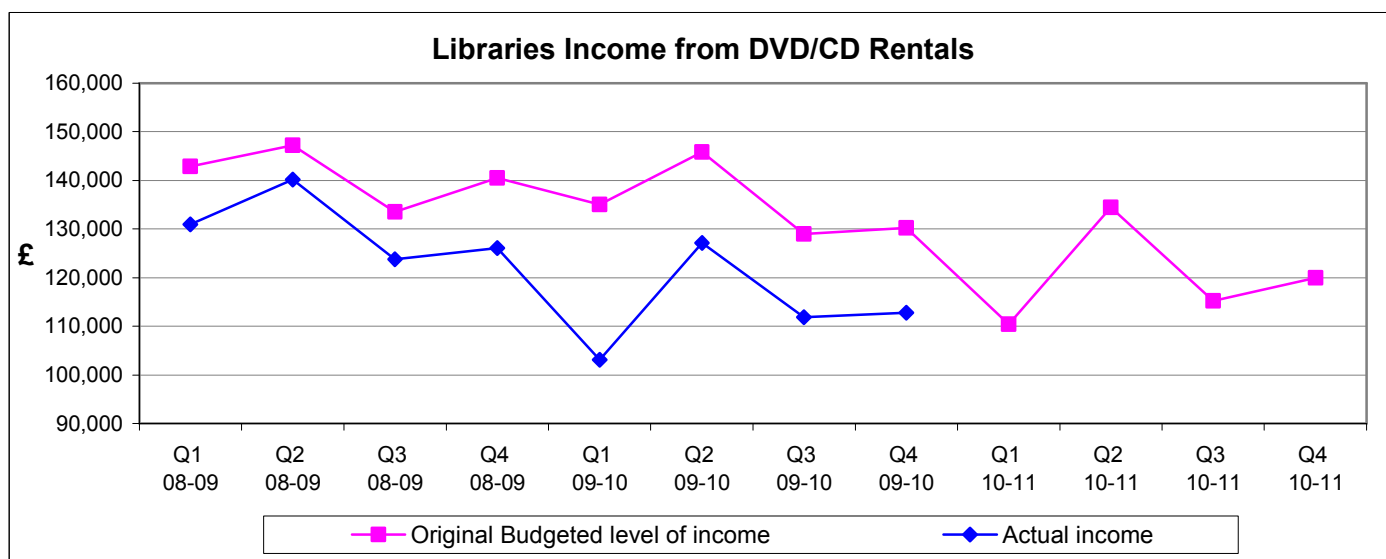
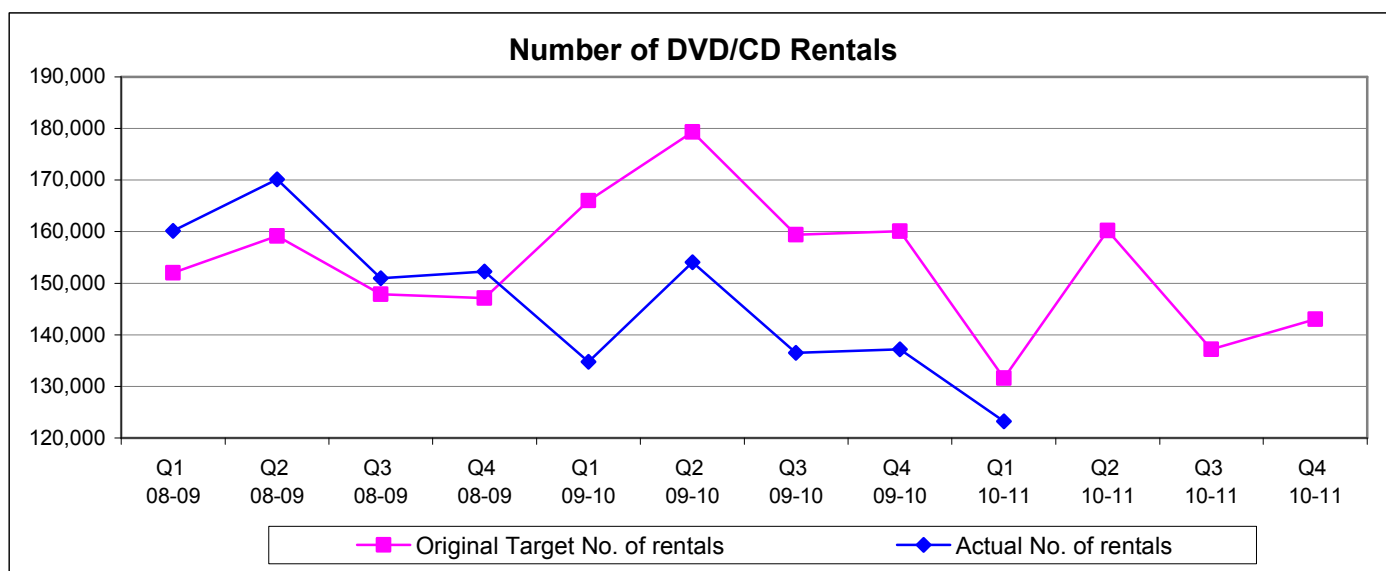
The majority of these enrolments are for family learning and skills for life programmes, which are wholly funded by Skills Funding Agency (SFA) contracts. Performance on the contracts is regularly monitored to ensure the services will drawdown the total contract values for the academic year.

- The estimated profile of 2010-11 enrolment targets provided in the 2009-10 outturn report has been adjusted as the unit moves towards 'continual' curriculum planning. The 2010-2011 brochure was published 3-4 weeks earlier than 2009-10 (2% down against target - peak enrolment period Qtr 2 & Qtr 3). The increase in enrolments for courses without fees is due to a profile of enrolments on Family Learning courses. Generally, enrolment targets have been revised to reflect changes in the minimum contract value.

2.2 Number of Library DVD/CD rentals together with income raised:

	2008-09				2009-10			
	No of rentals		Income (£)		No of rentals		Income (£)	
	Budgeted target	actual	budget	actual	Budgeted target	actual	Budget	actual
April – Jun	152,059	160,162	142,865	130,920	166,000	134,781	135,000	103,135
July – Sep	159,149	170,180	147,232	140,163	179,300	154,044	145,800	127,156
Oct – Dec	147,859	150,968	133,505	123,812	159,400	136,516	129,000	111,827
Jan – Mar	147,156	152,249	140,533	126,058	160,100	137,172	130,200	112,775
TOTAL	606,223	633,559	564,135	520,953	664,800	562,513	540,000	454,893

	2010-11			
	No of rentals		Income (£)	
	Budgeted target	actual	Budget	actual
April – Jun	131,600	123,201	110,400	89,866
July – Sep	160,200		134,400	
Oct – Dec	137,200		115,200	
Jan – Mar	143,000		120,000	
TOTAL	572,000	123,201	480,000	89,866



Comments:

- Rentals of audio visual materials (especially videos and CDs) continue to decline as videos become more obsolete and alternative sources for music become more widely available, which has resulted in a reduction in AV income of £111k. Demand for spoken word materials and DVDs has remained reasonably stable.
- Research undertaken by the service in order to mitigate this actual and forecast decline, indicates issues can be increased if loans are offered for longer periods at a reduced fee. The service has also identified that it has a niche market for certain genres where demand can be sustained and there is little competition e.g. old TV shows.
- The service has reviewed its marketing strategy and set more realistic levels of rentals both in terms of volume and value. The service increased income budgets from other merchandising to offset the loss of income from AV issues, but is also now falling short on this. Issues and income achieved in 2009-10 were below target, partly due to the impact on loans in the first quarter as the new computer system was being rolled-out, and visitor numbers declined; as customers stayed away, wary that things may go wrong with the new system. The position was exacerbated further by half day closures, the unavailability of the web catalogue and the facility to renew items, which resulted in a loss of income as DVD's could not be renewed.
- The service is currently working on an exit strategy for the audio visual rental service, in acknowledgment of the continual decline in demand and that merchandising income is no longer sufficient to plug the gap. It is expected that the outcomes of this will be reflected in the 2011-14 MTP.
- The actual number of rentals includes those from visits to lending libraries, postal loans and reference materials.
- To enable better comparison of AV issues and income data, the actual income reported for the previous quarter is changed from the figure previously reported, to reflect the late banking of income which has taken place during the current quarter but relates to rentals issued within the previous quarter. The number of rentals reported previously remains unchanged. It is likely that this adjustment will be required in each report.

CHIEF EXECUTIVES DIRECTORATE SUMMARY JULY 2010-11 FULL MONITORING REPORT

1. FINANCE

1.1 REVENUE

1.1.1 All changes to cash limits are in accordance with the virement rules contained within the constitution, with the exception of those cash limit adjustments which are considered “technical adjustments” ie where there is no change in policy, including:

- Allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.
- Cash limits have been adjusted since the budget was set to reflect the adjustments required as a result of the in year grant reductions as reported to Cabinet in July, the addition of £0.491m of roll forward from 2009-10, as approved by Cabinet on 14 June 2010 and a number of technical adjustments to budget.
- The inclusion of new 100% grants (ie grants which fully fund the additional costs) awarded since the budget was set. These are detailed in Appendix 2 of the executive summary.

1.1.2 **Table 1** below details the revenue position by Service Unit:

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Localism & Partnerships portfolio							
Democratic Services:							0
- core service	4,892	-3	4,889	5	-5		0
- support to directorates	260	-260	0	0	0		0
TOTAL Democratic Services	5,152	-263	4,889	5	-5		0
International Affairs Group	572	-35	537	13	-13		0
Kent Partnerships	414	-48	366	-1	1		0
County Council Elections	255		255	0	0		0
Public Consultation	100		100	0	0		0
Provision for Member Community Grants	853		853	0	0		0
Local Scheme Spending recommended by Local Boards	468		468	0	0		0
District Grants for Local Priorities	808		808	0	0		0
Budget Managed by this portfolio	8,622	-346	8,276	17	-17		0
Less Support Costs delegated to Service Directorates	-260	260	0	0	0		0
Total L&P portfolio	8,362	-86	8,276	17	-17		0
Corporate Support & Performance Management portfolio							
Personnel & Development:							0
- core service & PAYG activity	6,912	-5,254	1,658	83	-83		0
- support to directorates	3,679	-3,679	0	0	0		0
TOTAL P&D	10,591	-8,933	1,658	83	-83		0
Business Solutions & Policy:							
- ISG core service & PAYG activity	14,857	-12,741	2,116	664	-664		0 IT project contractors funded by income
- ISG support to directorates	15,130	-15,130	0	0	0		0
- Central Policy	656	0	656	0	0		0
- Performance, Improvement & Engagement	691		691	17	-17		0
TOTAL Business Solutions	31,334	-27,871	3,463	681	-681		0
Finance Group:							0
- Procurement & Audit	320	-34	286	2	-4		-2
- Audit support to directorates	735	-735	0	0	0		0
TOTAL Audit & Procurement	1,055	-769	286	2	-4		-2

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Property Group:							
- core service	5,870	-4,430	1,440	87	-87	0	Saving on 17 KHA rent offset by costs for redeployments
- support to directorates	5,443	-5,443	0	0	0	0	
TOTAL Property Group	11,313	-9,873	1,440	87	-87	0	
Legal Services	6,789	-7,764	-975	579	-797	-218	£390k disbursements costs & income; addt costs & income from trading activities
Strategic Management Unit	430		430	0	0	0	
Kent Works	0	0	0	6	1	7	
Corporate Communications	1,423	-217	1,206	-83	83	0	
Strategic Development Unit	2,804	-687	2,117	-21	21	0	
Contact Kent	5,517	-2,248	3,269	-144	144	0	Consumer Direct vacancies off-set by reduced income
Centrally Managed Budgets	2,201	-184	2,017	20	-22	-2	
Support Services purchased from CED	4,094		4,094	0	0	0	
PFI Grant		-605	-605	0	0	0	
Dedicated Schools Grant		-4,289	-4,289	0	0	0	
Budget Managed by this portfolio	77,551	-63,440	14,111	1,208	-1,421	-213	
Less Support Costs delegated to Service Directorates	-24,987	24,987	0	0	0	0	
Total CS&PM	52,564	-38,453	14,111	1,208	-1,421	-213	
Finance Portfolio							
Finance Group:							
- core service	6,015	-4,046	1,969	-280	280	0	Vacancies held & reduced drawdown from Funds
- support to directorates	1,577	-1,577	0	0	0	0	
TOTAL Finance Group	7,592	-5,623	1,969	-280	280	0	
Less Support Costs delegated to Service Directorates	-1,577	1,577	0	0	0	0	
Total Finance portfolio	6,015	-4,046	1,969	-280	280	0	
TOTAL CORPORATE POC	66,941	-42,585	24,356	945	-1,158	-213	
Public Health & Innovation portfolio							
Kent Department of Public Health	944	-377	567	31	-31	0	
Regeneration & Economic Development portfolio							
Supporting Business	2,468	-590	1,878	0	0	0	
Growth Areas	1,525	-466	1,059	0	0	0	
Kent wide & Strategic Projects	4,391	-1,011	3,380	0	0	0	
Research & Intelligence Group	402	-101	301	43	-43	0	
Kent Film Office	110		110	0	0	0	
Resources	604	-137	467	0	0	0	
TOTAL Regen & ED	9,500	-2,305	7,195	43	-43	0	
Total Directorate Controllable	77,385	-45,267	32,118	1,019	-1,232	-213	
Assumed Management Action:							
- L&P portfolio						0	
- CS&PM portfolio						0	
- Finance portfolio						0	
- PH&I portfolio						0	
- Regen & ED portfolio						0	
Forecast after Mgmt Action				1,019	-1,232	-213	

1.1.3 **Major Reasons for Variance:** *[provides an explanation of the 'headings' in table 2]*

Table 2, at the end of this section, details all forecast revenue variances over £100k. Each of these variances is explained further below:

Corporate Support & Performance Management portfolio:

- 1.1.3.1 **Information Systems (Business Solutions & Policy):** Variances on gross spend (**£560k**) and income (**£560k**) reflect the increased demand for additional IT Pay-as-you-go projects. Project demand is difficult to predict during budget setting.
- 1.1.3.2 **Property: Workplace Transformation:** Variance on Gross Spend (**£240k**) is generated from saving the 4th quarter's rent for 17 Kings Hill Avenue, due to the closure of that office in December 2010. There is also a gross variance of **£240k** due to uncertainty around the total costs of one-off alterations and cabling costs to existing buildings needed to expand occupancy to accommodate these displaced staff. As the costs are finalised, any saving remaining will accrue to the Directorates as County Office rents is a fully delegated budget.
- 1.1.3.3 **Legal Services:** Variances on gross spend (**£189k**) and income (**£407k**) reflect the additional work that the function has taken on over and above that budgeted for, responding to both internal and external demand. Variances of (**£390k**) are due to increased costs & their recovery for Disbursements.
- 1.1.3.4 **Contact Kent – Consumer Direct:** Variance on gross spend of (**£127k**) reflects the holding of staff vacancies until the decision has been announced on the awarding of the new contract in December 2010. If awarded, staff will be recruited in the new year. Variance on income (**£140k**) is due to the uncertain nature of being able to achieve the 'quality bonus' income. This position will become clearer as the year progresses and more statistics become available. We are currently taking a prudent view, but we are reasonably optimistic at this stage.

Finance portfolio:

- 1.1.3.5 **Pensions & Insurance Teams:** Variance on gross spend (**£298k**) has arisen due to a freeze on recruitment to staff vacancies in the Pensions and Insurance teams. A corresponding variance on income (**£298k**) is due to the reduced drawdown from the Pension and Insurance Funds.

Regeneration & Economic Development portfolio:

- 1.1.3.6 The 2010-11 budget for the Research & Intelligence Group was reduced significantly with the assumption of savings from staff redundancy. The timetable for this process of change is determined by the requirements of the Blue Book for 'Managing Change (Redundancy and Redeployment)'. From a start point of 22 February, when formal consultation with staff commenced, the reduction of staff was only achieved by w/c the 2 August through redeployment or redundancy. Overall the staff complement will be reduced from 15 to 10. The provision for part year costs rolled forward from 2009-10 is not sufficient to meet all the costs estimated to be incurred for these staff during 2010-11. We will manage the staffing budget by bringing forward Interreg activities within the team from 2011-12 which will attract 50% grant funding necessary to balance the budget.

Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER

(shading denotes that a pressure has an offsetting saving, which is directly related, or vice versa)

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
CSPM	Information Systems costs of additional pay as you go activity	+560	CSPM	Information Systems income from additional pay as you go activity	-560
CSPM	Legal services increased costs of Disbursements	+390	CSPM	Legal income resulting from additional work (partially offset by increased costs)	-407
FIN	Reduced drawdown from Pension & Insurance funds to reflect reduced salary costs	+298	CSPM	Legal services increased income relating to Disbursements	-390
CSPM	Workplace Transformation - Possible one-off costs re: alterations for displacements from Kings Hill Avenue	+240	FIN	Vacancies in pensions & insurance due to a recruitment freeze	-298
CSPM	Legal services cost of additional work (offset by increased income)	+189	CSPM	Workplace Transformation - 4th Qtr rent for 17 King's Hill Avenue	-240
CSPM	Contact Kent - Consumer Direct unlikely to achieve quality bonus	+140	CSPM	Contact Kent - Consumer Direct holding vacancies	-127
		+1,817			-2,022

1.1.4 Actions required to achieve this position:

N/A

1.1.5 Implications for MTP:

The base budget implications of issues identified in this monitoring report will be a call on the amounts identified in the 2010/13 MTP as emerging pressures in 2011/12 and 2012/13. The details of individual amounts will be included when the revised plan is published for consultation in January 2011 together with any new pressures forecast for 2011/12 and 2012/13. There are no significant issues for the CED portfolios arising from 2010/11 budget monitoring.

The revised MTP will include proposals on how the in-year cuts in Government grants will be accommodated in base budgets once it has been confirmed that these reductions are permanent, following the announcement of the provisional local government finance settlement for 2011/12 which we anticipate will be in late November/Early December. The revised plan will also include the strategy to address the likely reductions in funding over the lifetime of the current parliament following the Chancellor's emergency budget statement on 22nd June in which he outlined his plans to address the national budget deficit.

1.1.6 Details of re-phasing of revenue projects:

None identified at the moment.

1.1.7 Details of proposals for residual variance: [eg roll forward proposals; mgmt action outstanding]

This section should provide details of the management action outstanding, as reflected in the assumed management action figure reported in table 1 – detailed by portfolio.

N/A

1.2 CAPITAL

1.2.1 All changes to cash limits are in accordance with the virement rules contained within the constitution and have received the appropriate approval via the Leader, or relevant delegated authority.

The capital cash limits have been adjusted since last reported to Cabinet on 12th July 2010, as detailed in section 4.1.

1.2.2 **Table 3** below provides a portfolio overview of the latest capital monitoring position excluding PFI projects.

	Prev Yrs Exp £000s	2010-11 £000s	2011-12 £000s	2012-13 £000s	Future Yrs £000s	TOTAL £000s
Corporate Support Services & Performance Management						
Budget	18,576	16,078	9,317	9,549	2,663	56,183
Adjustments:						
- completed projects	-9,623					-9,623
						0
Revised Budget	8,953	16,078	9,317	9,549	2,663	46,560
Variance		1,758	44	-74	0	1,728
split:						
- real variance		+1,728				+1,728
- re-phasing		+30	+44	-74		0
Localism & Partnerships Portfolio						
Budget	659	503	500	500	0	2,162
Adjustments:						
- completed projects	-659					-659
						0
Revised Budget	0	503	500	500	0	1,503
Variance		0	0	0	0	0
split:						
- real variance		0	0	0	0	0
- re-phasing		0	0	0	0	0
Regeneration & Economic Development Portfolio						
Budget	15,312	11,996	4,230	3,242	2,980	37,760
Adjustments:						
-						0
						0
Revised Budget	15,312	11,996	4,230	3,242	2,980	37,760
Variance		0	0	0	0	0
split:						
- real variance						0
- re-phasing						0
Directorate Total						
Revised Budget	24,265	28,577	14,047	13,291	5,643	85,823
Variance	0	1,758	44	-74	0	1,728
Real Variance	0	+1,728	0	0	0	+1,728
Re-phasing	0	+30	+44	-74	0	0

1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2010-11 and identifies these between projects which are:

- part of our year on year rolling programmes e.g. maintenance and modernisation;
- projects which have received approval to spend and are underway;
- projects which are only at the approval to plan stage and
- Projects at preliminary stage.

The variances are also identified as being either a real variance i.e. real under or overspending which has resourcing implications, or a phasing issue i.e. simply down to a difference in timing compared to the budget assumption.

Each of the variances in excess of £1m which is due to phasing of the project, excluding those projects identified as only being at the preliminary stage, is explained further in section 1.2.4 below.

All real variances are explained in section 1.2.5, together with the resourcing implications.

Table 4: CAPITAL VARIANCES OVER £250K IN SIZE ORDER

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme	Approval to Spend	Approval to Plan	Preliminary Stage
			£'000s	£'000s	£'000s	£'000s
Overspends/Projects ahead of schedule						
CSS&PM	Commercial Services	real	1,528			
			+1,528	+0	+0	+0
Underspends/Projects behind schedule						
			0	-0	-0	-0
			+1,528	-0		-0

1.2.4 Projects re-phasing by over £1m:

1.2.4.1 Eurokent Spine Road - funding re-phasing only, £5.304m from 2010-11 to future years

The Spine Road funding from East Kent Opportunities Limited Liability Partnership was re-profiled with repayment now due during 2013-14 (Decision No 10-01499, implemented 28 June 2010)

Revised phasing of the scheme is now as follows:

	Prior Years	2010-11	2011-12	2012-13	future years	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
BUDGET & FORECAST						
Budget	5,940	670				6,610
Forecast	5,940	670				6,610
Variance	0	0	0	0	0	0
FUNDING						
Budget:						
Developer contributions	305	437				742
External SEEDA	331	233			0	564
External other		5,304				5,304
General capital receipt	5,304	-5,304				0
TOTAL	5,940	670	0	0	0	6,610
Forecast:						
Developer contributions	305	437				742
External SEEDA	331	233				564
External other					5,304	5,304
General capital receipt	5,304				-5,304	0
TOTAL	5,940	670	0	0	0	6,610
Variance	0	0	0	0	0	0

1.2.5 Projects with real variances, including resourcing implications:

There is a real variance of +£1.728m (in 2010-11) which is detailed as follows:

Modernisation of Assets +£0.200m (in 2010-11): additional work has been identified throughout the County Office estate which will be fully funded through a drawdown of reserves in order to make a revenue contribution to the capital outlay.

Commercial Services VPE +£1.528m (in 2010-11): this will be matched by an increased contribution from their Renewals Fund so there is no funding implication.

Taking these into account, there is no underlying variance.

1.2.6 General Overview of capital programme:

(a) Risks

N/A

(b) Details of action being taken to alleviate risks

N/A

1.2.7 Project Re-Phasing

Cash limits are changed for projects that have re-phased by greater than £0.100m to reduce the reporting requirements during the year. Any subsequent re-phasing greater than £0.100m will be reported and the full extent of the rephasing will be shown. The possible re-phasing is detailed in the table below.

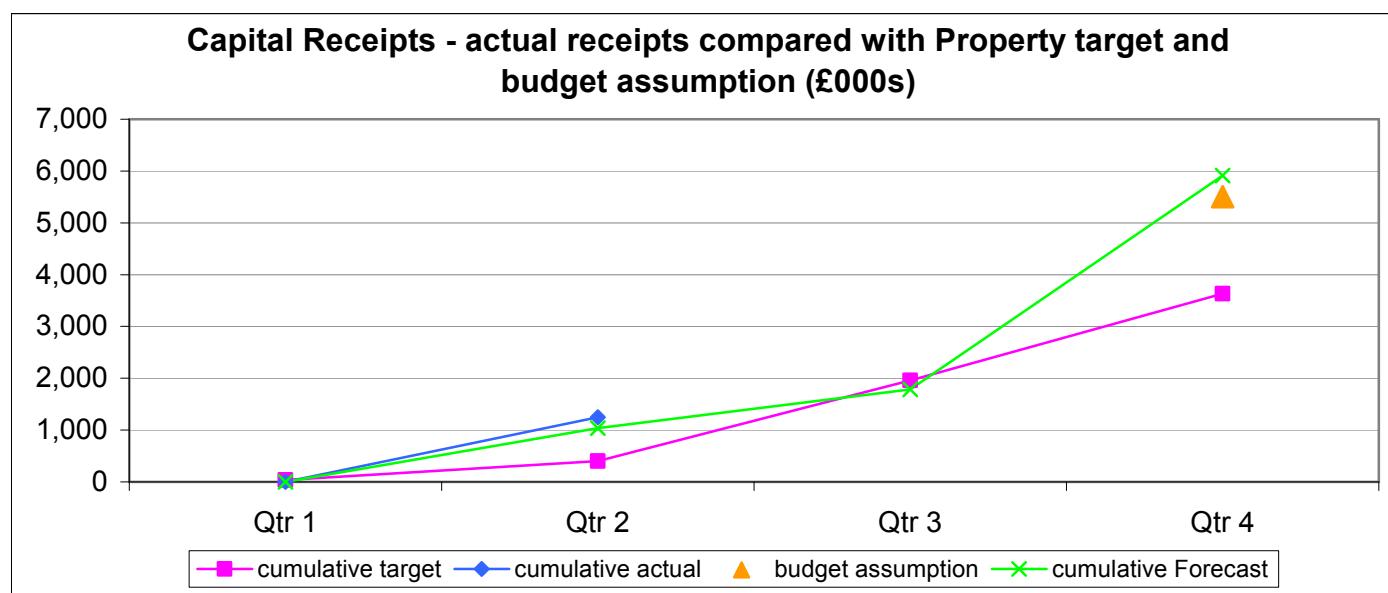
None

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1 Capital Receipts – actual receipts compared to budget profile:

	2010-11			
	Budget funding assumption £000s	Cumulative Target Profile £000s	Cumulative Actual Receipts £000s	Cumulative Forecast receipts £000s
April - June		36	0	0
July - September		399	1,250	1,035
October - December		1,960		1,785
January - March		3,630		5,915
TOTAL	5,503	3,630	0	5,915

The cumulative target profile shows the anticipated receipts at the start of the year totalled £3.630k. The difference between this and the budget funding assumption is mainly attributable to timing differences between when the receipts are anticipated to come in and when the spend in the capital programme will occur. There are banked receipts achieved in prior years which were not required to be used for funding until 2010-11.



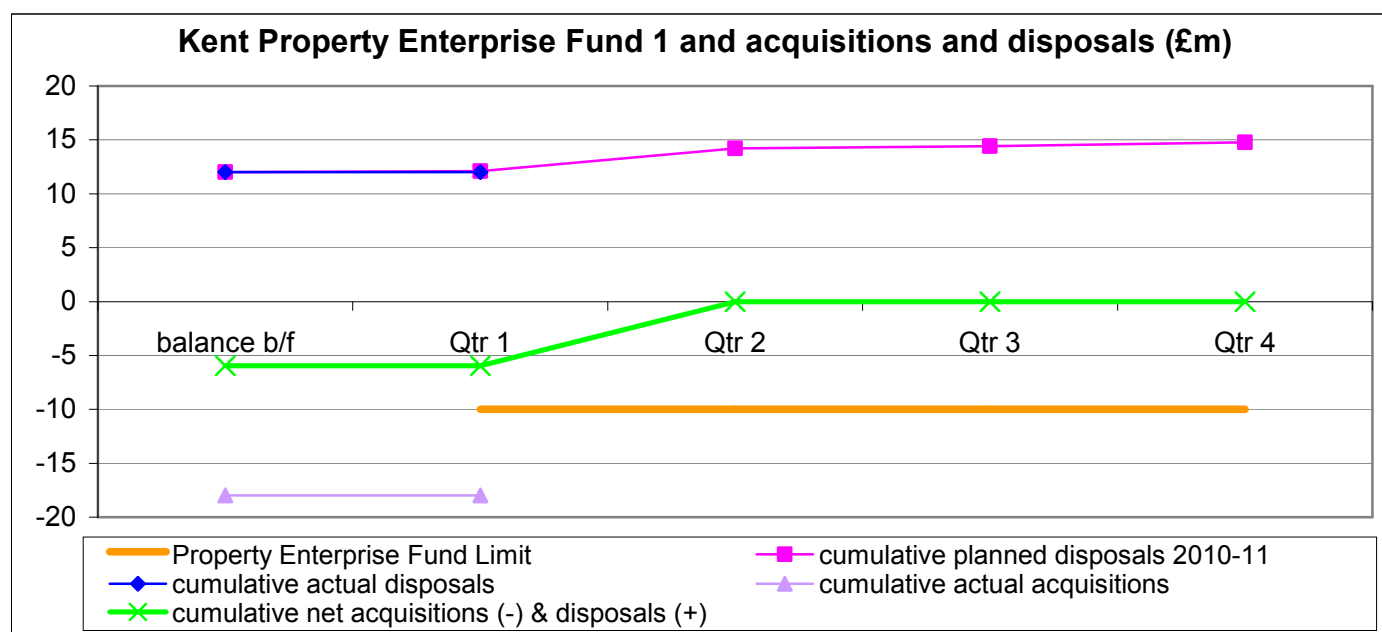
Comments:

- The table below compares the capital receipt funding required per the capital programme this year, with the expected receipts available to fund this.
- Property Group are actually forecasting a total of £5.9m to come in from capital receipts during the year. Taking into consideration the receipts banked in previous years and receipts from other sources there is a forecast a surplus of £5.6m in 2010-11. This is due to receipts being forecast to be achieved during 2010-11 which are earmarked to fund spend in future years of the programme.

	2010-11 £'000
Capital receipt funding per revised 2010-13 MTP	6,113
Property Groups' actual (forecast for 10-11) receipts	5,915
Receipts banked in previous years for use	2,944
Capital receipts from other sources	2,890
Potential Surplus Receipts	5,636

2.2 Capital Receipts – Kent Property Enterprise Fund 1:

	2010-11				
	Kent Property Enterprise Fund Limit £m	Cumulative Planned Disposals (+) £m	Cumulative Actual Disposals (+) £m	Cumulative Actual Acquisitions (-) £m	Cumulative Net Acquisitions (-) & Disposals (+) £m
Balance b/f		12.019	12.019	-17.967	-5.948
April - June	-10	12.102	12.019	-17.967	-5.948
July - September	-10	14.199			0
October - December	-10	14.420			0
January - March	-10	14.778			0

Background:

- County Council approved the establishment of the Property Enterprise Fund 1 (PEF1), with a maximum permitted deficit of £10m, but self-financing over a period of 10 years. The cost of any temporary borrowing will be charged to the Fund to reflect the opportunity cost of the investment. The aim of this Fund is to maximise the value of the Council's land and property portfolio through:
 - the investment of capital receipts from the disposal of non operational property into assets with higher growth potential, and
 - the strategic acquisition of land and property to add value to the Council's portfolio, aid the achievement of economic and regeneration objectives and the generation of income to supplement the Council's resources.

Any temporary deficit will be offset as the disposal of assets are realised. It is anticipated that the Fund will be in surplus at the end of the 10 year period.

Comments:

The balance brought forward from 2009-10 on PEF1 was **-£5.948m**.

A value of **£2.738k** has been identified for disposal in 2010-11. This is the risk adjusted figure to take on board the potential difficulties in disposing some of the properties.

As at the 31 July 2010 there have been no disposals.

The fund has been earmarked to provide **£1m** for Ashford Library and **£0.380m** for Gateways in this financial year.

At present there are no committed acquisitions to report, however forecast outturn for costs of disposals (staff and fees) is currently estimated at **£0.173m**.

Forecast Outturn

Taking all the above into consideration, the Fund is expected to be in a deficit position of £4.693m at the end of 2010-11.

Opening Balance – 01-04-10	-£5.948m
Planned Receipts (Risk adjusted)	£2.738m
Costs	-£0.173m
Acquisitions	-
Other Funding:	
- Ashford Library	-£1.000m
- Gateways	-£0.380m
Closing Balance – 31-03-11	-£4.693m

Revenue Implications

In 2010-11 the fund is currently forecasting £0.029m of low value revenue receipts but, with the need to fund both costs of borrowing (£0.463m) against the overdraft facility and the cost of managing properties held for disposal (net £0.133m), the PEF1 is forecasting a £1.503m deficit on revenue which will be rolled forward to be met from future income streams.

2.3 Capital Receipts – Kent Property Enterprise Fund 2 (PEF2):

County Council approved the establishment of PEF2 in September 2008 with a maximum permitted overdraft limit of £85m, but with the anticipation of the fund broadly breaking even over a rolling five year cycle. However, due to the slower than expected recovery, breakeven, is likely to occur over a rolling seven to eight year cycle. The purpose of PEF2 is to enable Directorates to continue with their capital programmes as far as possible, despite the downturn in the property market. The fund will provide a prudent amount of funding up front (prudential borrowing), in return for properties which will be held corporately until the property market recovers.

Overall forecast position on the fund

	2010-11 Forecast
	£m
Capital:	
Opening balance	-33.274
Properties to be agreed into PEF2	-26.686
Forecast sale of PEF2 properties	19.815
Disposal costs	-0.991
Closing balance	-41.136
Revenue:	
Opening balance	-2.153
Interest on borrowing	-1.488
Holding costs	-1.168
Closing balance	-4.809
Overall closing balance	-45.945

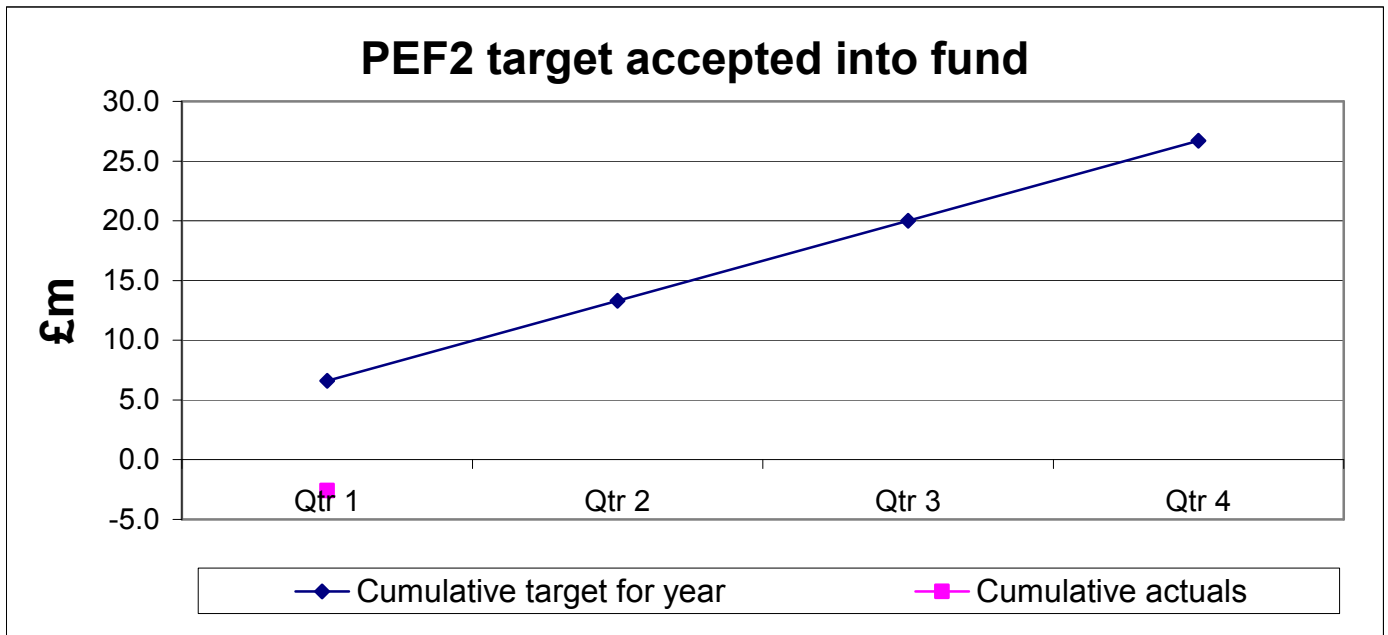
The forecast closing balance for PEF2 is -£45.945m, this is within the overdraft limit of £85m.

The target receipts to be accepted into PEF2 during 2010-11 equate to the PEF2 funding requirement in the 2010-13 budget book, and achievement against this is shown below:

	2010-11	
	Cumulative target for year	Cumulative actuals
	£m	£m
Balance b/fwd	-2.6	-2.6
Qtr 1	6.6	-2.6
Qtr 2	13.3	
Qtr 3	20.0	
Qtr 4	26.7	

Comments:

- The above table shows a £2.6m deficit which is the net of a £5.4m deficit within CFE and £2.8m of PEF2 achieved in 2008-09 by KASS and EH&W that was not required until later years.
- The deficit is purely timing and Corporate Finance, Corporate Property and CFE have agreed that sufficient asset values are held by CFE which can be transferred into PEF2 during 2010-11 to cover the shortfall in 2009-10 plus the required amount for 2010-11.



PEF2 Disposals

To date six PEF2 properties have been sold and four are in the process of completing. The cumulative profit on disposal to date is £1.135m. Large profits or losses are not anticipated over the lifetime of the fund.

Interest costs

At the start of the year interest costs on the borrowing of the fund for 2010-11 were expected to total £1.56m.

Latest forecasts show interest costs of £1.49m, a decrease of £0.07m. This is because there has been an increase in the forecast of properties being disposed during the year.

Interest costs on the fund are calculated at a rate of 4%.

FINANCING ITEMS SUMMARY

JULY 2010-11 FULL MONITORING REPORT

1. FINANCE

1.1 REVENUE

1.1.1 All changes to cash limits are in accordance with the virement rules contained within the constitution, with the exception of those cash limit adjustments which are considered “technical adjustments” ie where there is no change in policy, including:

- Allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.
- Cash limits have been adjusted since the budget was set to reflect the adjustments required as a result of the in year grant reductions as reported to Cabinet in July, the addition of £7.373m of roll forward from 2009-10, which represents a transfer to the Economic Downturn reserve and the setting up of a new Restructure reserve, as approved by Cabinet on 14 June 2010 and a number of technical adjustments to budget.
- The inclusion of new 100% grants (ie grants which fully fund the additional costs) awarded since the budget was set. These are detailed in Appendix 2 of the executive summary.

1.1.2 **Table 1** below details the revenue position by Service Unit:

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Corporate Support & Performance Management portfolio							
Contribution to IT Asset Maintenance Reserve	2,352		2,352			0	
Audit Fees & Subscriptions	764		764			0	
Contribution from Commercial Services		-6,960	-6,960			0	
Total Corporate Support & PM	3,116	-6,960	-3,844	0	0	0	
Finance Portfolio							
Insurance Fund	3,479		3,479			0	
Modernisation of the Council	3,928		3,928			0	
Environment Agency Levy	344		344			0	
Joint Sea Fisheries	264		264			0	
Interest on Cash Balances / Debt Charges	126,290	-10,043	116,247	-1,016		-1,016	2010-11 write down of discount saving from 2008-09 debt restructuring
Transferred Services Pensions	22		22			0	
PRG	-1,500	0	-1,500			0	
Contribution to/from Reserves	1,948		1,948	1,016		1,016	transfer of 10-11 write down of discount saving from 08-09 debt restructuring to reserves
Drawdown from Kings Hill reserve	-1,000		-1,000			0	
ABG Centrally Held Allocations	90		90			0	
Total Finance	133,865	-10,043	123,822	0	0	0	
Total Controllable	136,981	-17,003	119,978	0	0	0	

1.1.3 Major Reasons for Variance: [provides an explanation of the 'headings' in table 2]

Table 2, at the end of this section, details all forecast revenue variances over £100k. Each of these variances is explained further below:

1.1.3.1 Interest on Cash Balances and Debt Charges:

- There is a saving of £1.016m which relates to the write-down in 2010-11 of the £4.024m discount saving on debt restructuring undertaken at the end of 2008-09. (£2.362m was written down in 2008-09 and 2009-10, therefore leaving a further £0.646m to be written down over the period 2011-12 to 2012-13).

1.1.3.2 Contributions to/from reserves:

As planned, the £1.016m write down of the discount saving earned from the debt restructuring in 2008-09, will be transferred to the Economic Downturn reserve.

Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER

(shading denotes that a pressure has an offsetting saving, which is directly related, or vice versa)

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
FIN	Contribution to economic downturn reserve of 2010-11 write down of discount saving from 2008-09 debt restructuring	+1,016	FIN	2010-11 write down of discount saving from 2008-09 debt restructuring	-1,016
		+1,016			-1,016

1.1.4 Actions required to achieve this position:

eg Management Action achieved to date including vacancy freeze, changes to assessment criteria

N/A

1.1.5 Implications for MTP:

Please refer to section 1.1.5 in Annex 5.

1.1.6 Details of re-phasing of revenue projects:

N/A

1.1.7 Details of proposals for residual variance: [eg roll forward proposals; mgmt action outstanding]

A balanced position is currently forecast for the Financing Items budgets.

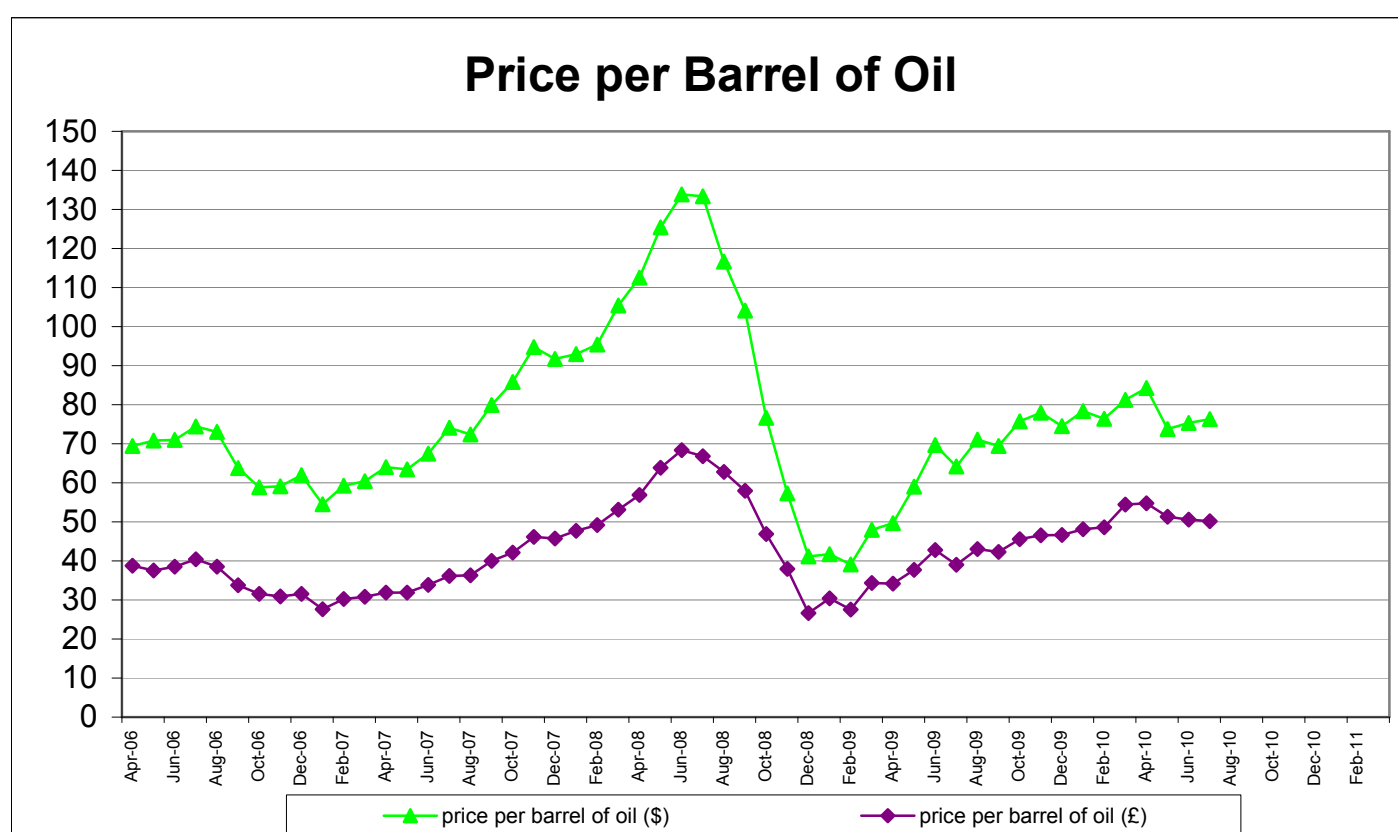
1.2 CAPITAL

N/A

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1 Price per Barrel of Oil – average monthly price in dollars since April 2006:

	Price per Barrel of Oil				
	2006-07	2007-08	2008-09	2009-10	2010-11
	\$	\$	\$	\$	\$
April	69.44	63.98	112.58	49.65	84.29
May	70.84	63.45	125.40	59.03	73.74
June	70.95	67.49	133.88	69.64	75.34
July	74.41	74.12	133.37	64.15	76.32
August	73.04	72.36	116.67	71.05	
September	63.80	79.91	104.11	69.41	
October	58.89	85.80	76.61	75.72	
November	59.08	94.77	57.31	77.99	
December	61.96	91.69	41.12	74.47	
January	54.51	92.97	41.71	78.33	
February	59.28	95.39	39.09	76.39	
March	60.44	105.45	47.94	81.20	



Comments:

- The figures quoted are the West Texas Intermediate Spot Price in dollars per barrel, monthly average price.
- The dollar price has been converted to a sterling price using exchange rates obtained from the HMRC website.

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By: Roger Gough - Cabinet Member for Corporate Support Services
and Performance Management
Katherine Kerswell - Group Managing Director

To: Cabinet – 13 September 2010

Subject: Core Monitoring Report

Classification: Unrestricted

Summary : The purpose of this report is to inform Cabinet of the key areas of performance and activity across the authority.

Introduction Core Monitoring

1. The first Core Monitoring report to Cabinet is attached at Appendix 1. Further reports will follow on a quarterly basis.
2. The Core Monitoring includes graphs and commentaries on a wide range of indicators, covering key activity and performance relating to the main services provided by the council.

Core Monitoring

3. Indicators within the Core Monitoring report are organised by service directorates and presented within the following structure :
 - a. Contents and summary pages
 - b. Council-wide corporate indicators
 - c. Children, Families and Education Directorate
 - d. Kent Adult Social Services Directorate
 - e. Environment, Highways and Waste Directorate
 - f. Communities Directorate
 - g. Economic indicators
4. Indicators within the Core Monitoring report are presented with historic trends shown by graph, a RAG (Red/Amber/Green) status, a DoT (Direction of Travel rating) and a commentary.
5. A summary of the RAG ratings by indicator is provided at the start of the Core Monitoring report in the contents and summary pages along with an explanation of how the RAG ratings and DoT ratings are arrived at.
6. The RAG and DoT ratings are always based on the quarterly data except where the indicator is only provided with annual figures.
7. To show how the position has changed from the most recent quarter compared to the previous quarter, RAG ratings and DoT ratings for the

previous quarter are also shown, although this information has not previously been reported.

8. For most indicators the data presented in the Core Monitoring shows two graphs, these being in most cases :
 - a. performance trends on a financial quarterly basis, with up to three years historic data shown
 - b. annual performance with comparison to national benchmarks, with up to five years history shown.
9. Other graph formats are used for some indicators where it is not possible or suitable to use the above format. For example, information relating to academic results at schools can only be presented with annual data and other schools-related information is reported on a termly basis rather than by financial quarter.
10. The commentaries provided with each indicator are provided to help clarify the information presented in order to assist interpretation.

Data Quality and Interpretation

11. Much of the quarterly data included in the Core Monitoring has the status of management information, which has generally not been put into the public domain before.
12. Please be aware that data for the most recent quarters is provisional and may be subject to revisions at a later date. However, in all cases the most recent data presented is of sufficient accuracy to provide a reliable indicator of trends either positive or negative.
13. In some cases it is not possible to present data for the most recent financial quarter (end of June 2010) within this report. In all cases the most recently available data is shown.
14. Where annual data is presented with national benchmarks, in all cases this information is taken from nationally published information already in the public domain. Sources for this information are generally government departments, such as the Department of Education for pupil attainment, and such data usually comes within the remit of National Statistics.
15. National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

Future Reporting

16. Further Core Monitoring reports will follow on a quarterly basis.

17. Presentation of this data in this format is new and we are interested to hear what people have to say about it. It is part of our transparency agenda so it is important that it provides clear understanding.
18. We will develop more meaningful comparative data in future reports that includes the most relevant comparator groups. We will also include a full set of data tables to aid better understanding and clarity of the graphs.
19. The content of the Core Monitoring will also need to change in the future to reflect the priorities in 'Bold Steps for Kent' which will be out for consultation during October.

Recommendation

20. Members are asked to NOTE this report.

Contact officer:-

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Tel 01622 22(1985)/Email richard.fitzgerald@kent.gov.uk*

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Kent County Council

Core Monitoring Report

**Presented to Cabinet
13 September 2010**

**Including Information up to the end of
June 2010**



Contents and Summary

Description	Page	Current Status	Previous Status
Key to RAG (Red/Amber/Green) status and DoT (Direction of Travel) ratings	4		
Council-wide			
Group Managing Director's Commentary	5 - 6		
Contact Kent	7	Green	Amber
Gateways	8	Green	Green
Complaints	9	N/a	N/a
Staffing numbers and age profile	10	Amber	Amber
Staffing equalities - disability	11	Amber	Red
Staffing equalities - ethnicity	11	Amber	Amber
Staff turnover	12	Amber	Amber
Staff sickness absence	12	Amber	Amber
CO2 emissions from KCC estate	13	Red	Red
Children, Families and Education (CFE)			
Managing Director's Commentary	14 – 16		
Foundation Stage	17	N/a	Amber
Key stage 2	18	Amber	Amber
GCSE	19	N/a	Amber
Looked after children key stage 2	20	N/a	Red
NEETS 16-18	21	Amber	Amber
Schools in special measures	22	Amber	Amber
SEN assessments	23	Green	Amber
Pupil exclusions	24	Amber	Red
Pupil absence – primary schools	25	Amber	Amber
Pupil absence – secondary schools	25	Amber	Amber
Children's social services - referrals	26	Red	Red
Children's social services - initial assessments	27	Green	Amber
Children with child protection plan	28	Red	Red
Number of looked after children (LAC)	29	Green	Green
Asylum seekers	30	Amber	Amber
LAC placed by other local authorities	31	Red	Red
Social worker vacancies – team leaders	32	Green	Green
Social worker vacancies – qualified case workers	32	Red	Red
Kent Adult Social Service (KASS)			
Managing Director's Commentary	33 – 35		
Older people in residential care	36	Amber	Amber
Older people in nursing care	37	Amber	Red
Delayed transfers of care from hospital	38	Amber	Green
Domiciliary care for older people	39	Amber	Amber
Learning disability residential care	40	Amber	Red
Rehabilitation/intermediate care	41	Amber	Amber
Direct payments/Individual budgets	42	Green	Amber

Description	Page	Current Status	Previous Status
Environment, Highways and Waste			
Managing Director's Commentary	43 – 44		
Household waste tonnage	45	Green	Green
Recycling/composting	46	Amber	Amber
Waste taken to landfill	47	Green	Green
Congestion - Maidstone	48	Green	Amber
Freedom pass	49	Green	Green
Routine highways repairs	50	Red	Amber
Pothole repairs	51	Amber	Green
Streetlight faults repaired - KCC	52	Green	Green
Streetlight faults repaired - EDF	52	Amber	Red
Road traffic casualties	53	Green	Green
Communities			
Managing Director's Commentary	54 – 55		
Libraries	56	Amber	Amber
Kent apprenticeships - KCC	57	Green	Green
Kent apprenticeships - other organisations	57	Amber	Amber
New entrants to the youth justice system	58	Green	Green
Young offenders in education, employment and training	59	Amber	Amber
Adult education enrolments	58	Green	Amber
Sports participation - adults	61	Amber	Amber
Sports participation - children	61	Amber	Amber
Problem drug users in treatment	62	Green	Green
Supporting People – people achieving independent living	63	Green	Green
The Kent Economy			
Executive Director's Commentary	64		
Backing Kent Business	65	Green	Green
Claimant counts (Job seekers allowance)	66	Amber	Amber
Claimant count age 18 – 24	67	Amber	Amber
Out of work benefit claimants of working age	68	Amber	Amber

Key to RAG (Red/Amber/Green) and DoT (Direction of Travel) ratings

These are based on quarterly data and movements except where annual data only available.

Where local targets have been set these are illustrated in the graphs with pink lines. For some services the targets represent affordable levels (e.g. adult social services) and RAG assessments are therefore indications of significant budget pressures.

For pupil attainment targets have been in many cases set for us by the Department of Education but in a number of cases these are considered to be unrealistic. RAG assessments are therefore based on comparison to national average for pupil attainment.

Children social services indicators (e.g. referrals and child protection plans) and some other child related indicators (e.g. exclusions) represent a number of difficulties when providing RAG assessments. For these indicators we are tracking local data on a quarterly basis and these indicators are showing significant trends both locally and nationally (upwards for social services indicators and downwards for exclusions). RAG assessment is based on comparison to national average but we only have the national benchmarks available on an annual basis. For these indicators the RAG assessment is therefore based on our current quarterly level compared to the most recently published national benchmark, which is the year 2008/09. New national data for 2009/10 will be available in late September for social services related indicators which may result in a revision to RAG assessments for these indicators.

		RAG Ratings
Green	★	Performance exceeding local targets where set or significantly better than most recently published national average
Amber	●	Performance not significantly different most recently published national average or close to but not exceeding local targets
Red	▲	Performance significantly behind local targets where set or significantly worse than most recently published national average
N/a		Data not available in order to assess performance (e.g. no specific target set and/or awaiting national comparative data)
		DoT Ratings
	↑	Improvement in performance or change in activity levels with a positive impact on budgets and resources
	↓	Fall in performance or change in activity levels with a negative impact on budget and resources
	↔	No change in performance or activity levels

KCC Core Monitoring

Group Managing Director's Commentary

This is our first Core Monitoring report for 2010/11, including information for the first financial quarter, up to the end of June 2010.

The publication of this report is part of our transparency agenda, making the information and data we use as an organisation more open to public scrutiny. We are interested to hear what residents think of this information and how we could improve it, to make it easy to understand and relevant.

Some key highlights from this quarter's report are:

Services for all residents

- Residents are making good use of our new Gateway facilities, based in central retail locations, and transaction levels at our 7 outlets have been over 100,000 for both of the last two quarters
- As part of our 'find and fix' programme, response times for Highway repairs have worsened in the quarter, and we ask residents to be patient as our comprehensive programme systematically works its way to every road in the county that needs attention
- The amount of household waste produced in Kent continues to reduce
- Recycling levels in Kent have fallen back after years of increase, but diversion of waste from landfill continues to improve
- The level of serious injury due to road traffic accidents continues to reduce ahead of the challenging targets we have set
- The level of library visits has held up well despite a number of temporary closures to various libraries due to refurbishment as part of our modernising libraries programme

Children and young people

- Kent children are now performing well at Foundation stage and for GCSE their performance continues to exceed the national average
- We need to do more to help improve exam results for children from poorer backgrounds who receive free schools meals
- We continue to experience increasing rates of referrals to children social services
- We have exceeded our target for take up of Apprenticeship offers
- Less young people are becoming involved in crime and being referred to the youth justice system

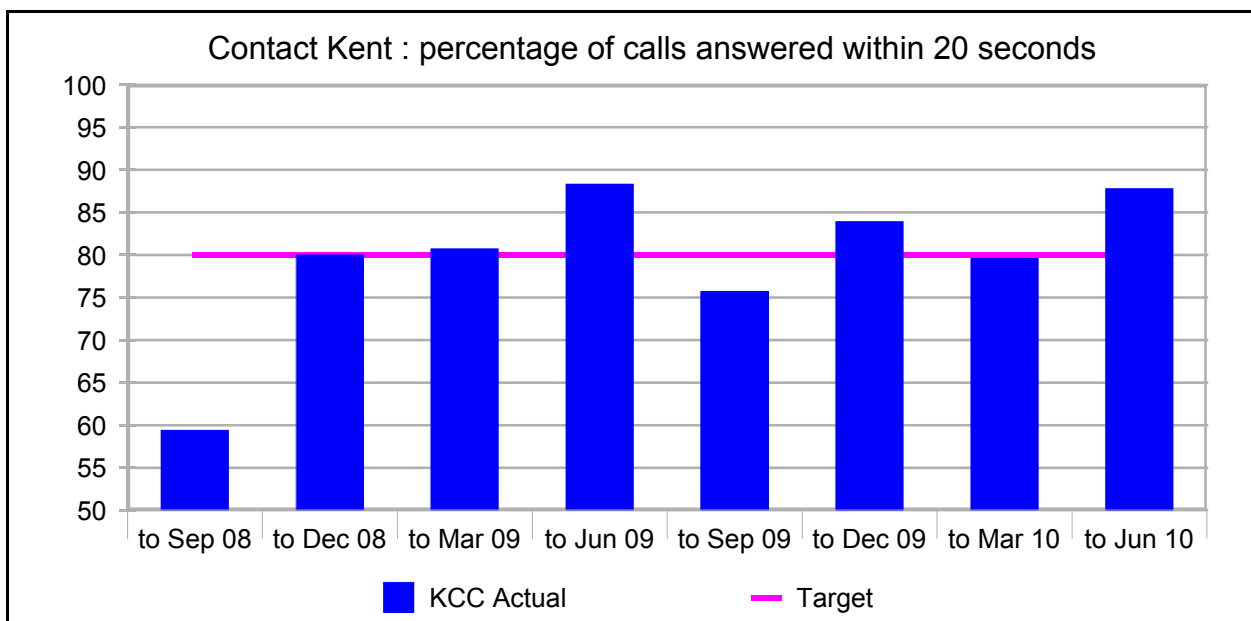
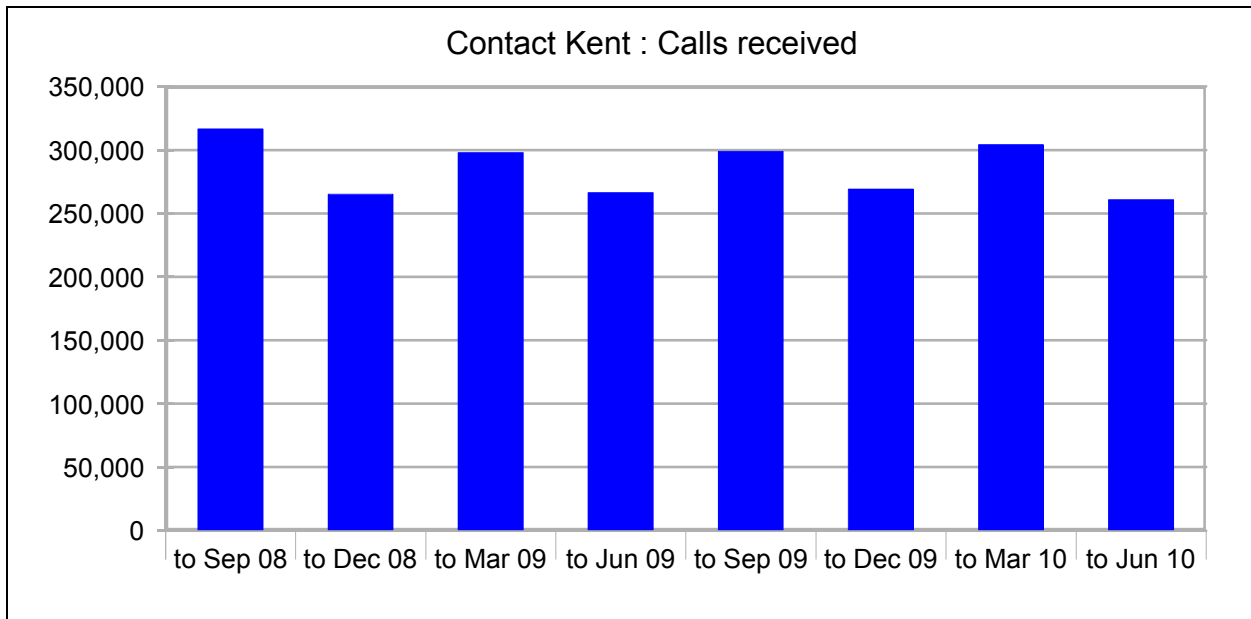
Services for adults and older people

- Adult education enrolments are exceeding target
- We continue to deliver more personalised adult social services with the successful roll-out of Self Directed Support, giving people control and choice over the support we provide, through the allocation of Personal Budgets
- We are experiencing upward demand to support older people who require nursing care but this is within affordable budgeted levels, and expected due to demographic changes
- Similar pressures are being experienced for clients with learning disability who require residential care

Businesses and the economy

- We continue to work hard on our Backing Kent Business campaign to help support local businesses through the worst recession seen in decades
- Unemployment levels are finally starting to show signs of reducing, both nationally and in Kent, with the UK economy in the last quarter experiencing its strongest level of growth in nine years.

**Katherine Kerswell
Group Managing Director
Kent County Council**



	Current RAG	Previous RAG	Current DoT	Previous DoT
Calls answered within 20 seconds	★	●	↑	↓

Comments :
 Contact Kent performed well in the quarter ended June 2010 with 87.8% of calls answered within 20 seconds. A total of 260,794 calls were received. The services with the highest volumes of calls received were Libraries, Highways and Registrations.

In the previous quarters to September the call answering target has not been met and this has been combined with higher call levels. However, performance over the last year has shown an improvement over the previous year and we are optimistic of achieving the call answering target for the quarter to September 2010.

Gateways

Transactions	Apr – Jun 09	Jul - Sep 09	Oct – Dec 09	Jan – Mar 10	Apr – Jun 10
Ashford	6,875	8,893	8,461	8,829	11,126
Dover	*	5,944	8,239	11,514	11,780
Maidstone	10,938	12,035	10,576	13,244	12,652
Tenterden	4,670	5,291	4,534	4,633	6,030
Thanet	27,958	25,152	21,835	29,807	33,586
Tonbridge	*	10,381	9,246	15,991	17,640
Tunbridge Wells	14,799	14,720	11,927	17,516	13,409
TOTAL	65,240	82,416	74,818	101,534	106,223

* Dover and Tonbridge Gateways opened in July 2009.

Variations between quarters reflect seasonal variations and other changes to services offered/advertised at any given time.

Footfall	Apr – Jun 09	Jul – Sep 09	Oct – Dec 09	Jan – Mar 10	Apr – Jun 10
Ashford	14,605	16,341	16,607	17,495	22,103
Tenterden		47,883	59,653	61,209	56,940
Thanet	107,570	116,483	99,386	109,813	104,764
Tunbridge Wells			27,840	34,018	30,952
TOTAL	122,175	180,707	203,486	222,535	214,759

The Tunbridge Wells footfall counter was installed in September. Counters are not currently installed at Maidstone, Dover or Tonbridge. Thanet and Tenterden Gateway footfall includes library visitors but library transactions are not counted under Gateways.

	Current RAG	Previous RAG	Current DoT	Previous DoT
Roll out of the Gateway programme	★	★	↑	↑

Comments :

Gateways have had a busy quarter with transaction levels showing their highest level to date. Many transactions are processed through the Meet and Greet function (26%) or as routine transactions (27%). The benefits section takes the most specific enquires (36%). In the last quarter areas showing increased transaction levels include working and learning (up to 9.5% from 6.4%) and self-help (up to 10.6% from 8.6%).

Gateway is working with Gravesham Borough Council to develop the Gravesend Gateway at the Civic Centre, which is expected to open in autumn 2010.

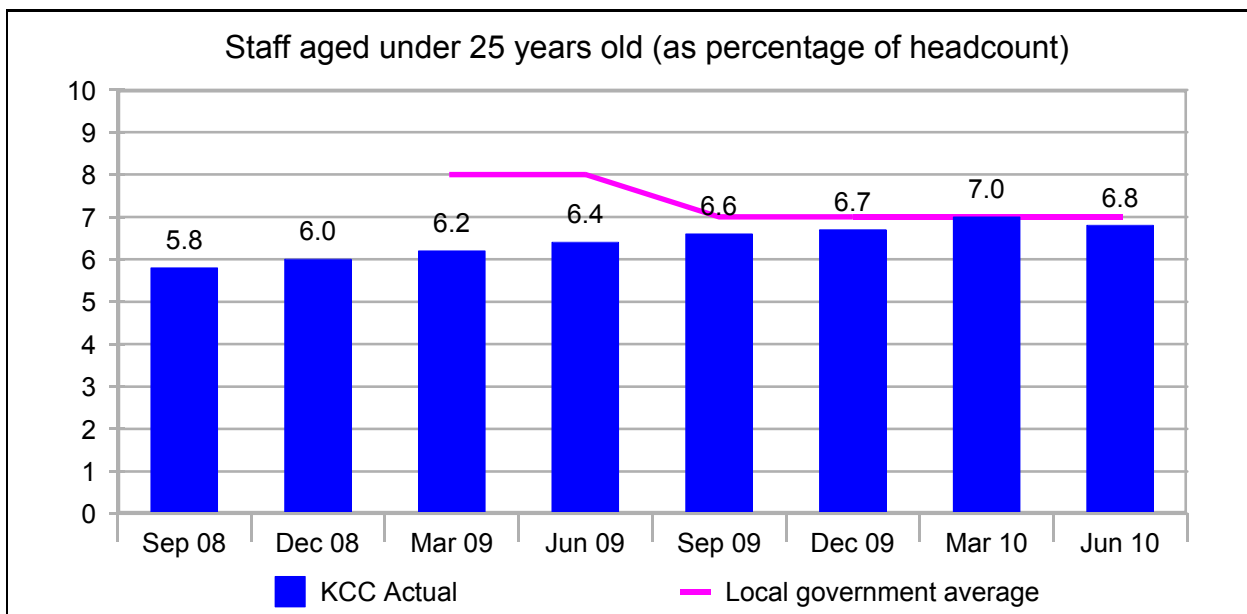
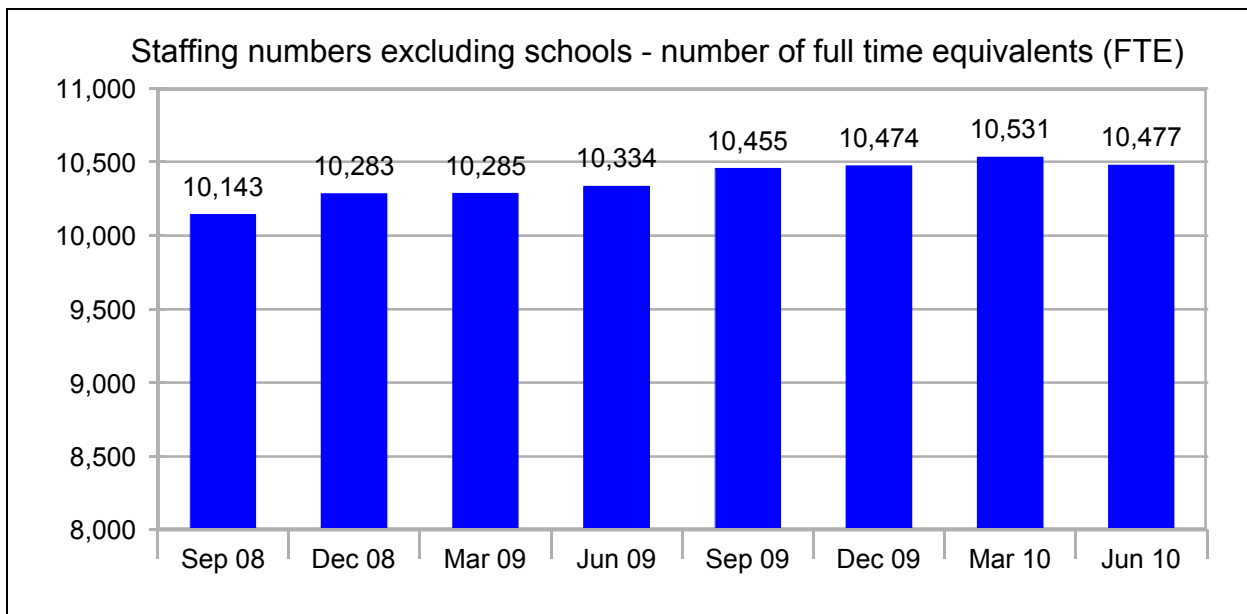
Compliments/Complaints

Data for April to June 2010

Service area	Compliments	Complaints
Kent Highway Services	124	534
Environment & Waste	494	103
Adult Social Services	26	139
Children, Families & Education	14	131
Arts Development	17	0
Community Learning & Skills	14	32
Community Safety	25	2
Emergency planning	4	0
Drug & Alcohol Action Team	0	1
Kent Volunteers	0	0
Kent Scientific Services	3	4
Libraries & Archives	85	45
Registration & Coroners	26	0
Sport, Leisure & Olympics	6	0
Supporting Independence Programme	5	1
Supporting People	4	8
Trading Standards	6	5
Youth Offending Service	0	2
Youth Service	500+	5
Commercial Services	13	0
Media Centre	12	1
Finance	0	1
Legal and Democratic	34	0
Risk Management & Insurance	2	96
Personnel	2	4
Property	1	5
Public Health	0	0
Regeneration & Economy	1	2
Strategic Development & Public Access	0	0
Strategic, Economic Development & ICT & Policy	8	3
Strategic procurement	0	0

A quarterly report on Compliments and Complaints is being prepared and will reported seperately. This will include:

- What we are doing well
- Trends in complaints
- Action we are taking to resolve complaints
- Performance against our acknowledgement and response standards
- Compensation paid
- Ombudsman complaints.

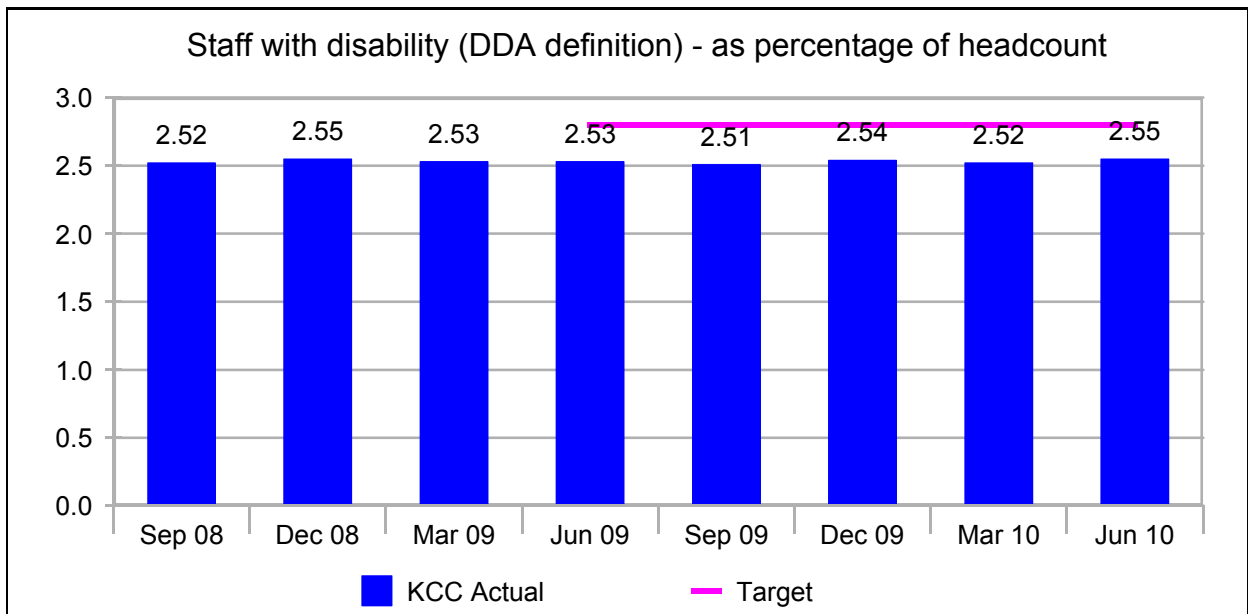
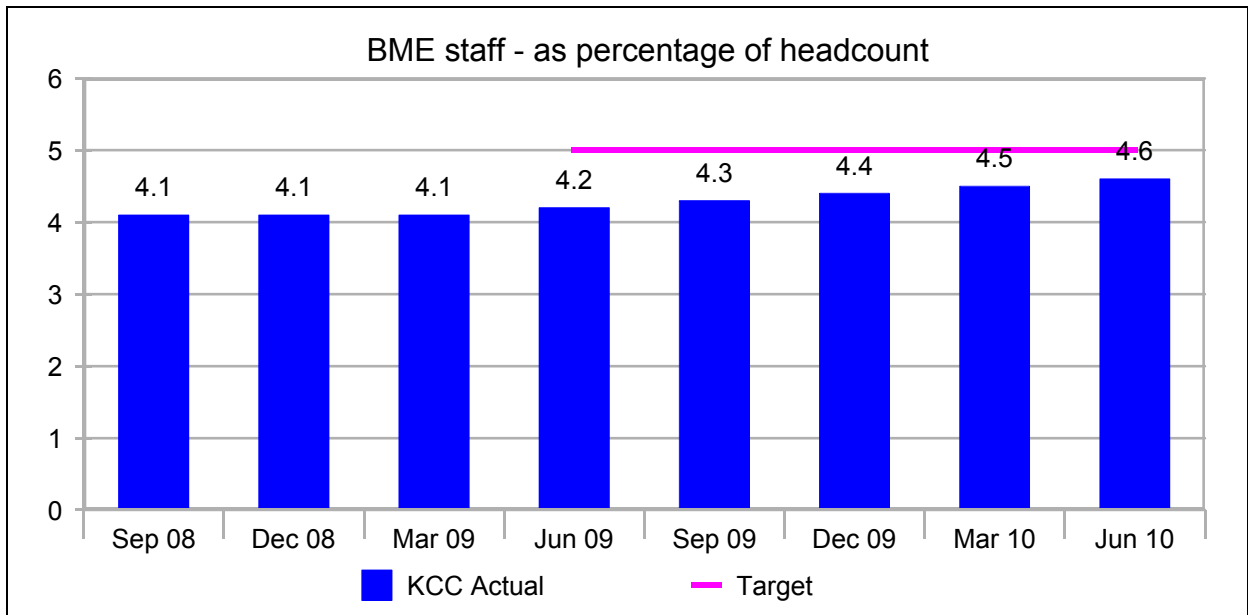


	Current RAG	Previous RAG	Current DoT	Previous DoT
Staff aged under 25	●	●	↓	↑

Comments :
 Staffing levels have been slowly increasing in the past due to posts being funded by additional external funding, with core staff levels reducing over time.

The most recent quarter shows a drop in staffing levels as funding becomes reduced and the council prepares for further funding reductions in the years to come.

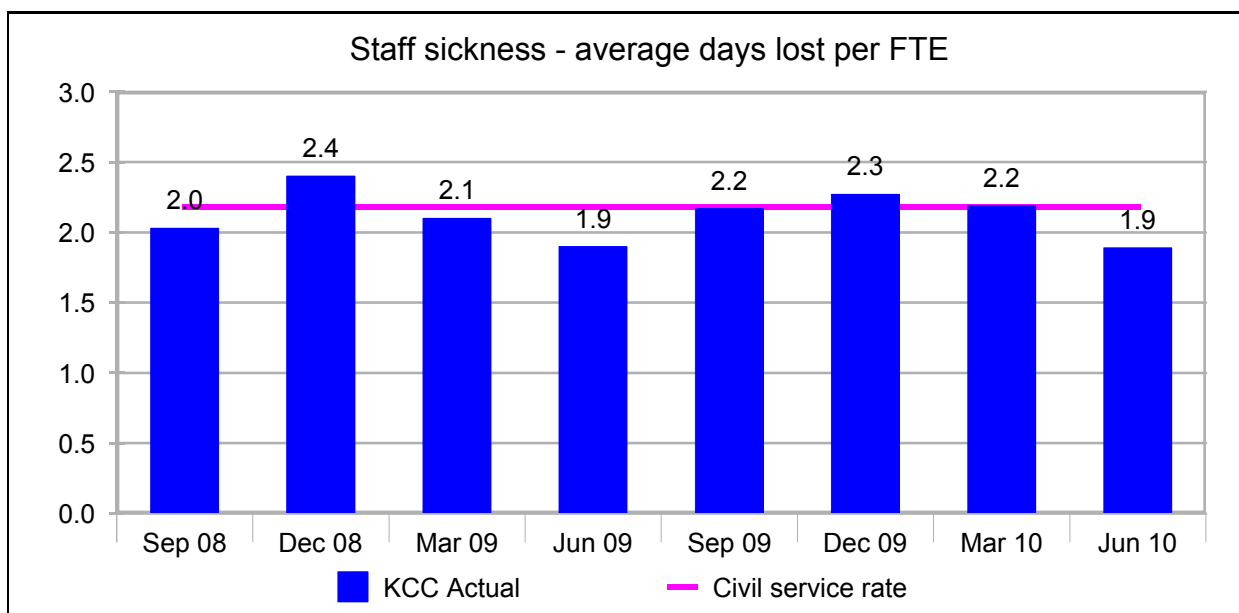
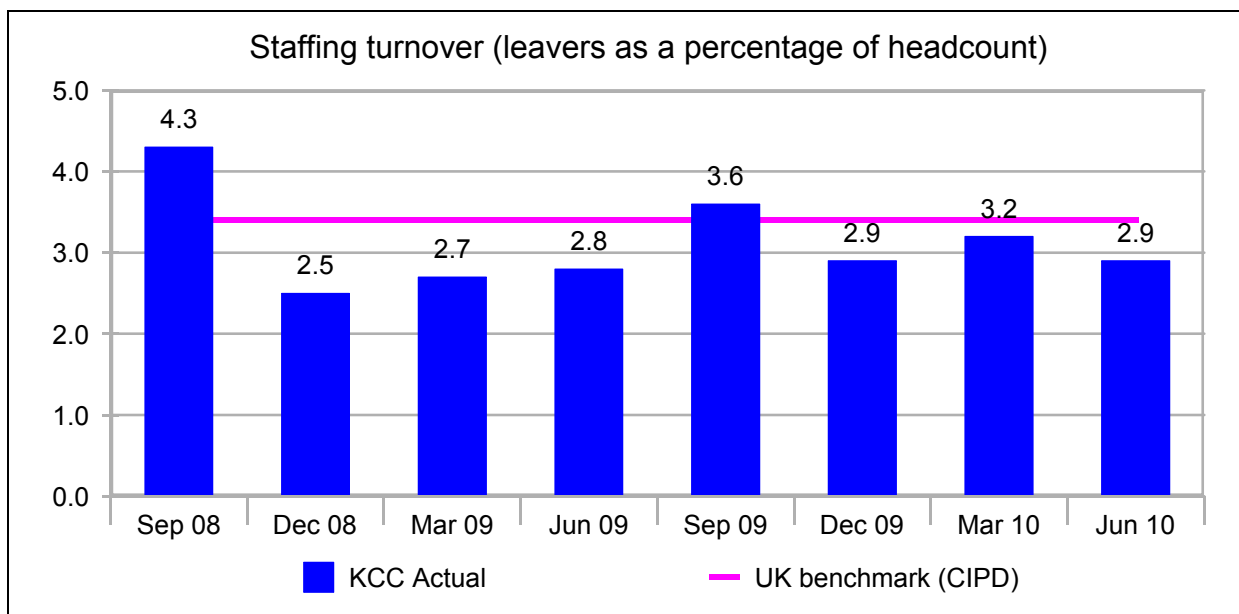
The council has performed well in attracting more younger people into the workforce, including young apprenticeships. Kent now performs close to the local government average of 7% of staff aged under 25 years old, but still has some way to go if we wish to match the rate in the general economy, which is 15%.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Staff from BME groups	●	●	↑	↑
Staff with disability	●	▲	↑	↓

Comments :
 Good progress is being made on attracting and retaining staff from black and minority ethnic groups with numbers continuing to increase.

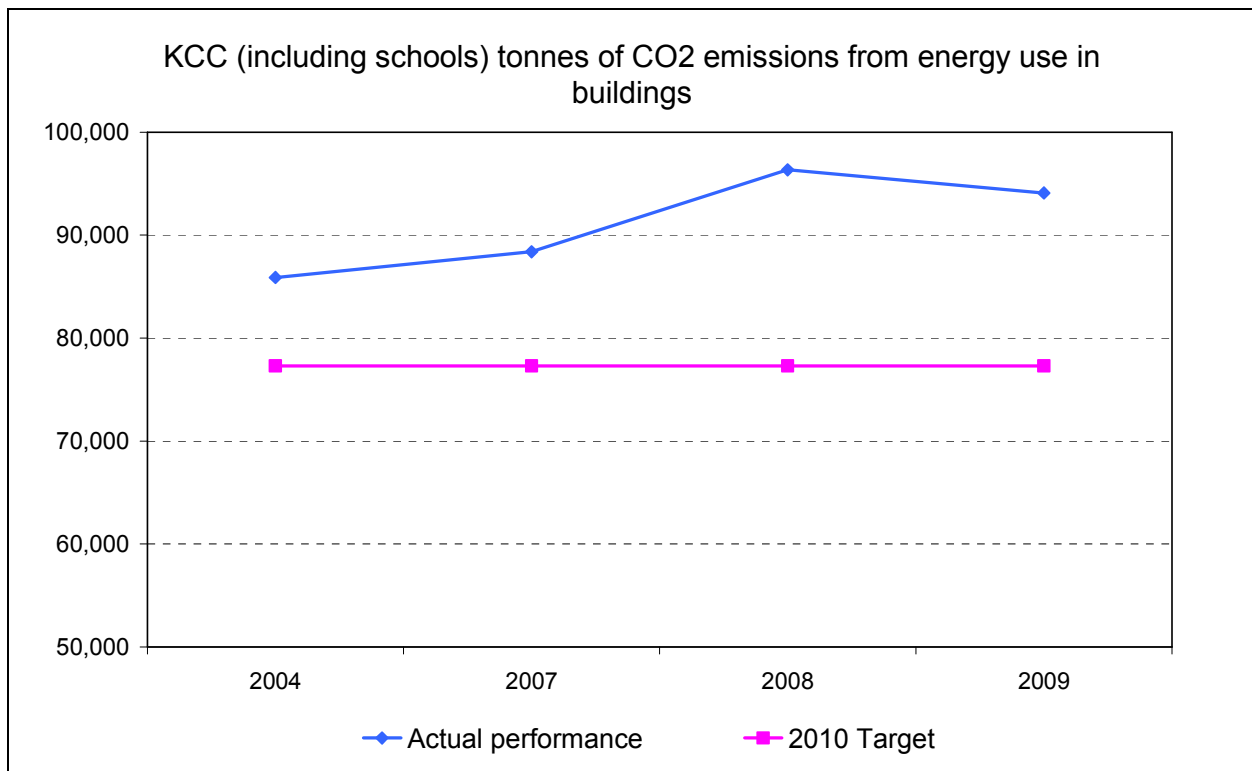
 Less progress is being made in relation to staff with disability with numbers not changing significantly in the last two years. Performance has however improved marginally in the last quarter and is within tolerance levels of the challenging target that we have set.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Staff turnover - leavers	●	●	↓	↑
Staff sickness	●	●	↑	↑

Comments :
 Staff turnover was 12.4% in financial year 2009/10, down from 12.6% the year before. This compares to a UK rate of 13.5% (Source: Chartered Institute of Personnel and Development). Staff turnover is an indicator where a value neither too high nor too low is preferred. The DoT rating shows whether the rate has increased or decreased and this does not imply these movements are either good or bad.

Sickness days in the last 12 months have averaged 8.6 per full time employee which is slightly up from the position a year ago. This compares to an average of 8.7 for the national civil service.



	Current RAG	Previous RAG	Current DoT	Previous DoT
CO ₂ Emissions	▲	▲	↑	↓

Comments :

KCC has a Towards 2010 target for a 10% reduction in emissions from 2004 levels by 2010. This target has not been met, and in fact a growth in emissions has been seen, primarily due to a 50% increase in electricity use in the schools estate.

The increase in emissions is due to several reasons which include:

- Increase in physical estate (additional school buildings) e.g. Children's Centre Programme
- Significant increase in use of ICT in schools (ongoing)
- Longer 'hours of business' across KCC e.g. Extended Schools Programme
- New schools with higher energy use than those they replace

More than ever, a step change approach is now needed in energy and carbon management if the upward trend in energy demand and carbon emissions is to be reversed or even stabilised. Further options to take renewed action for the future are currently being explored.

Children, Families and Education

Managing Director's Commentary

From September 2010 we implement our new structure which places early years' settings, schools, colleges and youth services at the heart and centre of our work to support children, young people, families and communities, using a "Think Family" and Total Place/Place based budgeting approach.

The structural reorganisation of the local authority children, family and education services into 12 district teams, and the development of the 12 Local Children's Boards will place us in a positive position to deliver our priorities, to enable the resolution of some of our stubborn and persistent problems, and to face new challenges ahead.

Early Years

Inspections of early years' settings are flagging up improvements and the foundation stage results show that Kent is performing well in this area, including narrowing the gap in achievement for children from disadvantaged background. Our investment in children's centres and quality early years learning is paying off with many centres achieving their accreditation and celebrating successful outcomes. In time, we expect that progress in the early years will contribute to children's success throughout the primary phase. We remain committed to investment in the early years, the impact of which is clearly evident from the excellent rate of improvement in foundation stage profile results.

Primary attainment

Progress has been made in key stage 2 achievement in Kent primary schools this year, after much focused work from schools and our support teams, and we now have fewer schools below the national floor target of 55% year 6 pupils gaining the expected level in their SATs. There is still more to do and this will continue to be a major focus for our new district school improvement teams.

Only a small percentage of Kent primary schools boycotted this year's SATs tests. A much higher proportion of schools failed to conduct the tests nationally, which will make comparison of results more difficult this year.

Secondary attainment

We are delighted and immensely proud of the success of our schools in this year's GCSE results. Overall performance on the provisional figures released on 24 August show an improvement of 5.3% bringing 5 or more A*-C grades to 78.3% of entrants, and 5 or more A*-C grades including English and Maths to 56.7% (an improvement of 4.7%). Provisional A-level results recently announced also show better performance in many of our secondary settings. We expect all these results will be above the national rate of improvement, when these comparisons become available.

What is particularly impressive is the improvement made by Kent schools in the National Challenge. In 2008, Kent had 33 schools below the 30% floor target of 5+ A*-C GCSEs including English and Maths. This reduced to 21 in 2009 and this year it has reduced to 5. No-one can doubt the immense focus and effort made by these schools to achieve these results, which will increase the opportunities for their pupils to progress into further education and employment. Schools have driven these improvements, with the support of the local authority team and our National Challenge Advisers.

We will want to ensure we build on this and consolidate the success which has been boosted by additional resources which may cease from next year. We will look with interest at the proposals for the pupil premium which may be targeted on schools serving areas, and pupils, of disadvantage.

NEETs

The percentage of young people Not in Education, Employment or Training (NEET) is being exacerbated nationally by the difficulties in the UK economy. In Kent, however, the rate has remained at a reasonably low level, still comfortably better than the national average. There is some evidence that the downturn may encourage more young people to stay on in education which is encouraging when work is difficult to find.

Narrowing the gap

It is of concern that the attainment gap between children from disadvantaged backgrounds is higher in Kent than the national average, and is not closing to any significant degree at KS2 or at GCSE level. This is particularly relevant for children looked after by the local authority. This will be a key area of focus for our new teams, working with the schools, and we hope that the pupil premium, a key plank of the new Coalition government's policy, will be used to good effect by schools once the detail is announced. We have also appointed a new post of a headteacher to champion the educational needs and outcomes for our looked after children.

School inspections

Many children and schools do very well in Kent, but the new Ofsted inspection framework puts a high emphasis on attainment of Level 4 (the national benchmark) for all primary pupils, which has been an area of concern in Kent for many years, and on gaining 5 good GCSEs including English and Maths for secondary schools. As the emphasis on raw attainment is a limiting factor in the inspections, this has led to an increase in the number of schools going into special measures. We will continue to support schools to ensure there is a joined up approach from across CFE and our Children's Trust Partners so that all children and young people can reach their full potential.

Special Educational Needs

SEN assessment numbers are steady and are below the national average. Support for children with special needs is a key priority for Kent County Council, and a report setting out a proposed review of our strategy will be presented to cabinet on 13 September.

School exclusions and attendance

Positive results can now be seen from the sustained action which is taking place to reduce exclusions and poor attendance, with the rate of exclusions in particular now clearly declining. Yet we know that some schools and academies, as well as some groups of young people, are not meeting expectations on this measure. Working with and across KCC Directorates and partners we can deliver more closely targeted support for those young people likely to disengage from school.

Children and families social care services

The continuing pressure on our social care services for both safeguarding and corporate parenting remains a key concern, with exceptionally high numbers of referrals and increasing numbers of children subject to Child Protection plans. Our number of looked after children has been increasing, and while these are national trends, it is

critical that we maintain strong child protection practice throughout Kent and work through the Kent Safeguarding Children's Board to reduce risks to safeguard children.

Kent has been very successful in the past in reducing the numbers of LAC (looked after children) through options outside the care system which is better for both children's outcomes and value for money. The appointment of 12 District Preventative Services Managers will boost the coordination of early identification and intervention, using the children's centres and other community based family support services.

This, along with working on the high referral rates from some agencies, particularly the police, aims to reduce the pressure on our duty teams who are struggling to meet the increased demand to respond to a significant number of referrals which do not meet the criteria for child protection assessments.

This pressure is a national phenomenon, as is the capacity of social care to meet demand due to difficulties in recruiting experienced social workers. Kent has been successful in recruiting and retaining newly qualified social workers, along with social workers from Europe and the USA, but we still have high vacancy rates, and are looking to develop a better skills mix in the teams to ensure we have manageable caseloads.

The recruitment and retention of social workers remains a critical priority as does reducing family risks linked with child abuse and neglect (e.g. domestic abuse, parental mental health, and substance misuse). Resolution of these key issues can only be done through integrated and joined up working with our Children's Trust Partners.

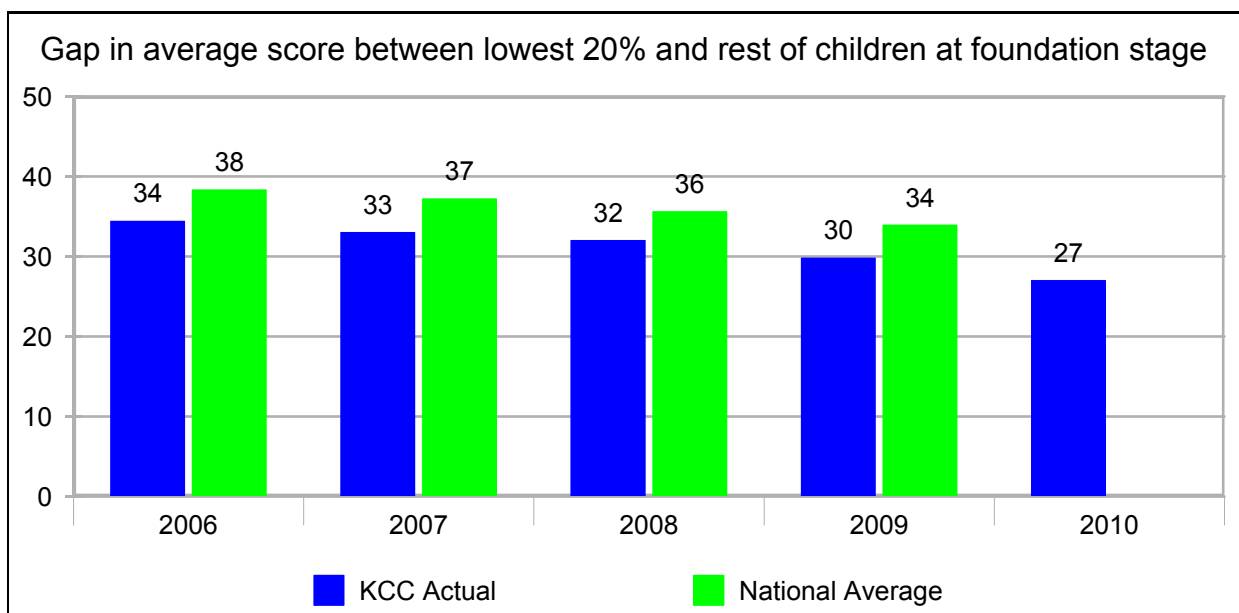
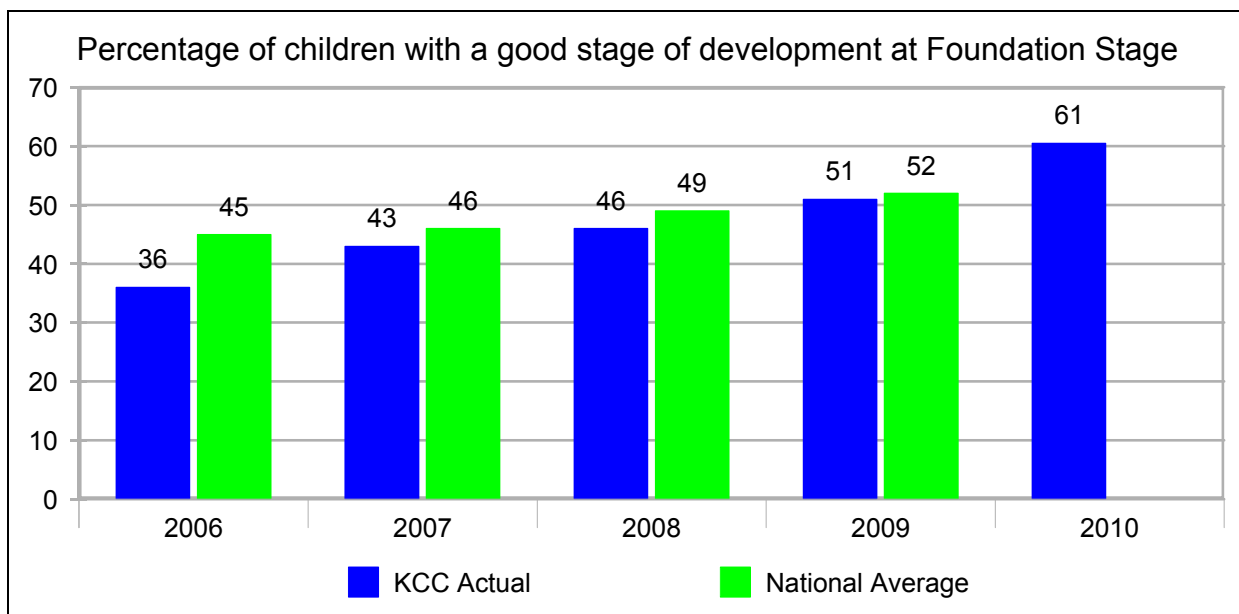
Policy context for children, families and education

The new Coalition government is bringing a different policy environment that will need us to take stock, along with the expected financial challenges for public sector services. We have already faced significant in-year budget reductions in national grant funding, in addition to the savings achieved from our major reorganisation within CFE, and the review of the Building Schools for the Future programme.

Other developments include the Academies Act, the NHS White Paper 'Equity and excellence: Liberating the NHS', announcements on 16-19 funding arrangements, and we have a forthcoming white paper on education and children's services, and a green paper on SEN and disabled children's services. In the context of a new political climate and ongoing economic uncertainty, it is vital that we remain focused on making a positive difference to outcomes for children and young people.

While the Government is intending to remove some legislation in respect of Children's Trusts, it is clear that Ministers mean that local areas should decide what suits them best. From our discussions so far, there is huge enthusiasm in Kent for agencies continuing to move forward together to gain the benefits of shared planning, commissioning and delivery around schools, children's centres and communities at local level. Our new structural arrangements will create capacity to support this progress.

Rosalind Turner
Managing Director
Children, Families and Education



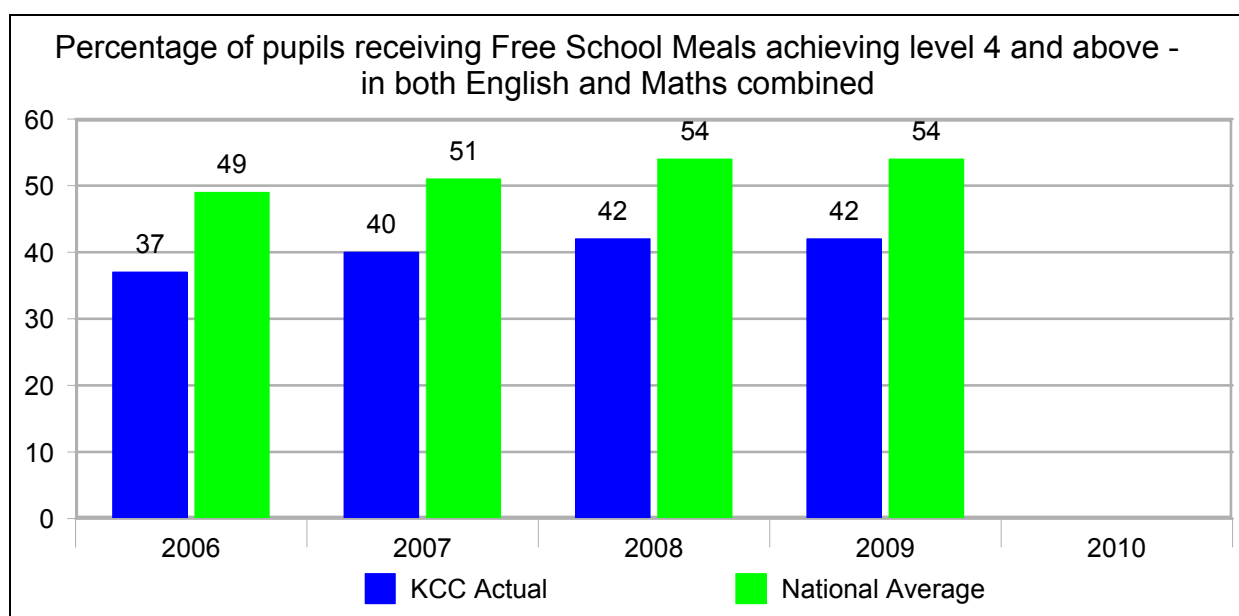
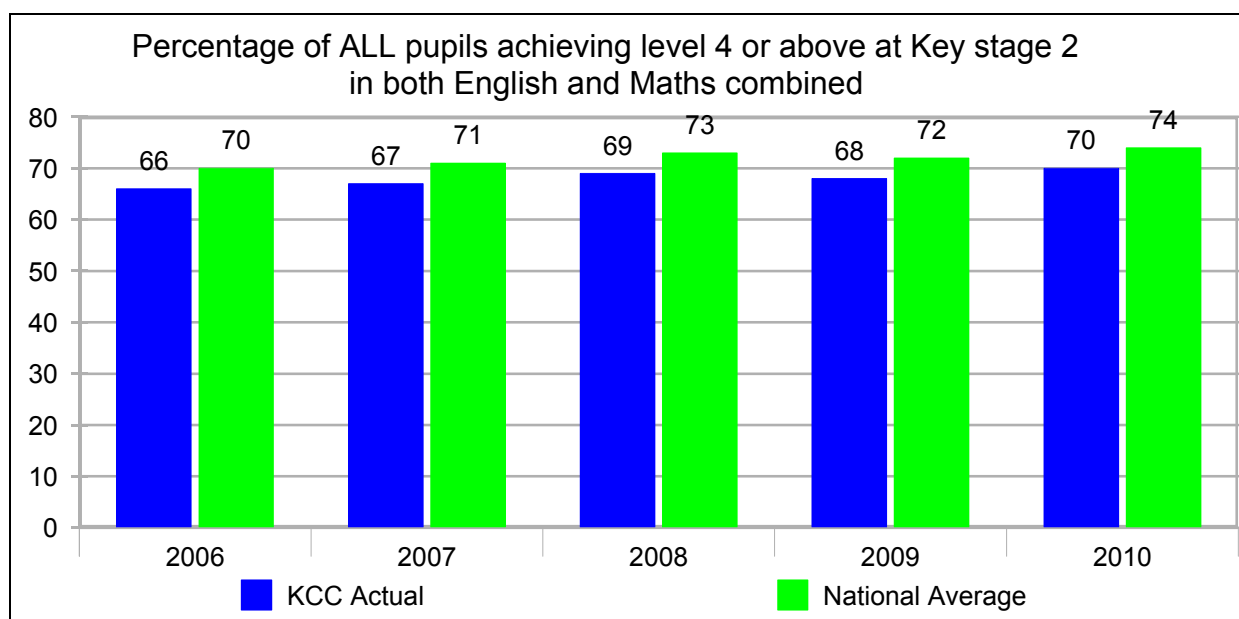
	Current RAG	Previous RAG	Current DoT	Previous DoT
Percentage pupils with good stage of development	Awaiting national data	●	↑	↑
Gap between lowest 20% and others		★	↑	↑

Comments :

The 2010 Foundation stage assessments, taken in a child's first year of Reception, show a significant improvement. 60.5% of children now reach the level of development considered as good. This is the fifth year in succession that Kent's Foundation Stage outcomes have shown improvement.

For the fourth year in succession Kent has reduced the achievement gap between children in the lowest 20% of the cohort and their peers.

National data for 2010 is expected to be available in October.

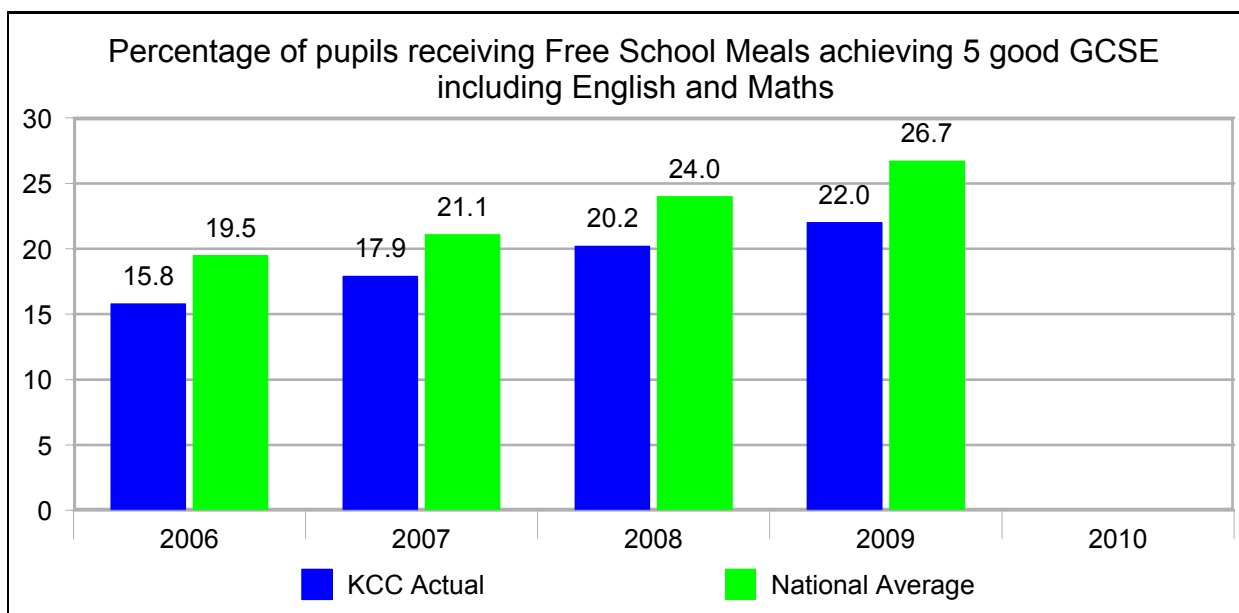
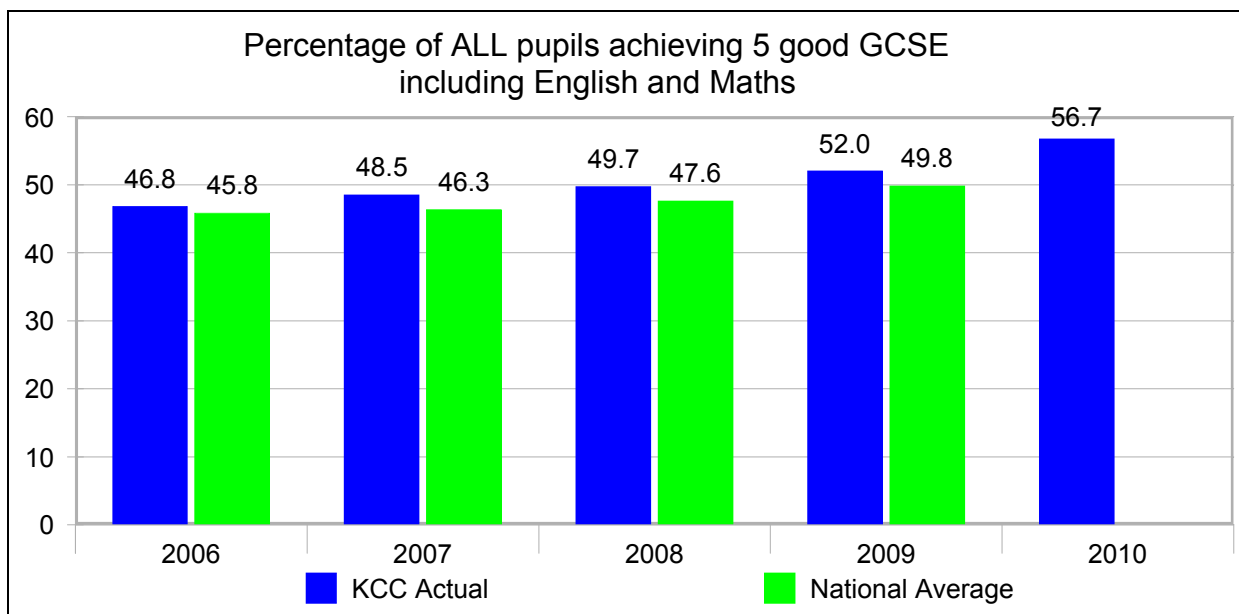


	Current RAG	Previous RAG	Current DoT	Previous DoT
Level 4 and above – all pupils	●	●	↑	↓
Achievement gap for children with free school meals		▲		↑

Comments :

Provisional 2010 results for combined English and Maths show improvement in Kent by 2 percentage points which matches national improvement. 100% of children in 14 Kent schools achieved at least a Level 4, an improvement from 5 schools in 2009. However, Kent remains below national performance. This year's SATs boycott questions confidence in national figures for 2010, given 26% of schools nationally did not conduct SATs. 6% of Kent schools boycotted the SATs (24 schools).

Note that the RAG and DoT ratings for children with free schools meals are based on the gap in performance between children with free school meals and other children. The gap reduced in 2009.

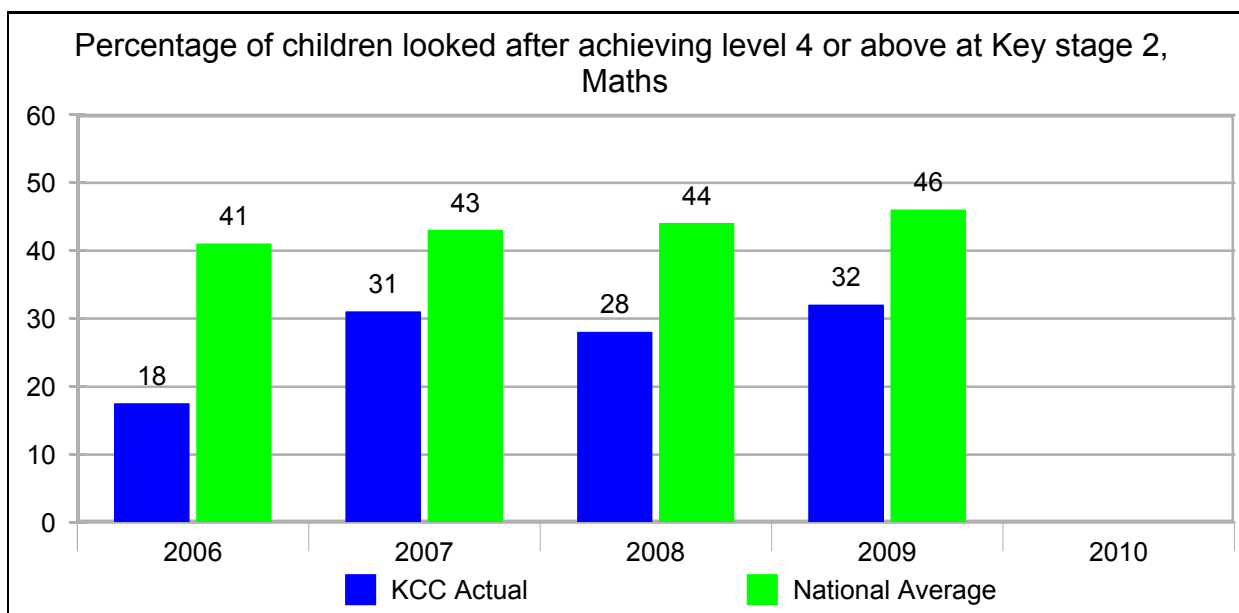
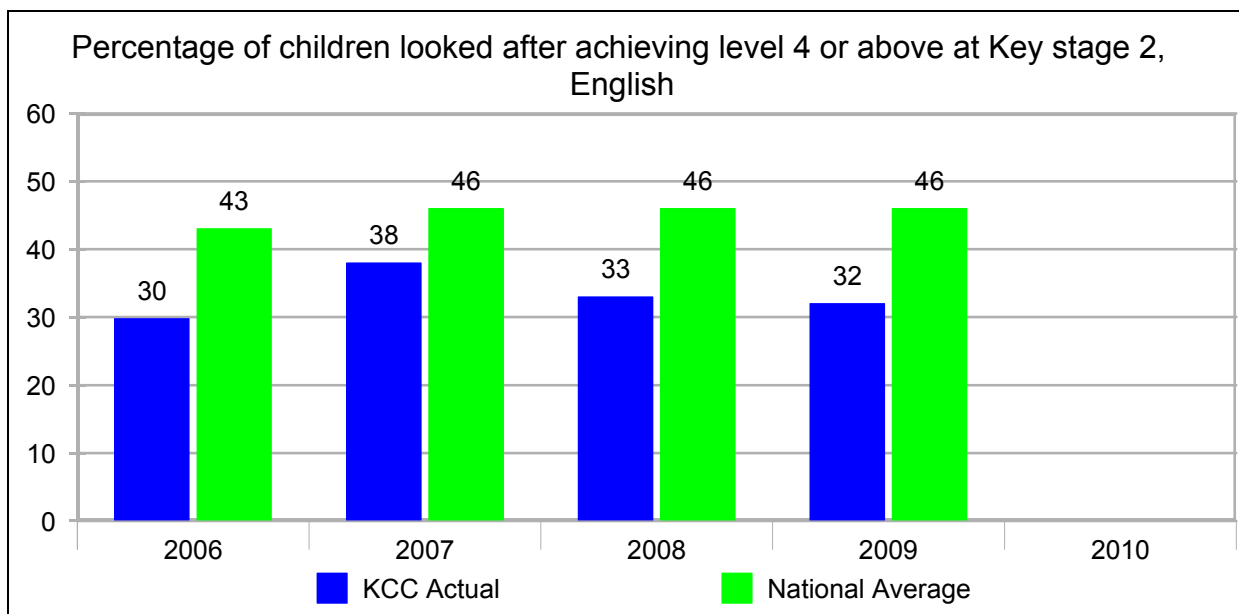


	Current RAG	Previous RAG	Current DoT	Previous DoT
5 good GCSE – all children		●	↑	↑
Achievement gap for children with free schools meals		▲		↓

Comments :

Kent's provisional GCSE results for this indicator improved on 2009 performance by 4.7%, bringing the 5+ A*-C result (including English and Maths) to 56.7%. This has met our local authority 2010 target. We believe this will be above the national rate of improvement, for which data will be available in October.

In 2009 children in Kent overall performed above the national average for GCSE but children eligible for free schools meals performed below the national average. Note that the RAG and DoT ratings for children with free schools meals are based on the gap in performance between children with free school meals and other children. The gap widened in 2009, but expectations are for it to narrow in 2010.

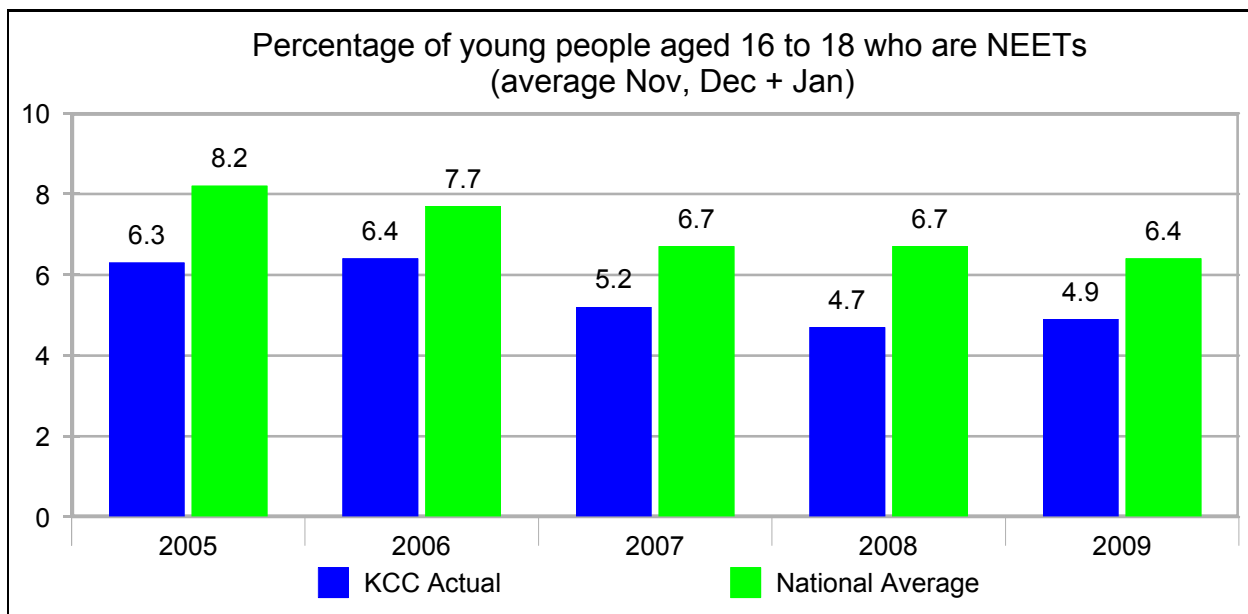
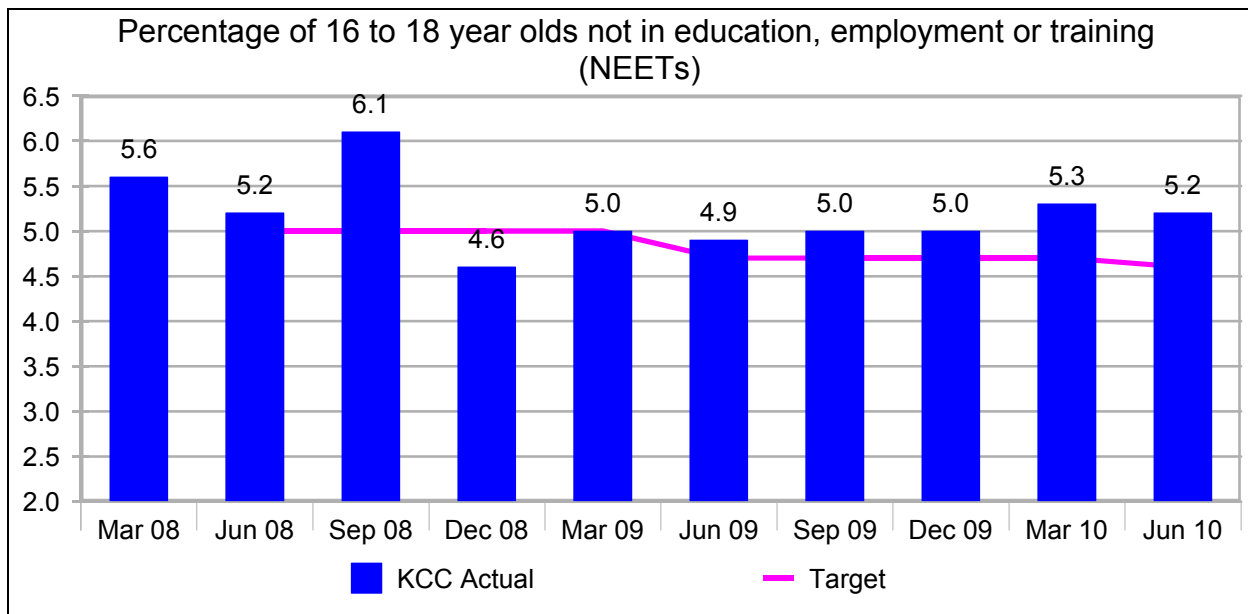


	Current RAG	Previous RAG	Current DoT	Previous DoT
LAC Key stage 2 English		▲		↓
LAC Key stage 2 Maths		▲		↑

Comments :

Data for 2010 will not be available until the autumn.

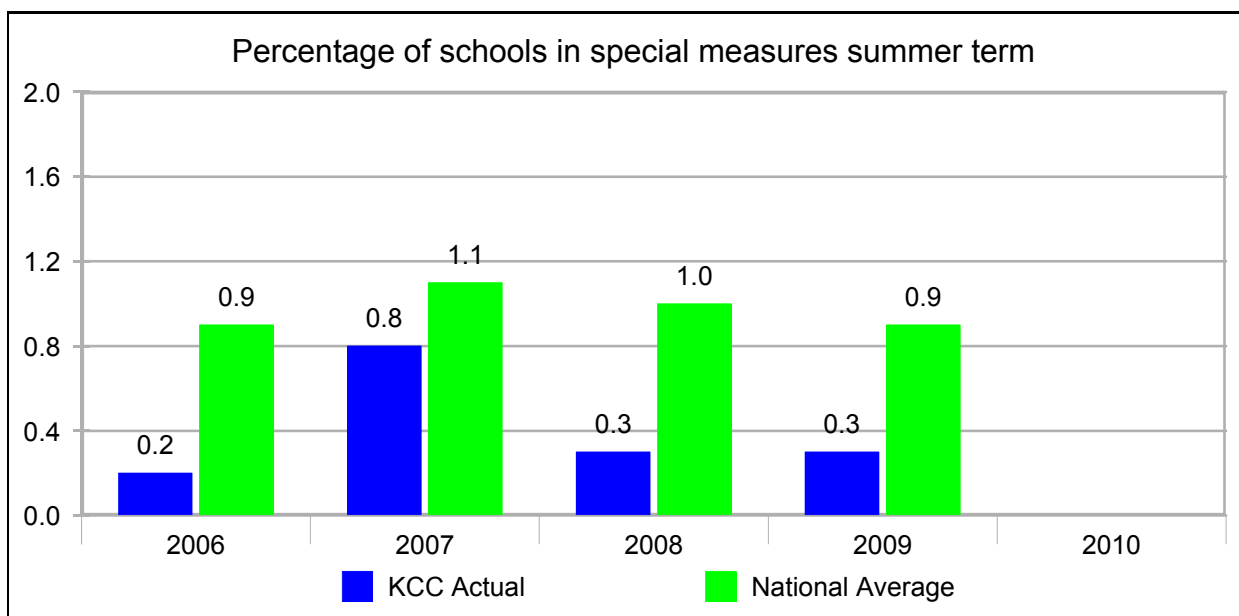
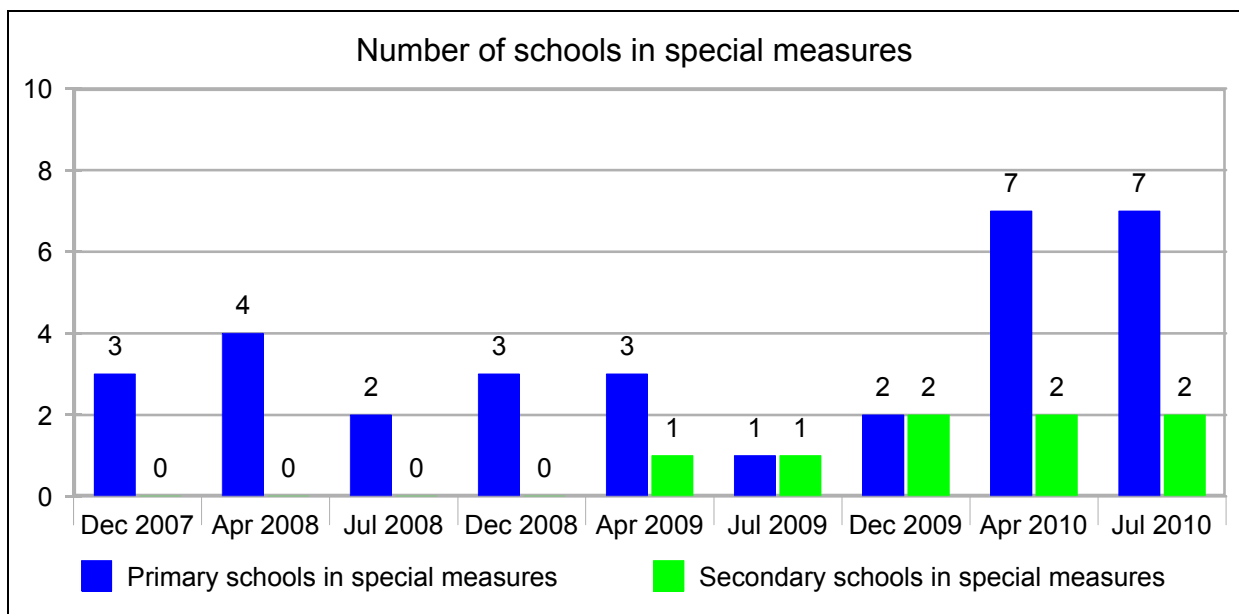
In 2009 results for looked after children (LAC) had not significantly improved. The introduction of a Head Teacher for all LAC and Care Leavers will be key in the delivery of improvement in this area, ensuring a greater level of leadership and influence in practice of both schools and social workers.



	Current RAG	Previous RAG	Current DoT	Previous DoT
NEETs	●	●	↑	↓

Comments :
 The national downturn in the economy means that there is likely to be an increase in the number of young people not in education, employment or training (NEET). However, performance in Kent remains better than the national average.

The June 2010 NEET figure in Kent of 5.2% equates to just under 2,000 young people.

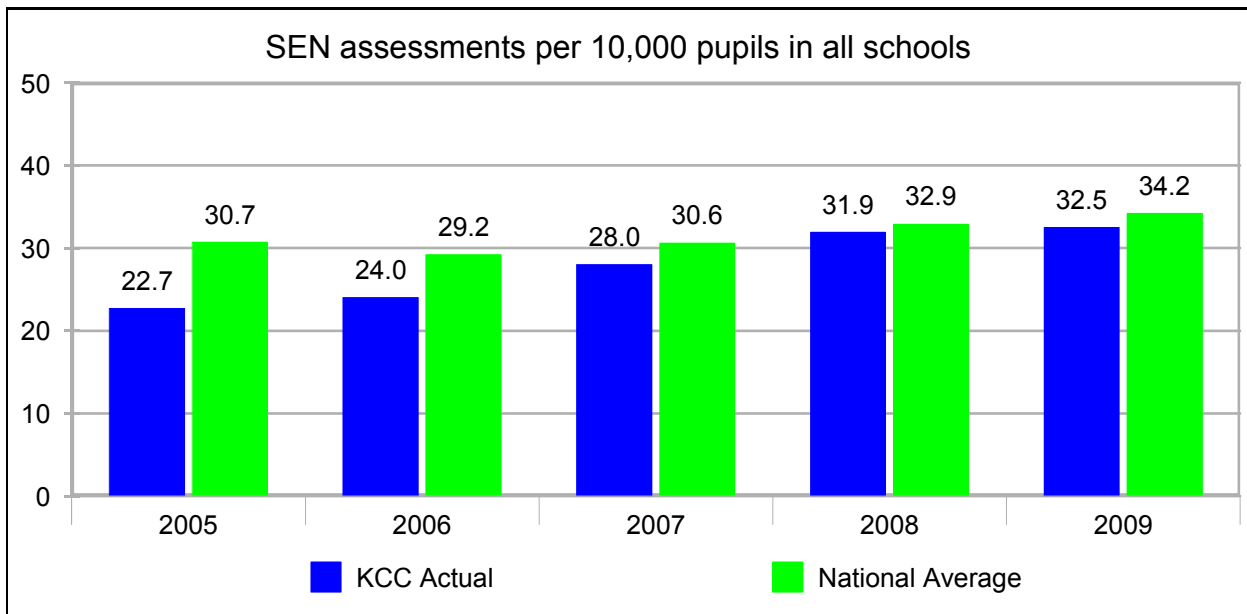
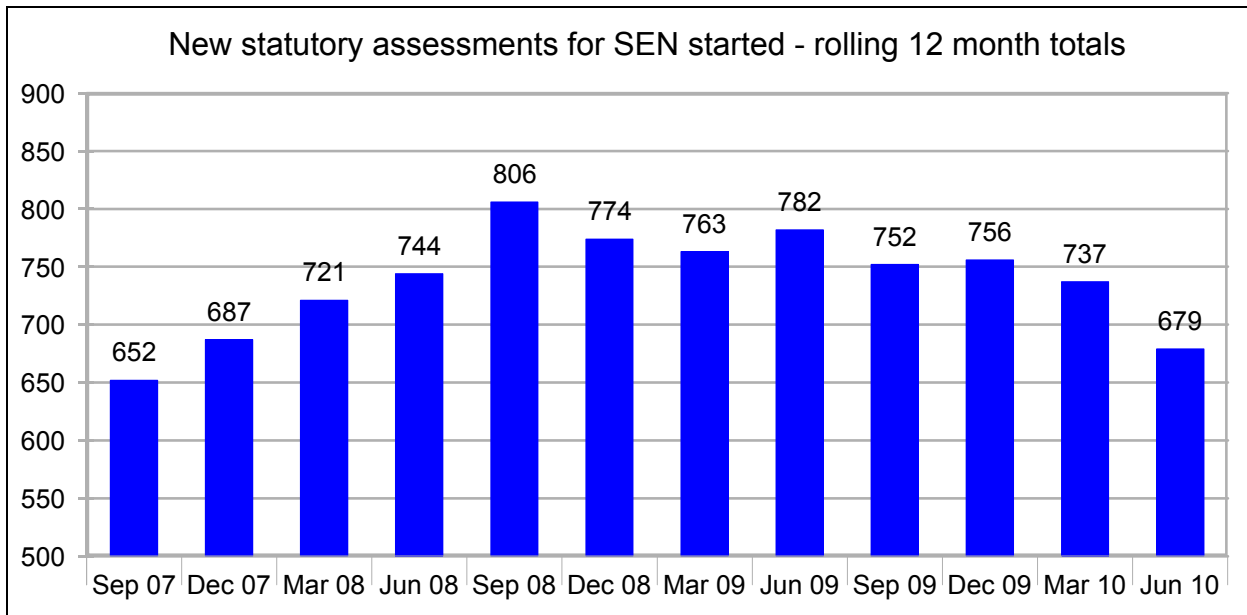


Schools special measures :	Current RAG	Previous RAG	Current DoT	Previous DoT
Primary schools	●	●	↔	↓
Secondary schools	●	●	↔	↔

Comments :
 7 Primary and 2 Secondary schools are currently in Special Measures, and all are predicted to exit the category within 12 months of entering.

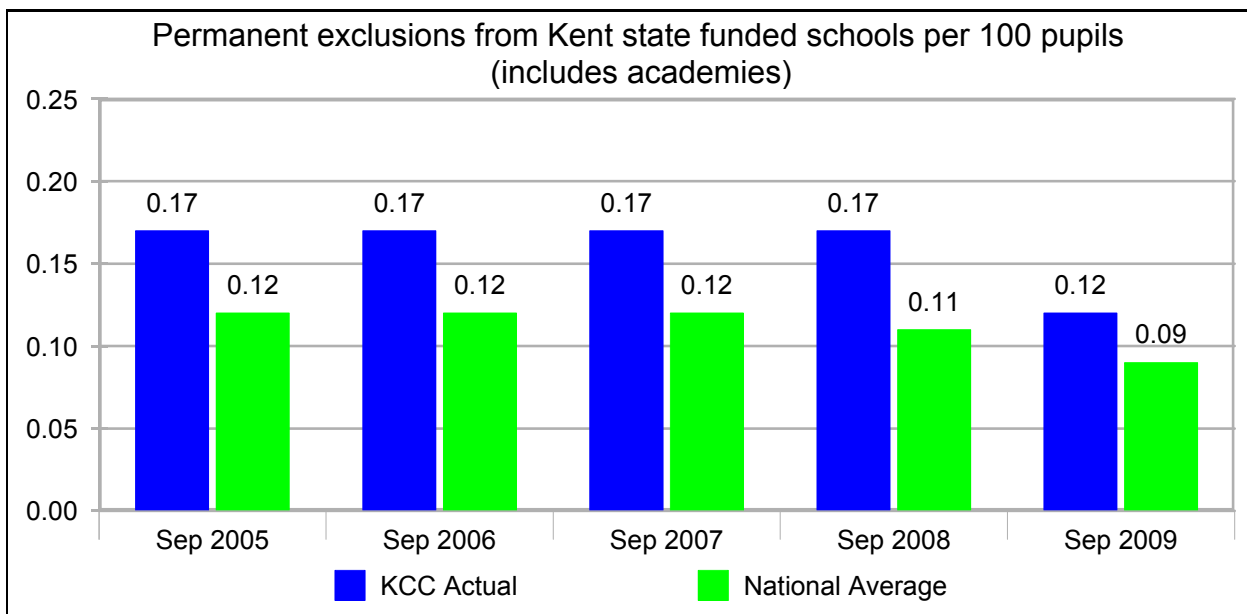
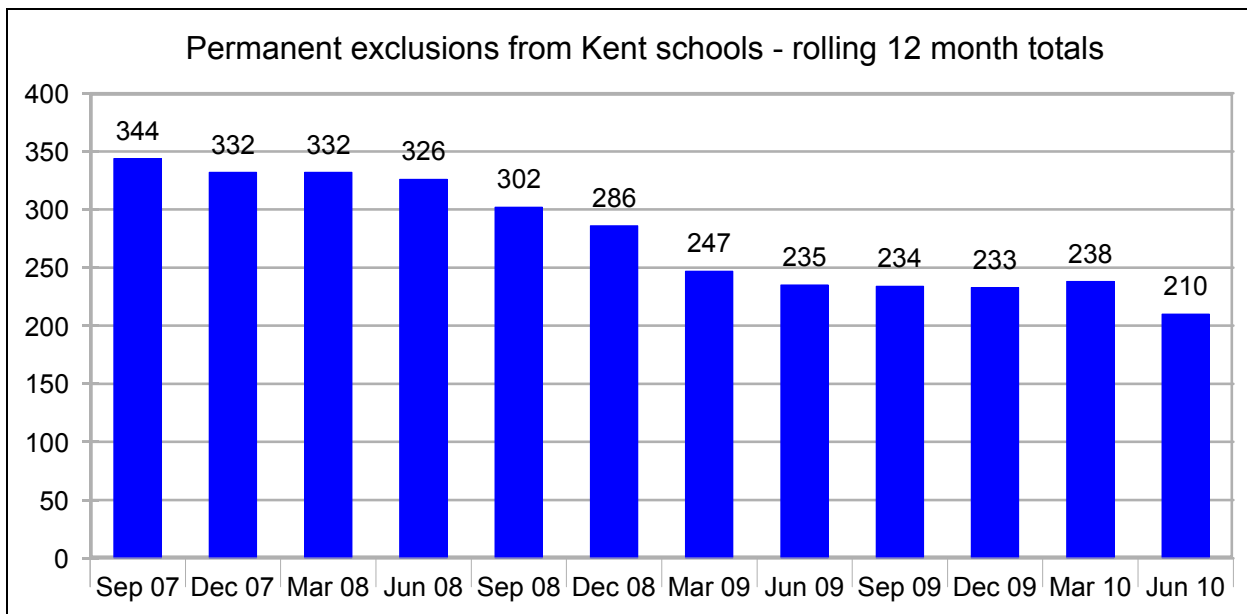
Schools are being supported (and challenged) to ensure rigorous tracking and monitoring of pupil progress and to intervene through the provision of additional support. Kent's new strategy is to identify schools that are vulnerable and intervene early to establish priorities for improvement, a key commitment being to have no school in Special Measures in the next 12 months.

National data for the summer term will be available by November and it is expected that this will show a rate similar to that now in Kent of 1.5% of schools.



	Current RAG	Previous RAG	Current DoT	Previous DoT
SEN assessments	★	●	↑	↑

Comments :
 The number of new assessments for Special Educational Need continues on a downward trend from a peak in the year to September 2008. Assessment rates continue to be below national rates.

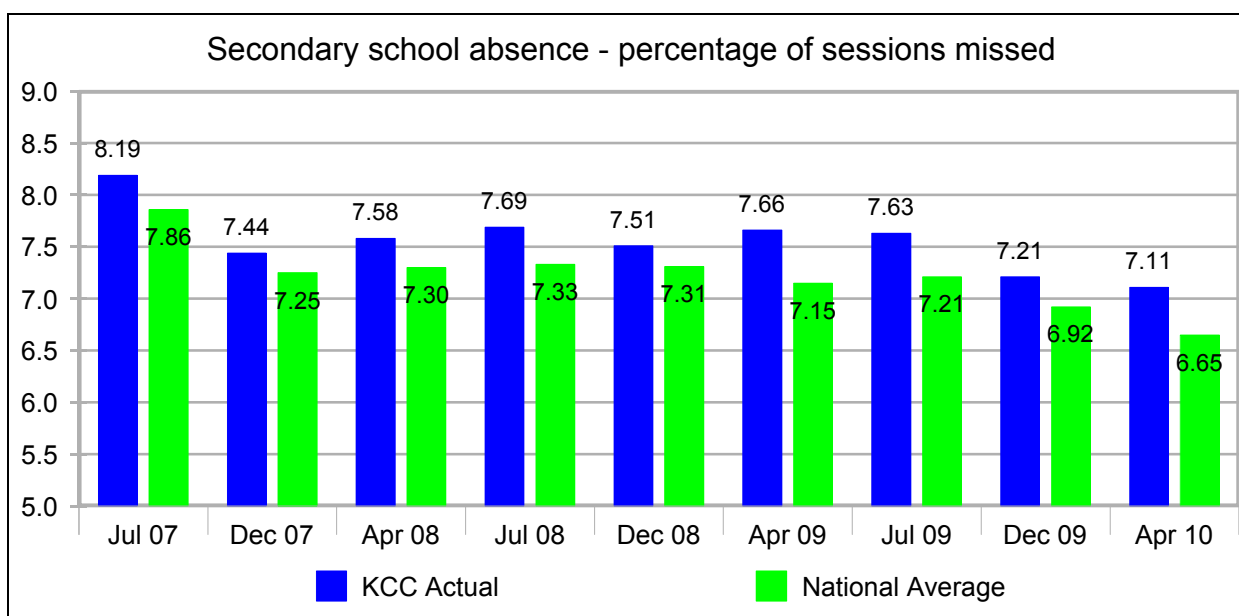
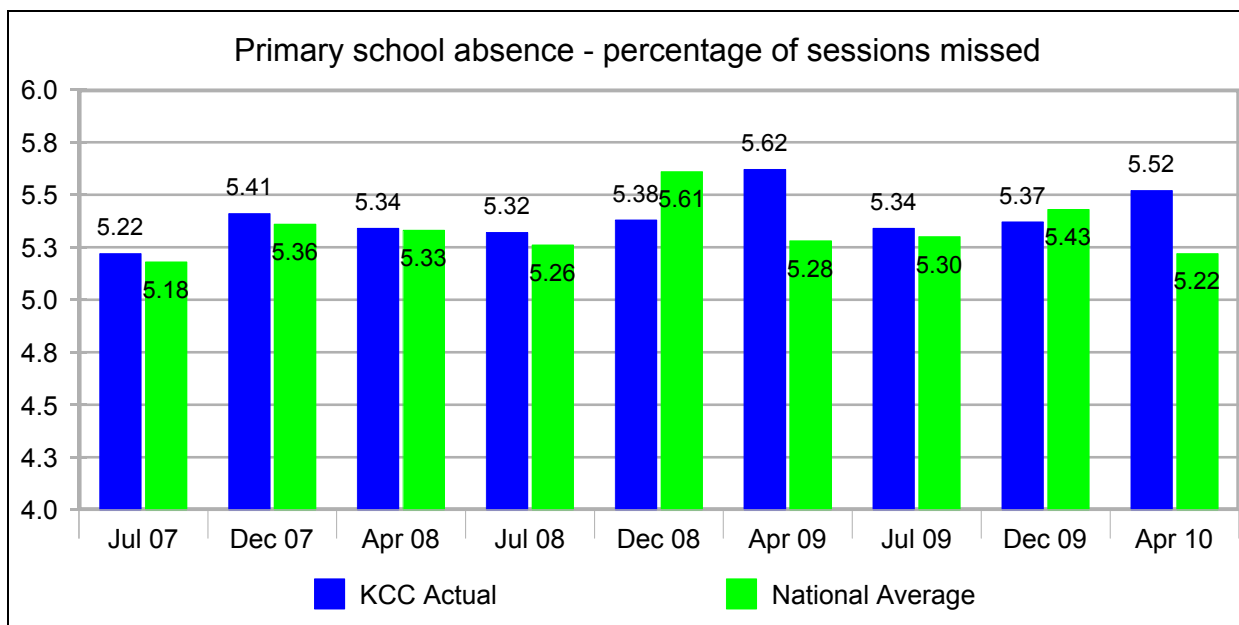


	Current RAG	Previous RAG	Current DoT	Previous DoT
Pupil exclusions	●	▲	↑	↓

Comments :

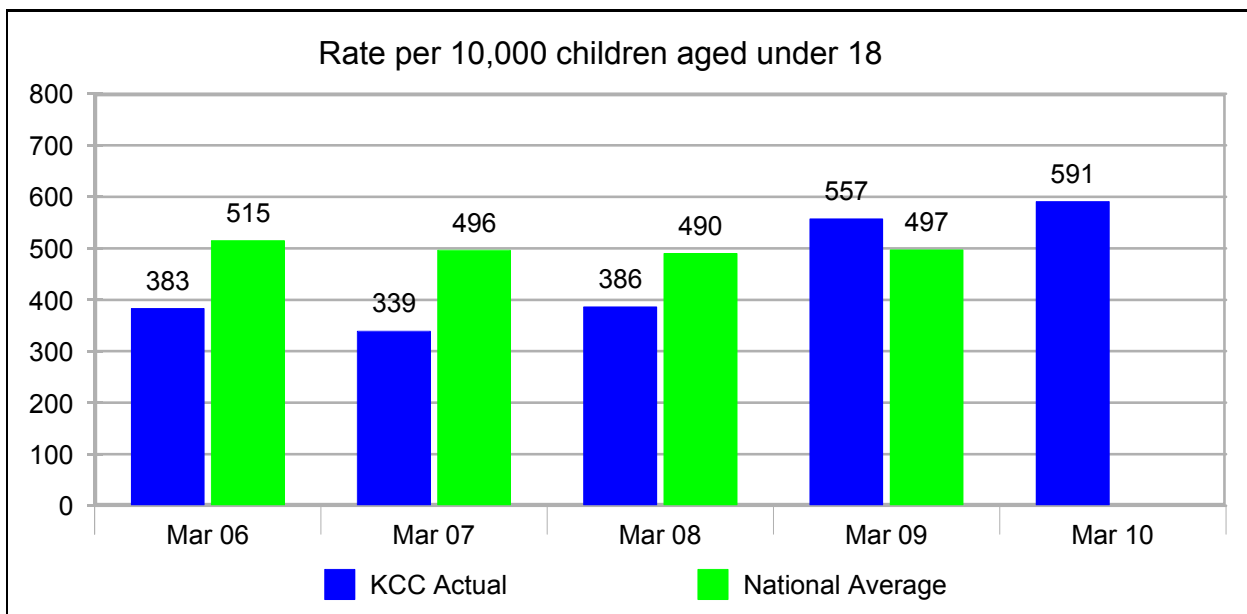
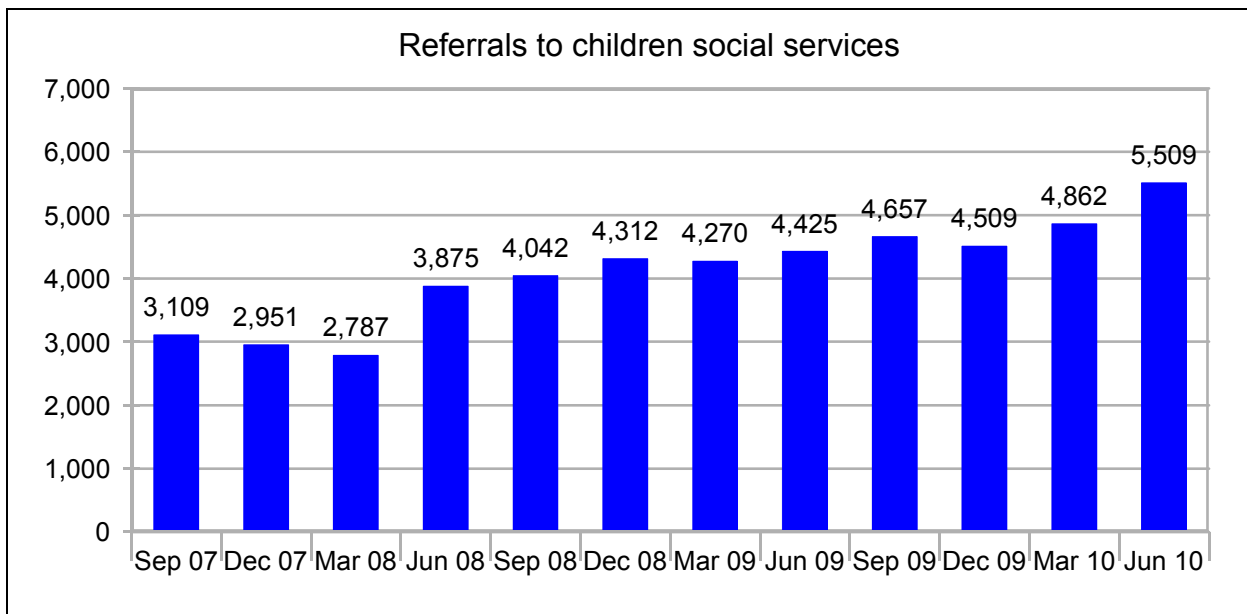
Having persisted at 0.17% of pupils, the permanent exclusion rate fell in the 2008/09 academic year to 0.12%, closing the gap to the national rate. Local data shows this reduction has been sustained during 2009/10.

There is very long delay in publication of national data for exclusions and the 2008/09 data has only recently become available. Based on this latest benchmark Kent would need to reduce pupil exclusions down to 191 pupils to be equal to the national rate. This has nearly been achieved in the last year.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Primary absence	●	●	↓	↓
Secondary absence	●	●	↑	↑

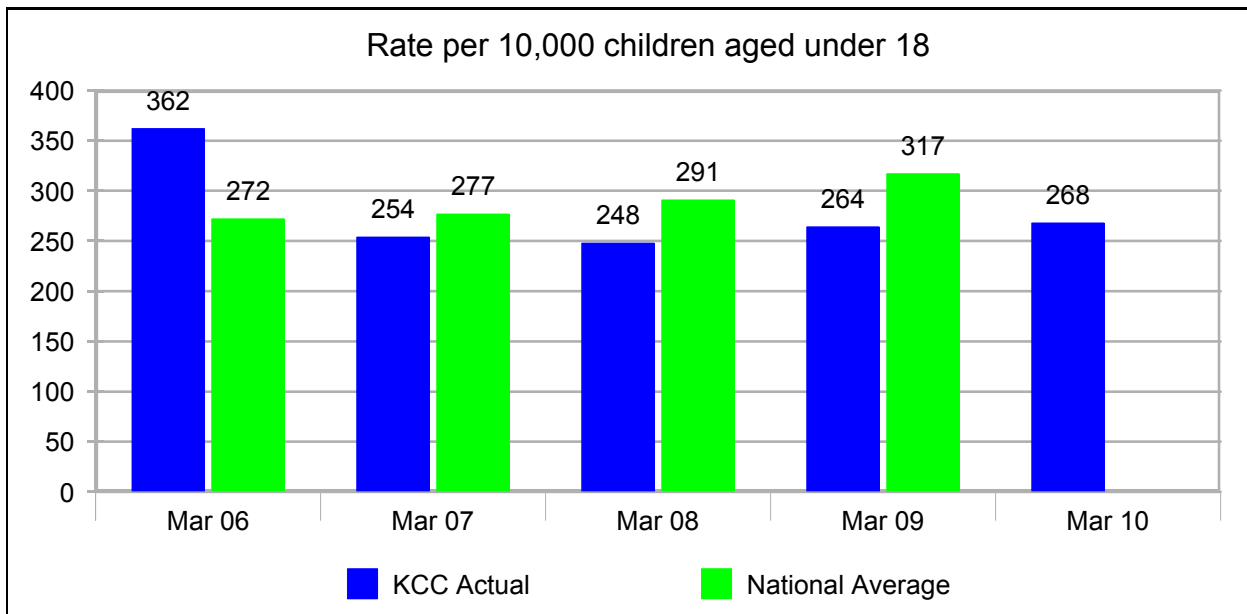
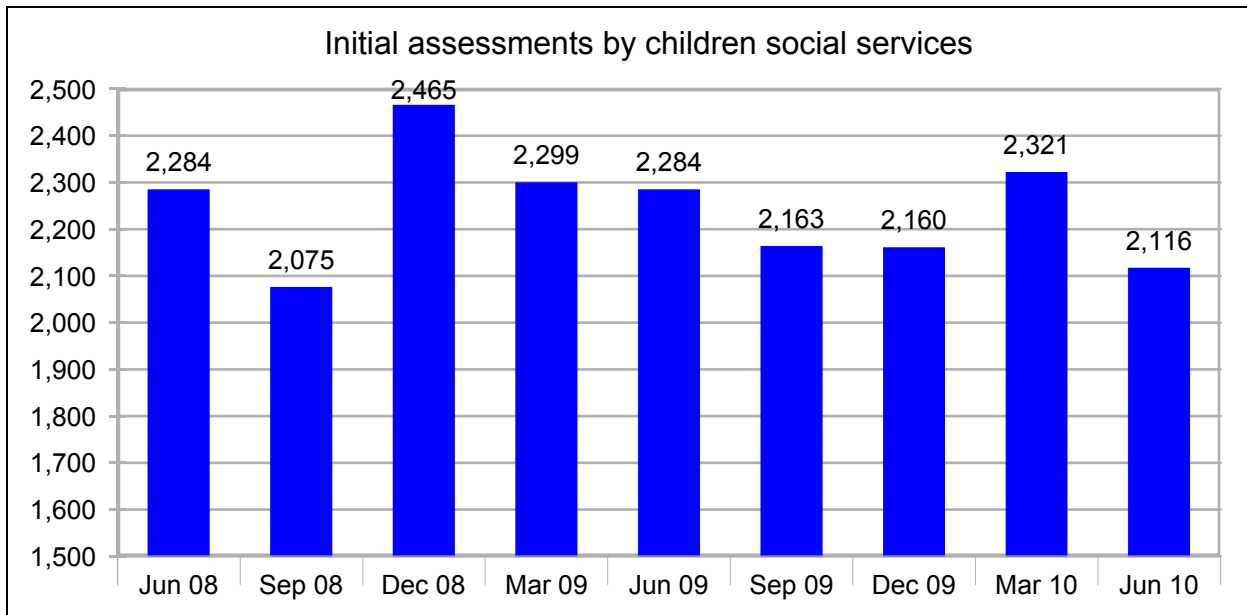
Comments :
 Up to April 2010 primary school absence rate has been much in line with national performance, although with larger differences in the Spring term.
 The secondary school rate has been higher than national performance. However, a robust strategy is now in place to reduce secondary absence.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Referrals	▲	▲	↓	↓

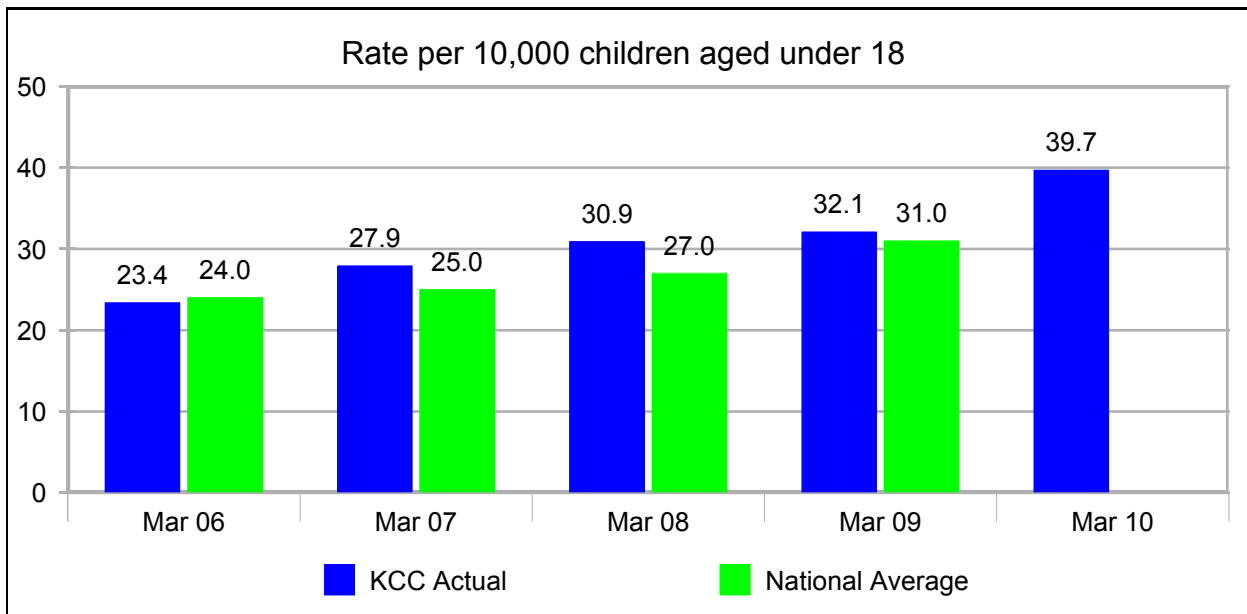
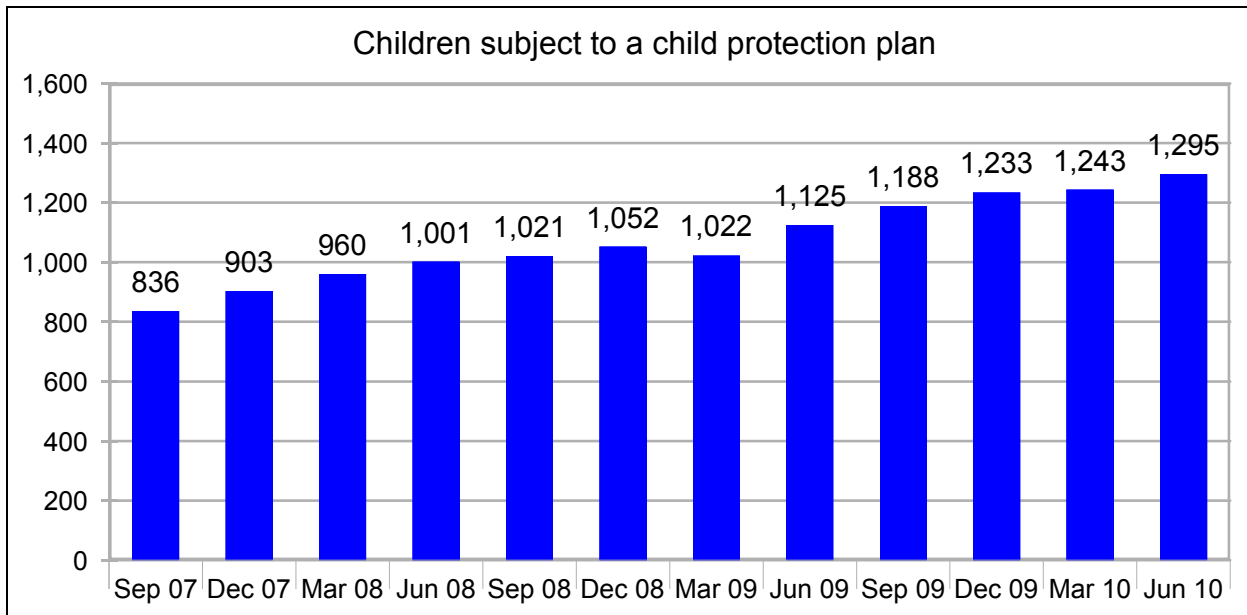
Comments :
 The rate of referrals in Kent continues to increase and for 2008/09 had moved above the national rate. Action is being undertaken to address this issue, including work with agencies which make referrals, most notably the Police.

The new Preventative Services Managers (PSMs) take up their posts in September with the objective of reducing referrals to Children’s Social Services. This reduction will be achieved by embedding the Common Assessment Framework (CAF) process for earlier intervention with vulnerable children and their families, and by refining the single point of access process.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Initial assessments	★	●	↑	↓

Comments :
 Despite the increase in referrals, the number of initial assessments remains reasonably stable and has remained below the national rate which has shown an increase in previous years.

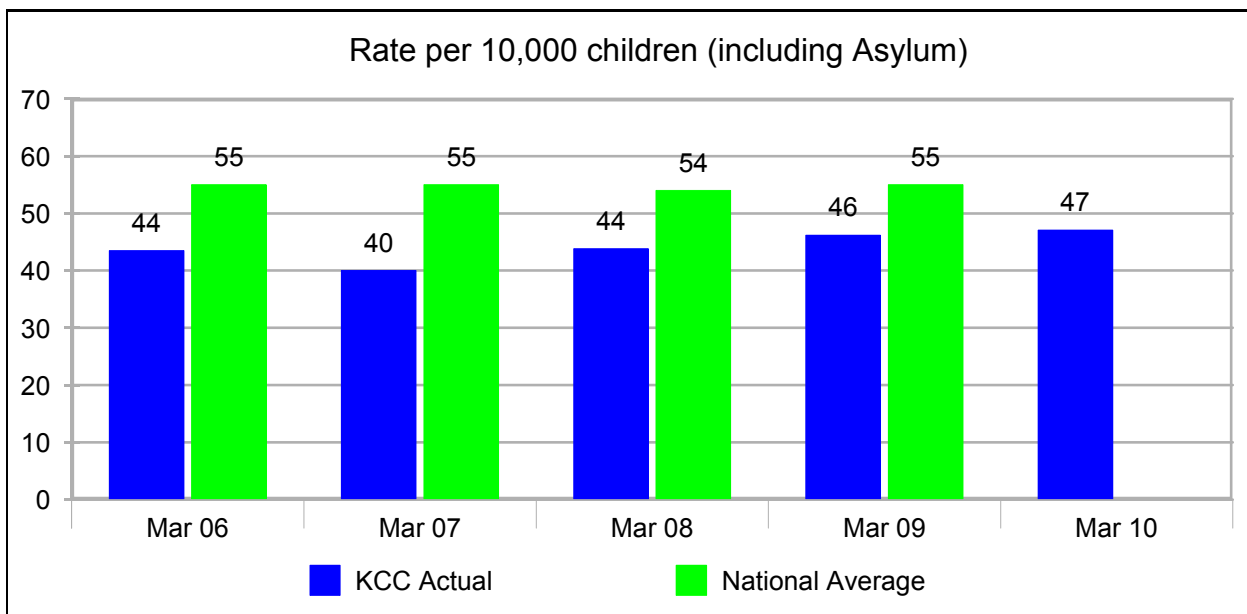
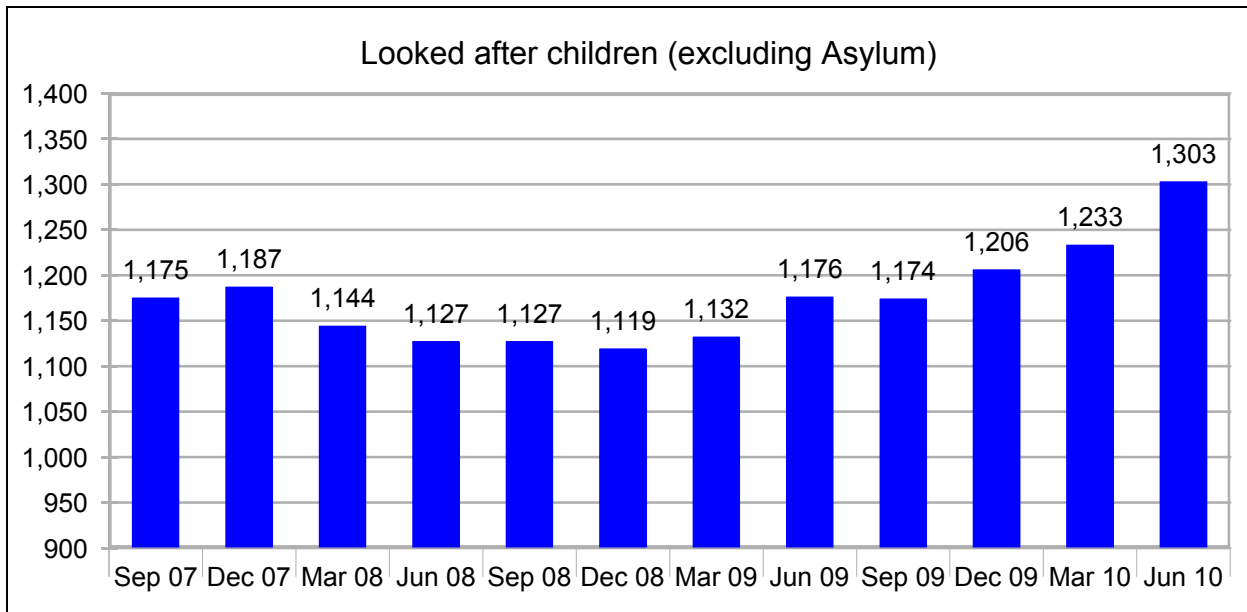


	Current RAG	Previous RAG	Current DoT	Previous DoT
Child protection plans	▲	▲	↓	↓

Comments :
 The number of children subject to a child protection plan continues to increase, and further increase is anticipated, given the rise in referral activity. There is a national trend of increased child protection activity and this is being investigated by a number of agencies including the Association of Directors of Children's Services.

The majority of children with child protection plans have them due to a combination of factors including, parental substance misuse, domestic violence, and parental mental illness.

The Kent Safeguarding Children's Board is seeking to address these issues on a multi-agency basis.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Looked after children	★	★	↓	↓

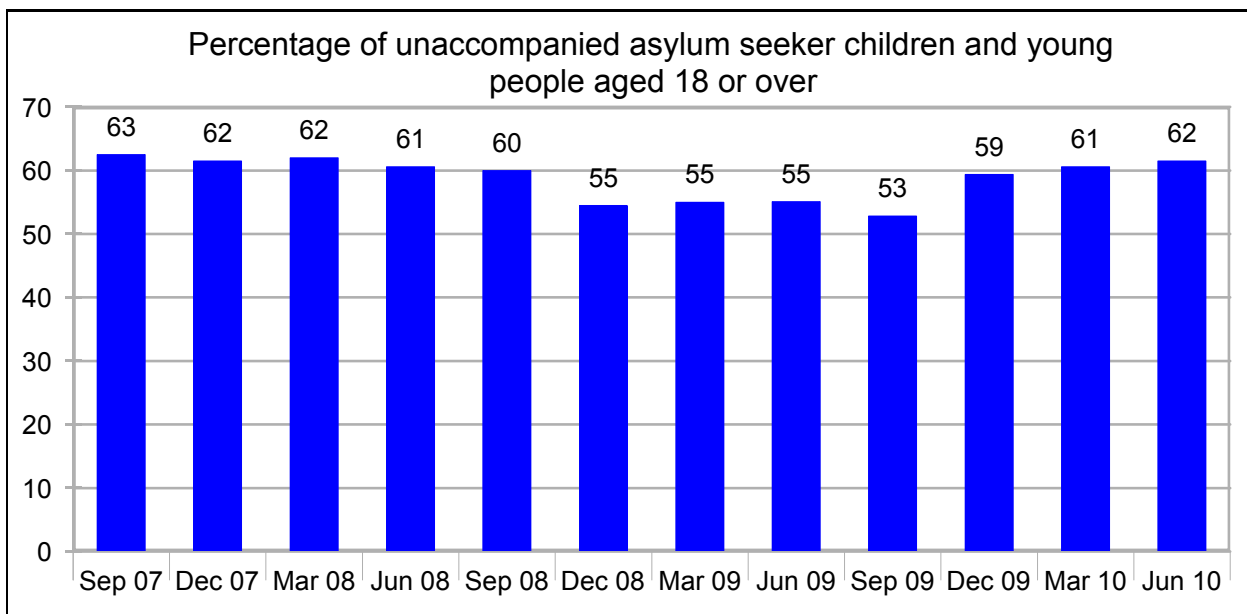
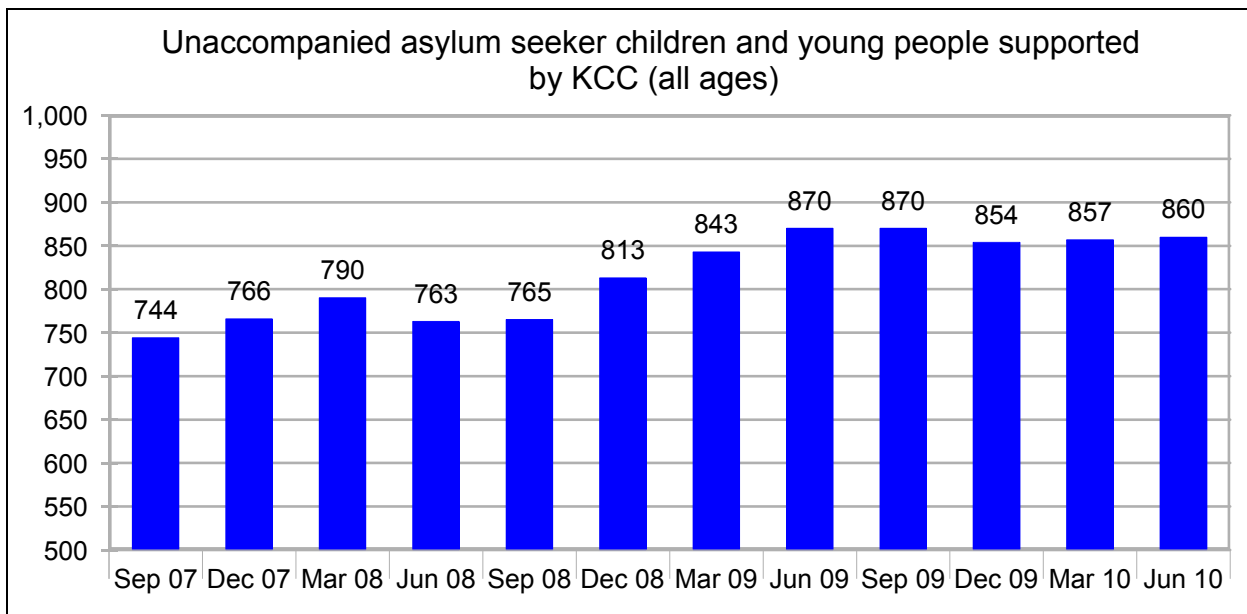
Comments :

There has been a steady increase in the numbers of looked after children since January 2009. The overall rate is likely to remain below the national average for 2009/10.

The reasons for the increase are:

- Rise in care proceedings to protect children (mainly younger children)
- Rise in teenagers (13-15) being looked after due to a family breakdown
- Rise in accommodation of homeless 16-17 year olds as a result of the Southwark Judgement.

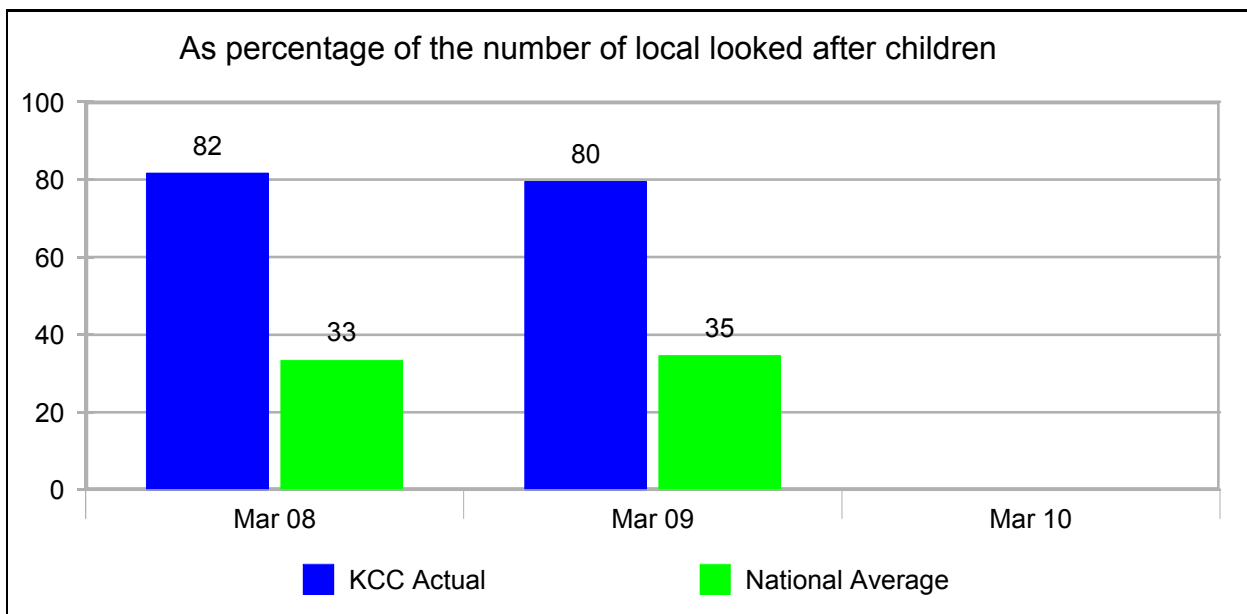
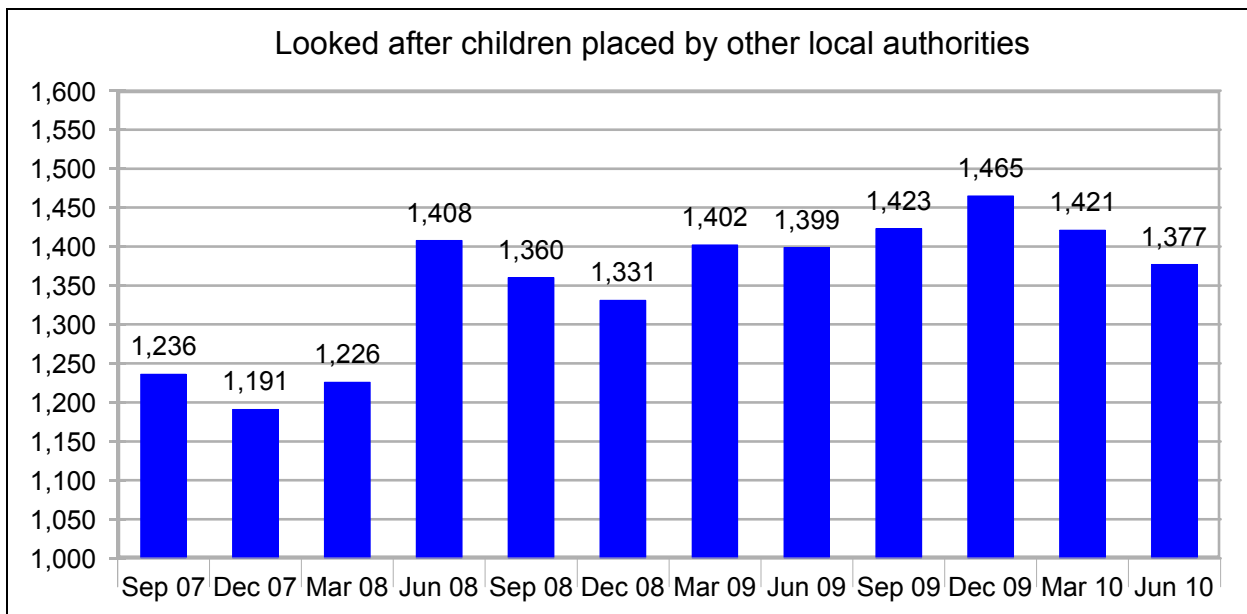
It is possible that the number of looked after children in Kent will continue to rise in line with the significant increase in children subject to child protection plans and in line with the national trend.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Unaccompanied asylum seeker children	●	●	↓	↓

Comments :
 The overall number of asylum seeking children and young people remains around the 860 mark. The majority of these are aged 18 and over.

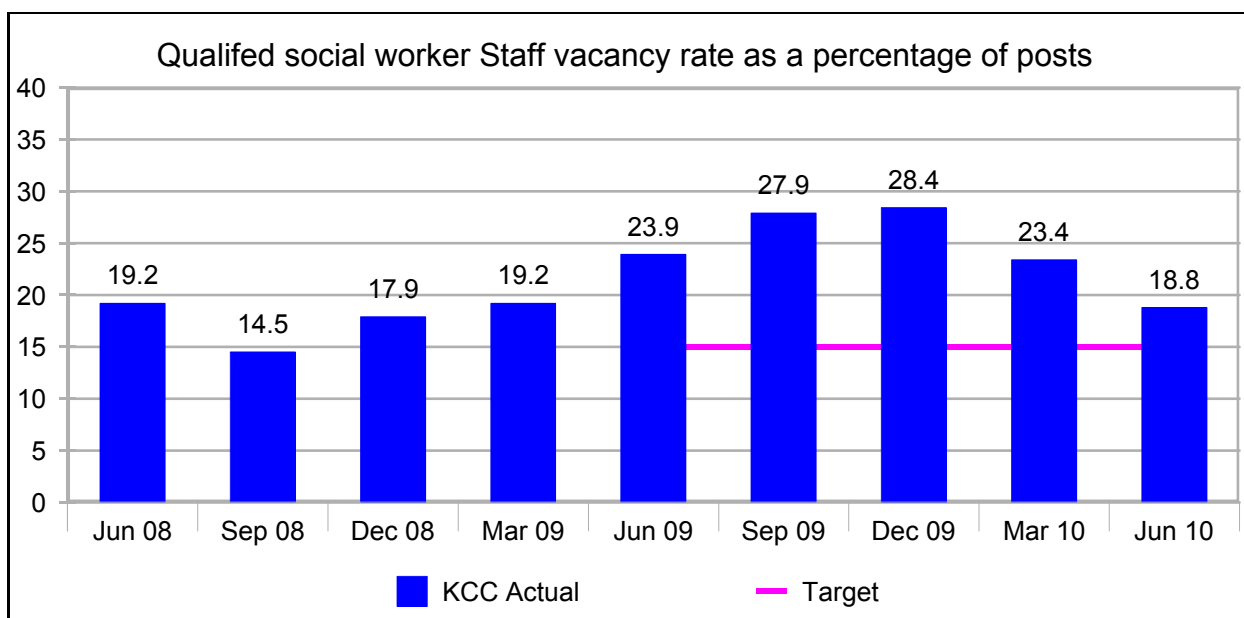
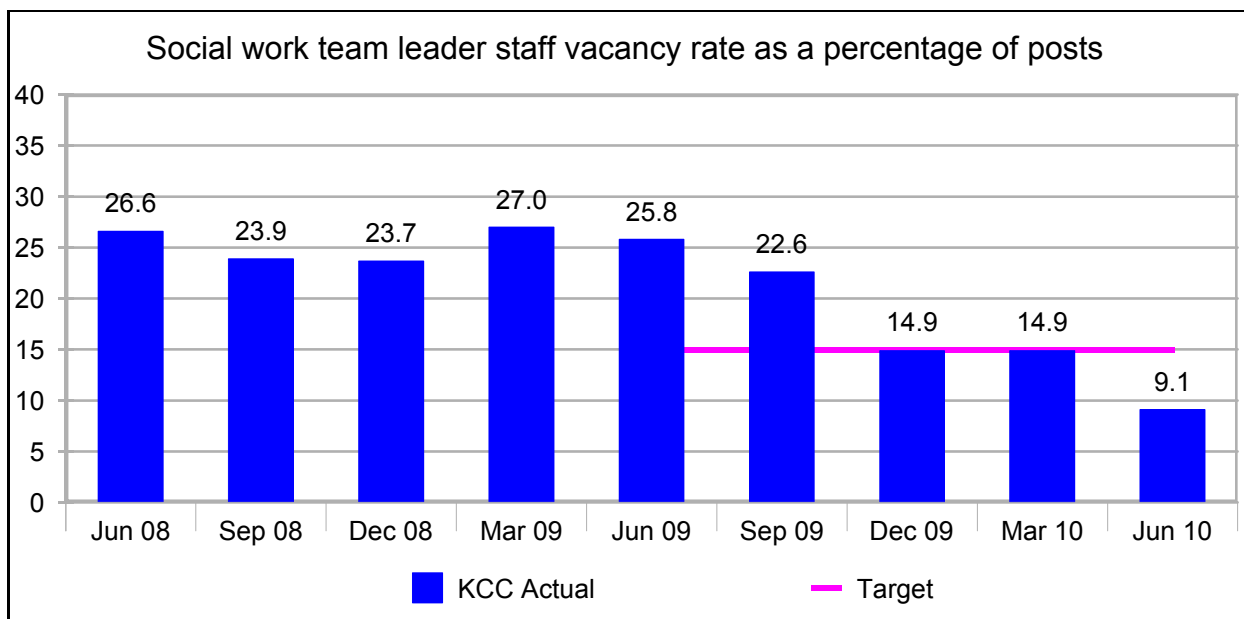
The RAG rating for this indicator is based on the projected level of 820 young people for 2009/10.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Looked after children placed in Kent by other authorities	▲	▲	↑	↑

Comments :
 The number of looked after children placed by other local authorities has reduced slightly from a peak in December 2009. The proportion remains high compared with the national average. This has a significant impact on health services, schools and the youth offending service. Discussions are taking place with London authorities in an effort to reduce their reliance on placements in Kent.

The used for annual comparison includes Asylum seeker children and the national statistics show a lower number of children placed by other authorities in Kent than we have recorded locally.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Team Leaders	★	★	↑	↔
Qualified social workers	▲	▲	↑	↑

Comments :
 Vacancy rates continue to fall for both team leaders and qualified social workers, showing progress made by the proactive recruitment strategy.

However, vacancies rates for qualified social workers are still around 20%; this number will drop during the autumn as 60 new qualified social workers will be joining the service and we anticipate recruitment of another 30 social workers from overseas.

Adult Social Services

Managing Director's Commentary

The future of Health and Social Care is high on the national agenda. The coalition Government has published the white paper 'Equity and Excellence: Liberating the NHS'. As well as a commission on the funding of long term care there will be a White Paper on public health-published by the end of 2010 and a White Paper on social care reform published in 2011.

There will also be an update on Putting People First – the 2007 vision for personalising adult social care – this autumn. It looks like the themes will be much the same - prevention, personalisation, partnership and protection but with a further focus on productivity. But this time it will be working with a very different health service, going through massive change.

The future of KASS' **Older Person's Service Provision** has been a focus for recent activity with the launch of the formal consultation process. Since 21 June 2010, consultation meetings with Members and District Councillors, staff, residents, day care service users and relatives have taken place to provide information on the proposals for future provision. The consultation period will run until 1 November 2010 after which a report will be prepared incorporating the feedback received. This will be presented to a meeting at ASSPOSC and then to Cabinet in January 2011 for individual decisions on each facility.

Other key activity:

1. Increasing **demographic demand** has been well documented. While medical advances are welcomed it does mean that people are now living longer with more complex needs. This will continue to have a major impact on budgets and resources. Referrals have continued to increase year on year and early indications for 2010/11 are that referral rates will increase by 4%. This monitoring paper demonstrates the increasing demand on nursing and residential care, due principally to an increase in the number of people with dementia. We continue to take robust action to manage resources.
2. We have continued the drive towards **personalisation**. The Self Directed Support (SDS) project was implemented last October and is now being bedded down across the Directorate.

The take up of Personal Budgets continues to increase and Personal Budgets are being implemented in Mental Health. An action plan is in place to ensure that SDS is embedded in Learning Disability, which already has well placed building blocks to support it.

Given this good progress in implementing SDS, there will no longer be a dedicated SDS project team from October.

We are also working with the market to ensure SDS and personalisation is embedded so that people have a choice of care and support wherever they live. A significant characteristic of social care in Kent is that KASS now commissions almost 90% of its services from outside the Directorate. We have worked well with partners

to develop a vibrant private and voluntary sector and we have a range of activity in place to support the sector in realigning its services to meet the challenges of the recession and to fully implement 'Putting People First'.

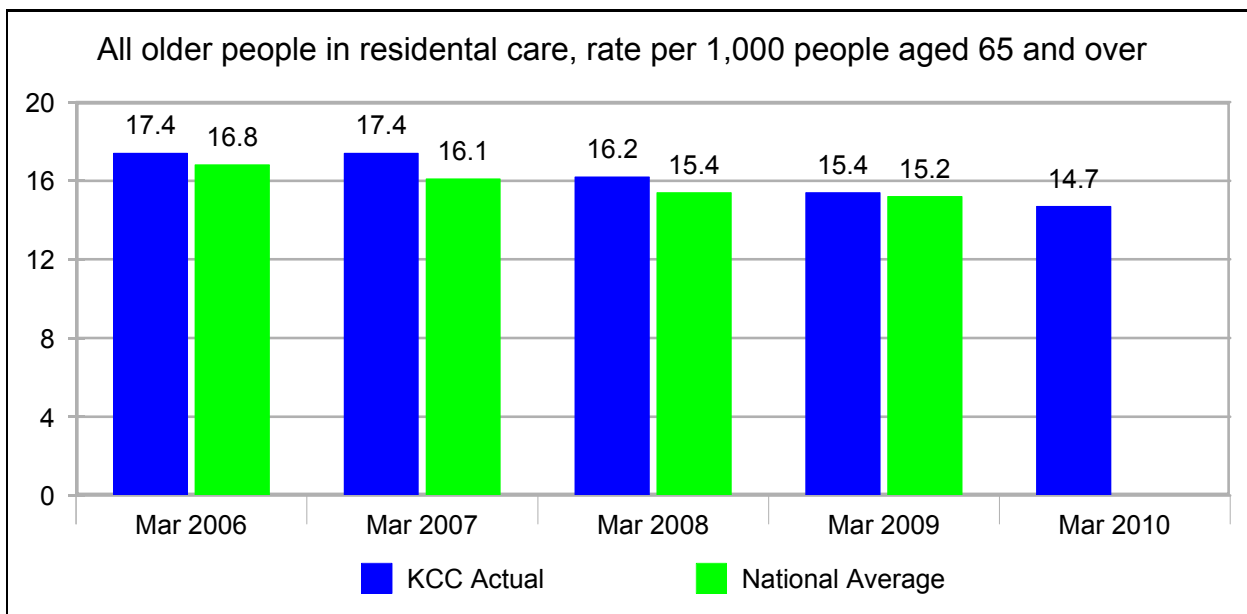
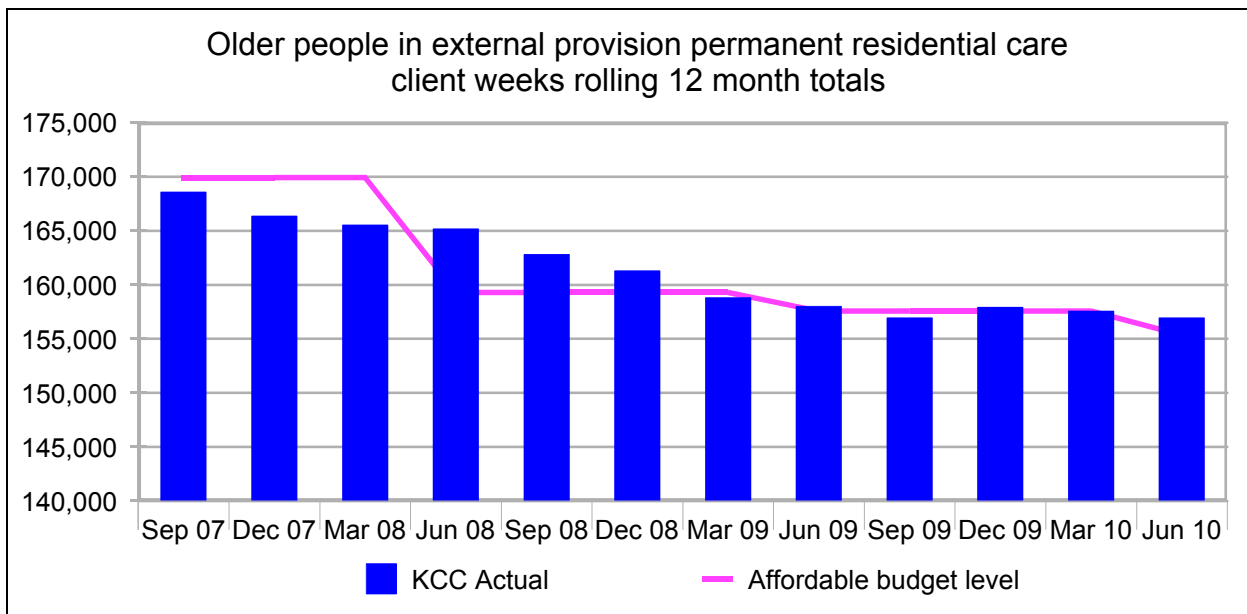
3. We are maintaining the strategic shift to **prevention and early intervention** as the key to promoting the independence of older and disabled people. We continue to target preventative interventions through:
 - identifying people at risk, or people potentially able to benefit from **signposting** and early decision-making, including information and advice. We surveyed a small sample of people who contacted Kent Contact and Assessment Service and 94% reported that the information, advice and guidance given to them met their needs
 - supporting people in making decisions and providing access to **advocacy and brokerage**, to assist their choice of support options
 - providing **equipment and adaptations**. The Equipment Survey 2010 was recently published and reported that 94% of all respondents from Kent have a level of satisfaction with 44% being extremely satisfied
 - mainstreaming of **Assistive Technologies** (e.g. TeleHealth, Telecare). Indications from the Kent pilot are that the use of TeleHealth technology is associated with fewer hospital admissions (A & E visits and bed days of care) along with high patient and carer satisfaction. It is notable that the general and physical health of patients increased during the trial period
 - embedding **enablement services** - an intensive, short term service which assists people to maintain daily living skills. Between April 2009 and June 2010 1,631 clients had completed the programme or were receiving enablement at that time. Early analysis suggests positive results with a higher than expected number of people who had completed the programme not needing any further services. Further analysis will be done to confirm these findings
 - **Intermediate Care** continues to develop across the county to support people who are discharged from hospital, but also to prevent them from entering hospital. There has been ongoing partnership with the PCTs to provide services such as rapid response, resulting in more people being treated within their own homes and not going into hospital
 - providing **support to voluntary and community organisations**.
4. Continued implementation of the Good Day Programme and a full review of in-house **learning disability services**.
 - **Residential Change Programme**. Currently Kent has 1,300 people with a learning disability in residential care and a further 440 are transferring from the PCT. A significant number of people have moved from their family home to supported accommodation avoiding a long term residential placement or from residential care to community settings, including sheltered housing. This work has ensured that there has only been an increase in residential

placements by 68 people, despite demographic pressures and the NHS transfer

- **NHS Transfer and NHS Re-Provision Programme** is part of the DOH programme to transfer NHS Social Care Commissioning to KASS which has meant a transfer of 440 people who received services commissioned and paid for by the NHS - £34 million in total.
5. Completion or mainstreaming of activity from the External Action Plan drawn up with Care Quality Commission. This has included:
 - continued promotion of safeguarding awareness across Kent. In June we undertook a 'Safeguarding Awareness Week' with events held across the County
 - development of a carers' action plan. The recently published national carers' survey 2009 shows that 74% of Kent carers were satisfied with the help they received from Kent Adult Social Services.
 6. Continued focus on joint working with our partners, especially Health. The publication of the **Health White Paper** 'Equity and Excellence: Liberating the NHS' has far reaching implications. For adult social care there is a strong emphasis on the integration of health and social care with a much stronger role for local government, for example through proposed local Health and Well-being Boards. Local Involvement Networks (LINKs) will become the local HealthWatch, their role will be to ensure that views and feedback from patients and carers are an integral part of local commissioning across health and social care.

The key will be working with NHS colleagues over the next weeks and months in helping shape our response to the White Paper and how jointly we can help the new GP consortia to deliver the kind of personalised service which makes best use of the resources we have jointly available.

Oliver Mills
Managing Director
Kent Adult Social Services

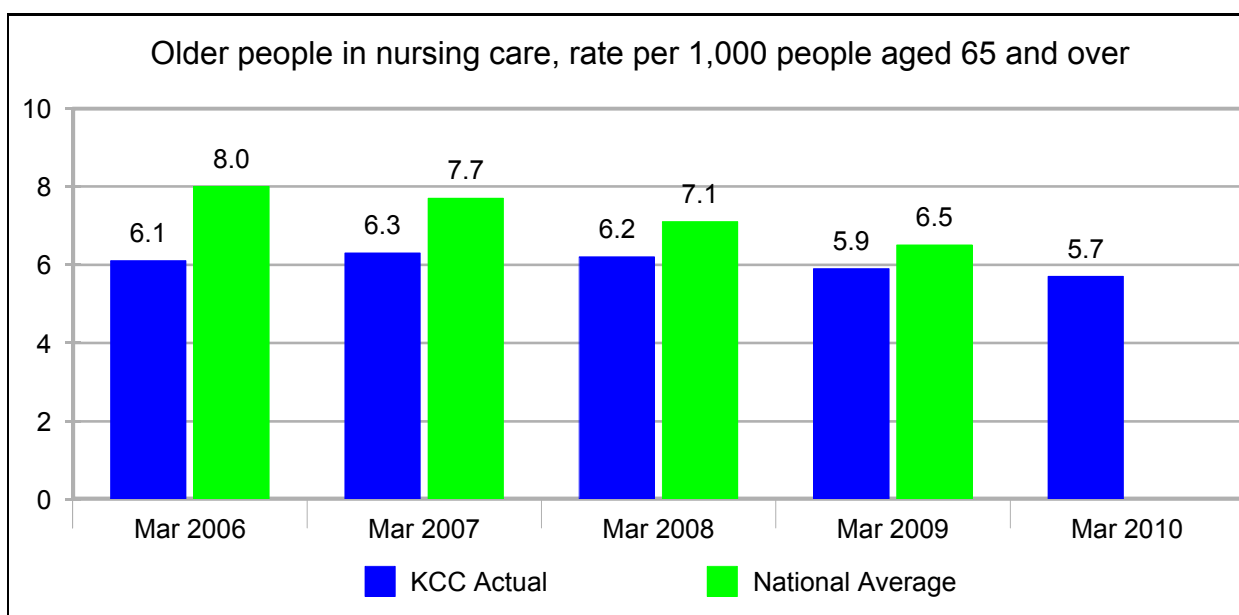
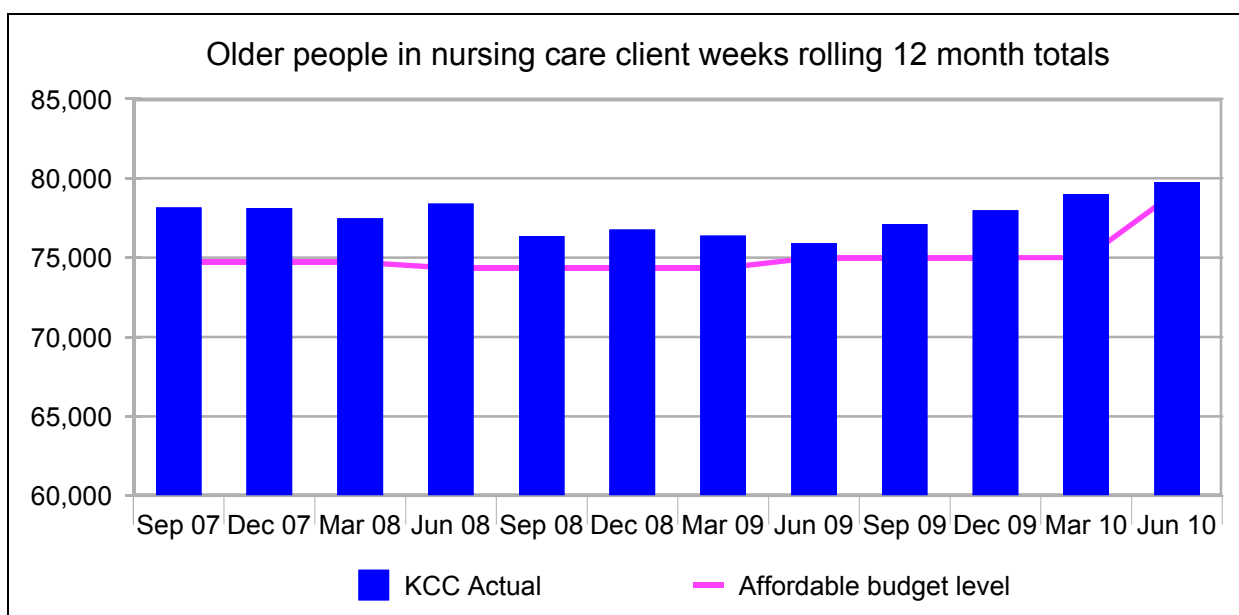


	Current RAG	Previous RAG	Current DoT	Previous DoT
Residential care - older people	●	●	↑	↑

Comments :
 The long term trend for the total number of clients aged over 65 in residential care continues to show a decline, with Kent showing a similar fall and rate of provision to national levels.

The number of clients in permanent non-KCC residential care at the end of June 2010 was 2,819, up from 2,751 in March. It is evident that there are ongoing pressures relating to clients with dementia and the number of clients with dementia has increased from 1,195 in March to 1,241 in June.

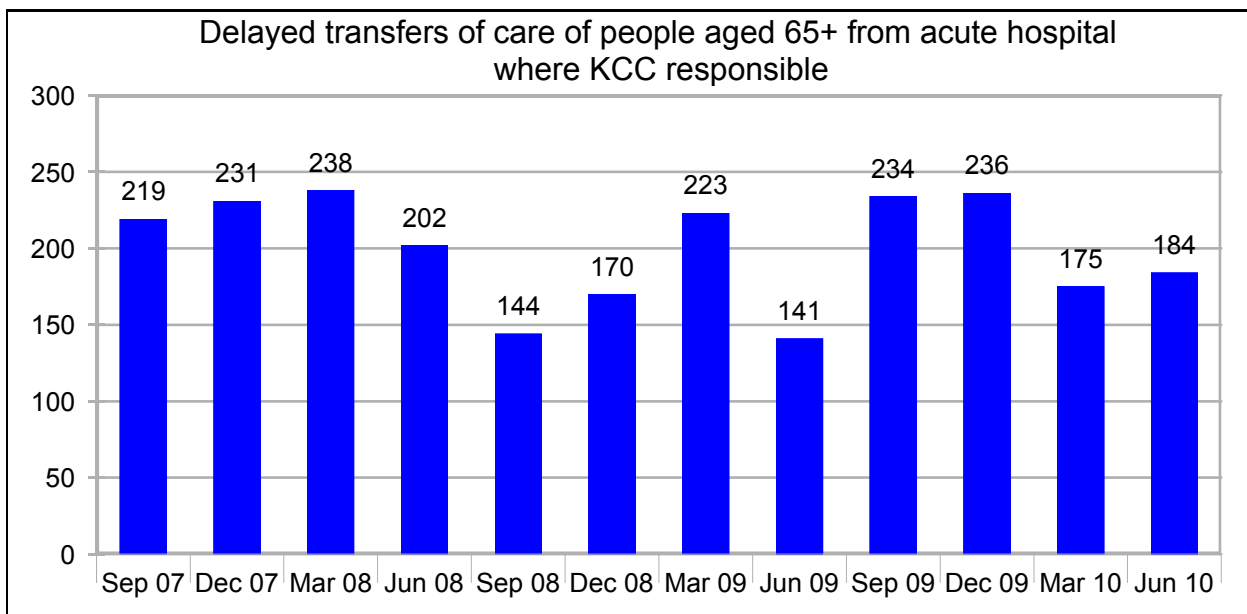
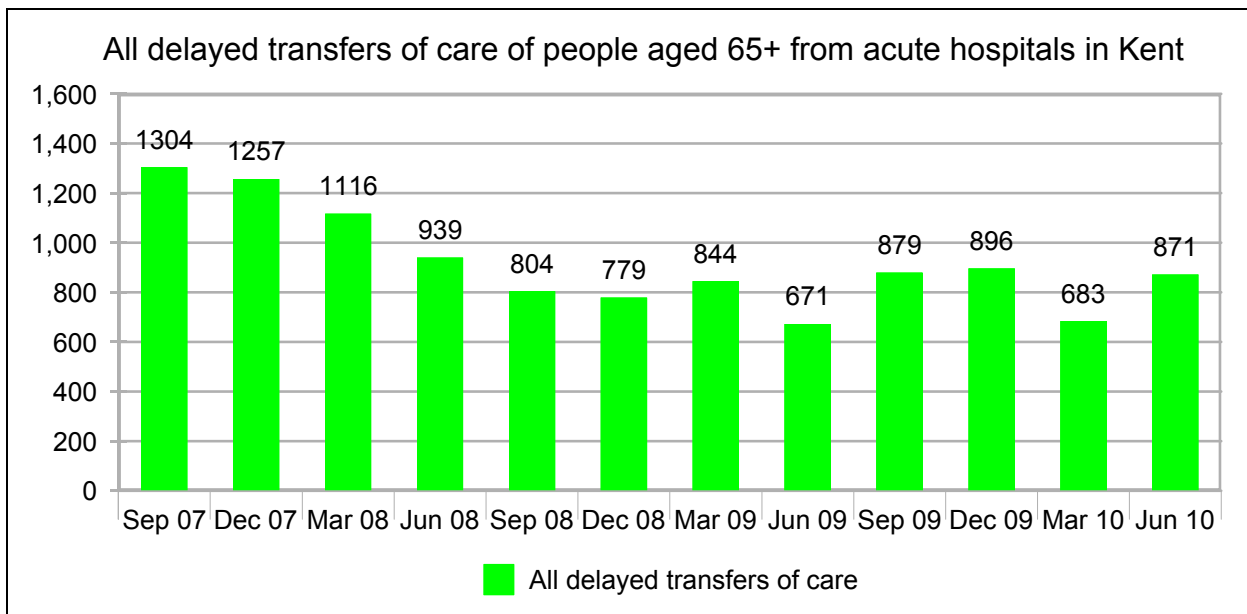
The current full year forecast is 155,570 weeks of external care against an affordable level of 155,351.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Nursing care - older people	●	▲	↓	↓

Comments :
 The number of clients and weeks of care provided for people aged 65 and over in nursing care has been increasing in Kent over the last year. Against last year's budget the position at March was rated as a Red alert. However, the budget/affordable target level has been increased for the current financial year and even though placements have shown a further increase, this has allowed the alert to drop to Amber. The current full year forecast is 78,429 weeks of care against an affordable level of 79,199.

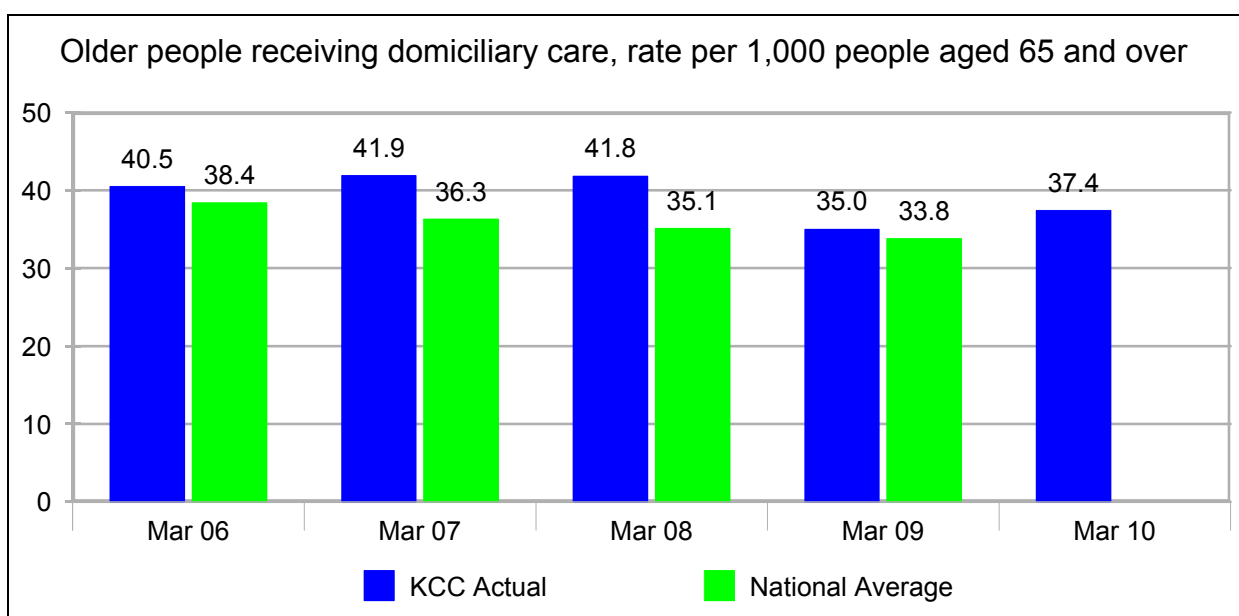
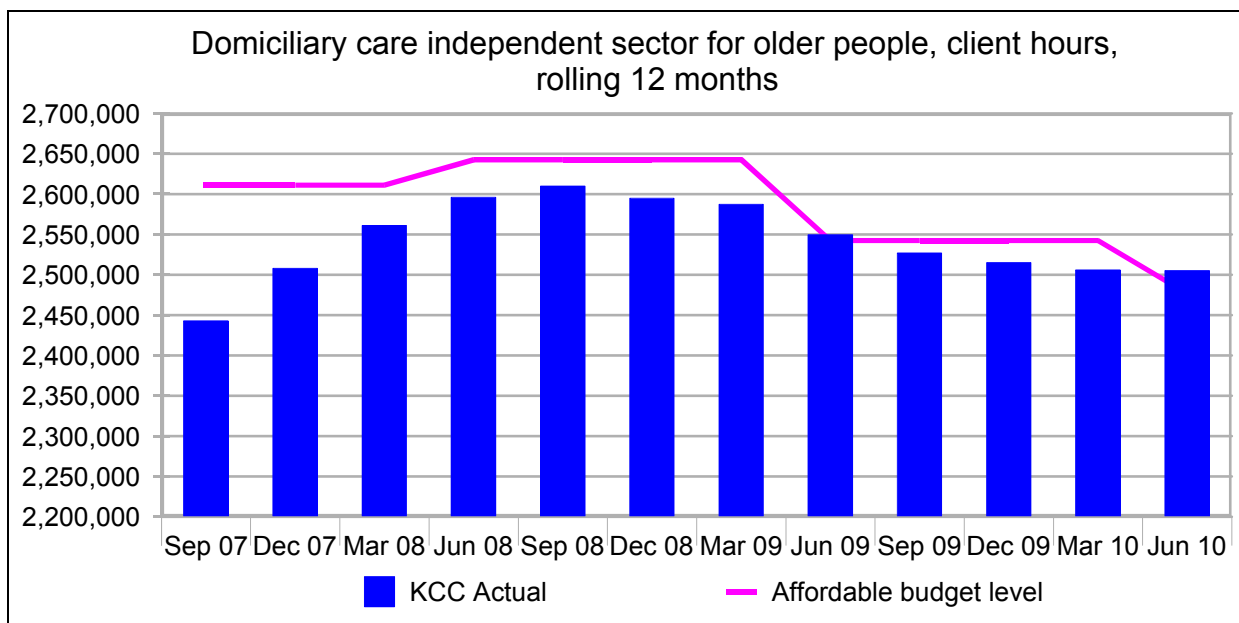
Kent has historically maintained a lower level of provision for nursing care than the national average, which also indicates that this service should not be showing a Red alert. The number of clients in nursing care at the end of June 2010 was 1,417 up from 1,374 in March.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Delayed transfers of care KCC responsible	●	★	↓	↑

Comments :
 Delayed transfers of care from acute hospitals for older people have reduced since 2007/08 and are averaging about 800 in a typical quarter. Of these KCC is responsible for about 200, or one quarter, which are therefore subject to reimbursement penalties.

The RAG rating is based on a level of 200 being maintained for KCC responsibility. In the previous quarter only 175 were due to KCC but this was up to 184 in the most recent quarter.

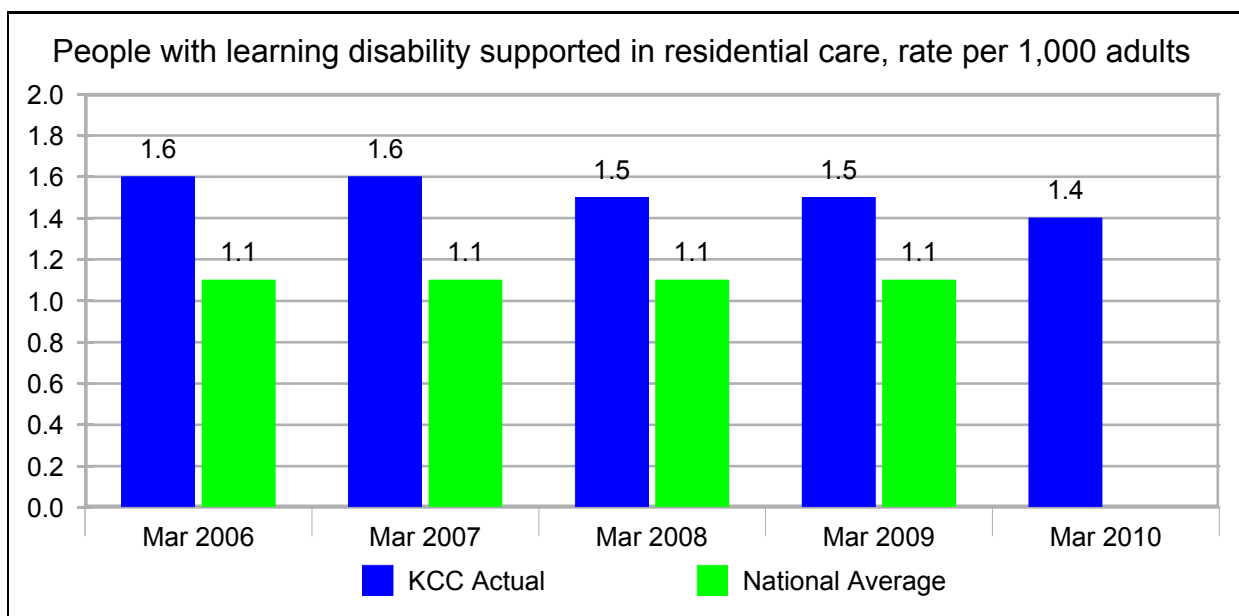
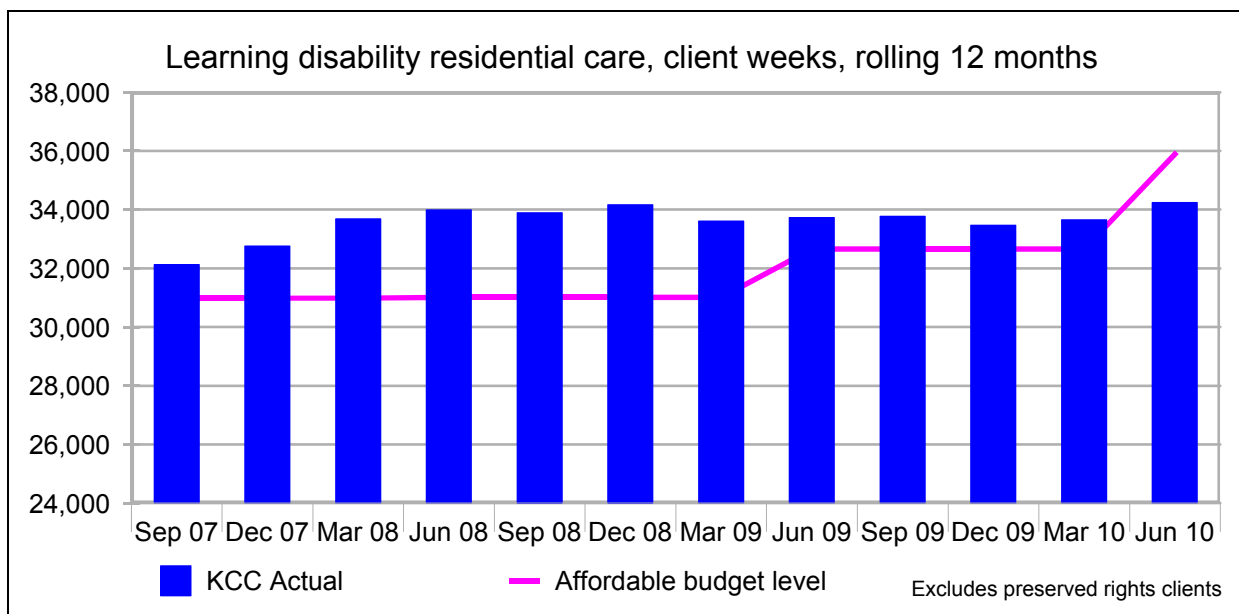


	Current RAG	Previous RAG	Current DoT	Previous DoT
Domiciliary care - older people	●	●	↑	↑

Comments :
 Figures in the top graph exclude services provided directly by KCC from Kent HomeCare Services, whereas the second graph includes all clients, whether the service is provided in-house or purchased from external suppliers.

The provision of externally purchased domiciliary care has decreased since 2008/09, and this is expected due to other services being provided such as intermediate care, Telecare and TeleHealth and increased take up of direct payments as well as further development of voluntary sector provision.

The current forecast for independent sector provision is 2,493,000 hours of care against an affordable level of 2,477,000 which is slightly down from last year's total of 2,506,000.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Residential care – people with learning disability	●	▲	↓	↓

Comments :

The 12 month provision up to the end of June was below the financial year target level resulting in an Amber alert compared to a previous Red alert. This is the result of an increased budget/affordable level provided for this year.

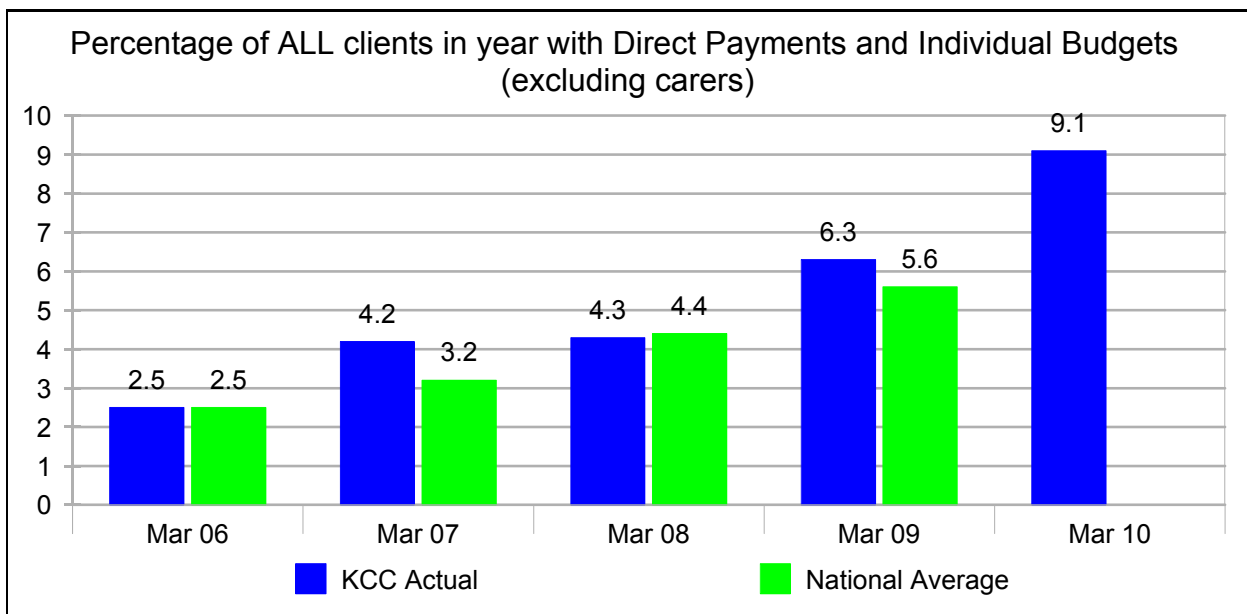
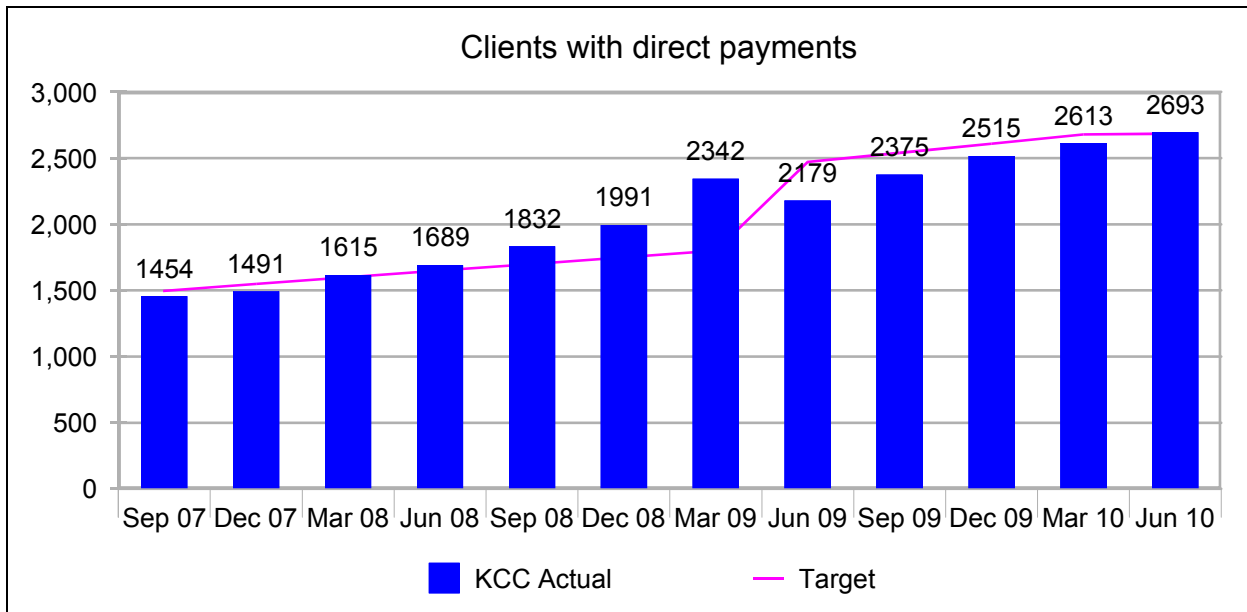
Demographic pressures and the NHS transfer continue to impact on Learning Disability services, particularly residential care. The number of clients non-preserved rights clients in residential care at the end of June 2010 was 703, up from 635 in March. This increase is likely to have an on-going impact for the rest of year and the current forecast is 37,026 weeks of care for the year against an affordable level of 35,893. It is therefore expected that this indicator will be rated Red again as the year progresses.

Kent Agreement Target	Mar 09	Sept 09	Mar 10
NI125 Achieving independence for older people through rehabilitation/intermediate care *	75%	77%	78%

* The proportion of older people discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed for rehabilitation with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital.

	Current RAG	Previous RAG	Current DoT	Previous DoT
Rehabilitation/intermediate care	●	●	↑	↑

Comments : Currently we are making steady progress on this indicator. Our LAA (Kent Agreement 2) target for 2010 /11 is 79%.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Direct Payments	★	●	↑	↑

Comments :
 The number of clients with direct payments continues to increase in line with targets set. 2009/10 is also the first year of significant roll out of Self Directed Support with new clients now being offered individual budgets.

The national comparative data shows Kent has kept ahead of national rates for clients taking up direct payments, and particularly for the main target group – adults with disabilities.

From 2009/10 the national data now also includes Individual Budgets and we await the release of the new national benchmark to determine if Kent has remained ahead of national uptake rates.

Environment, Highways and Waste

Managing Director's Commentary

This report sets out how the EHW directorate has performed in a number of key service areas covering waste disposal (recycling levels and diversion from landfill), highway and streetlight repairs, traffic congestion management and road accident casualties.

This is only a snapshot of the diverse range of services and initiatives for which the directorate is responsible. Among these other areas of responsibility is the promotion of strategic transport improvements, where we are pressing the new government hard for decisions on a new lower Thames road crossing to relieve the chronic congestion at Dartford, and to act as a catalyst for much needed economic growth. We are lobbying the new government to help bring closure to the long-running problems of Operation Stack, and have met with ministers to press for improvements to rail services, especially retention of longstanding rail services which have suffered following the introduction of High Speed 1. In the area of planning and environment, we celebrated the government's rejection of a rail freight depot near Maidstone, which this directorate also strongly opposed with evidence to last year's public enquiry.

Commenting specifically on the core monitoring performance charts for EHW, overall tonnage of **household waste** managed in Kent continues to fall. Predicting how long this beneficial trend will continue is inherently difficult due to the range of variables involved. There is some evidence the downward trend is levelling out, and we actively monitor tonnage monthly and constantly test the accuracy of our forecasting.

While recycling and composting levels for household waste have fallen back very slightly after years of increase, we continue to make dramatic progress in reducing the amount of waste sent to landfill sites. This has approximately halved in six years, benefitting both the environment and the costs of waste disposal to the Kent taxpayer. In East Kent we have been pursuing a ground-breaking venture with the four districts of Thanet, Shepway, Dover and Canterbury City Council to bring together all the waste collection, processing and disposal activities into a single set of arrangements. This joint working delivers savings for all parties and will contribute to a significantly improved level of recycling in East Kent over the coming years. We believe this joint KCC/district approach to waste management is the way forward elsewhere in the county.

The handling of waste has in recent years become a complex and sophisticated business, unrecognisable from years ago and heavily influenced by government regulation, targets and incentives. On the horizon is a requirement for the UK to bring into domestic legislation, by the end of 2010, a revised EU Waste Framework Directive. This will have a number of impacts on KCC and district collection authorities, including increased rigour around separate collections of certain waste streams and the requirement to reach a 50% recycling level by 2020.

Kent Highway Services has undergone significant organisational change in recent years, and the focus is now heavily on cultural change which places customer satisfaction and value for money outcomes at the centre of everything it does.

Major efforts are being made to tackle the widespread damage to the highway network caused by last year's prolonged severe weather, especially by the freeze/thaw effect which causes potholes. The backlog of repair work built up over this period is being

comprehensively addressed through the '**find and fix**' initiative of systematically working through every road in the county in need of attention. We anticipate completing 'find and fix' around the end of September. The county council's commitment to this work, and the additional funding provided, appears to have been gone down well with the public and improved the perception of the services provided by KHS. It is expected that average highway repair times will return to normal levels once this peak of repairing winter defects is passed.

Performance by KHS in repairing **streetlights** is now consistently beating the target of 90% within 28 days, which is an impressive turnaround. EDF's performance with streetlights within their area of responsibility has also improved significantly but remains below target. Work is ongoing to further reduce our reliance on EDF.

The performance measure for **average journey times** remains within target. We are expanding the traffic centre management infrastructure to Canterbury and Gravesend. Congestion management is assisted by efforts at more 'sensitive' road works programming and control. Kent is one of the first authorities to implement new government powers to control roadworks carried out by utility companies, aimed at minimising the congestion they cause and improving their timeliness and safety.

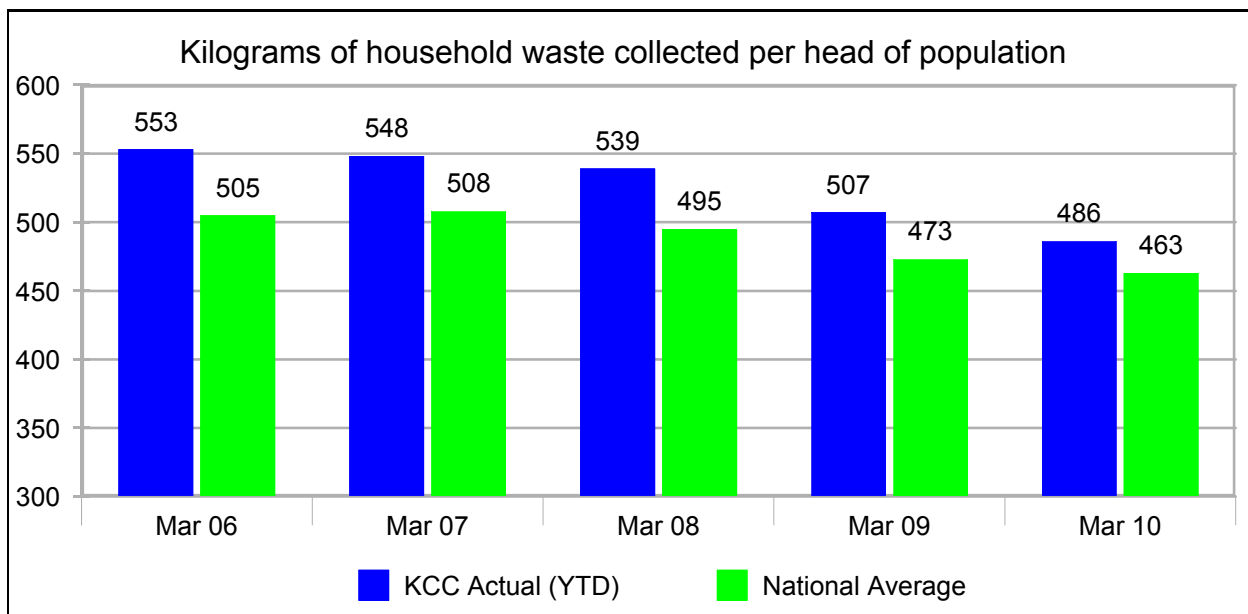
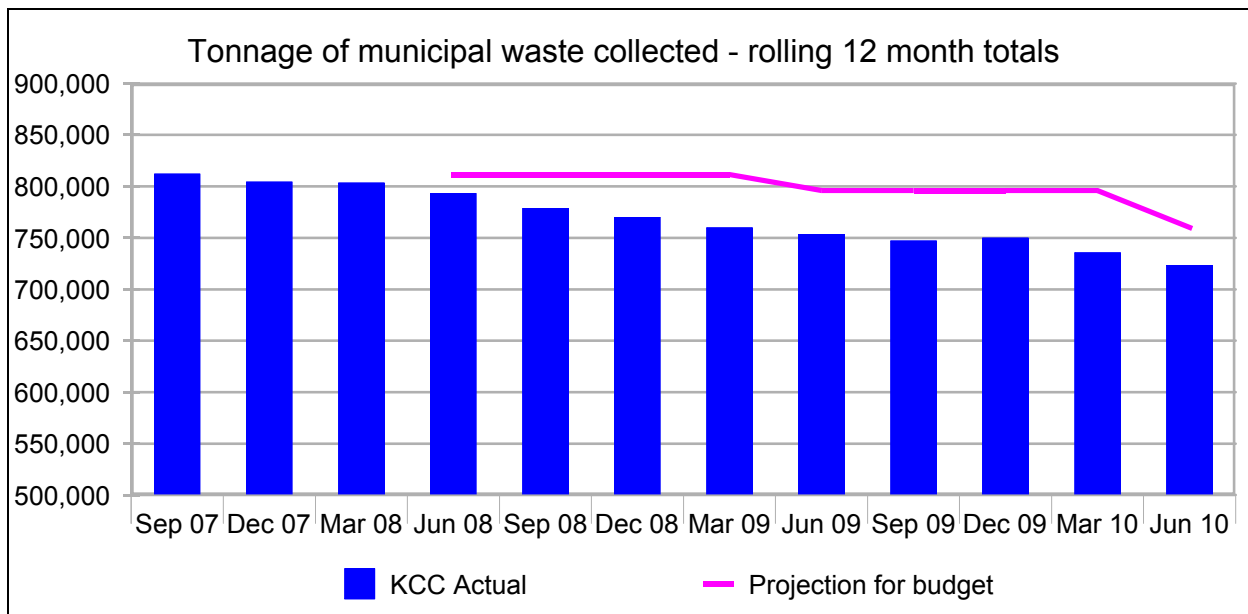
A further contributor to reduced congestion is the popularity of the **Freedom Pass** for young people, allowing unlimited bus travel in return for a £50 initial purchase. Take up and usage has exceeded expectations. This success contributes to the council's objectives but does create an in year budget pressure.

Delivery is well underway, and on programme, with one of KHS's largest ever programmes of **new road infrastructure**, with major schemes under construction in East Kent, Sittingbourne, Queensborough/Rushenden and Ashford. The number of people killed or seriously injured on Kent's roads continues to be better than target and than the national average.

Looking ahead, we are on target to procure a new **highways maintenance contractor** in 2011. The current provider, Ringway, is not on the list of contractors with whom we are in 'competitive dialogue', meaning that Kent will be working with a new maintenance contractor for the first time since 1999 when the in-house contracting arm was outsourced. There has been much interest from the market for one of the largest highway maintenance contracts in the country.

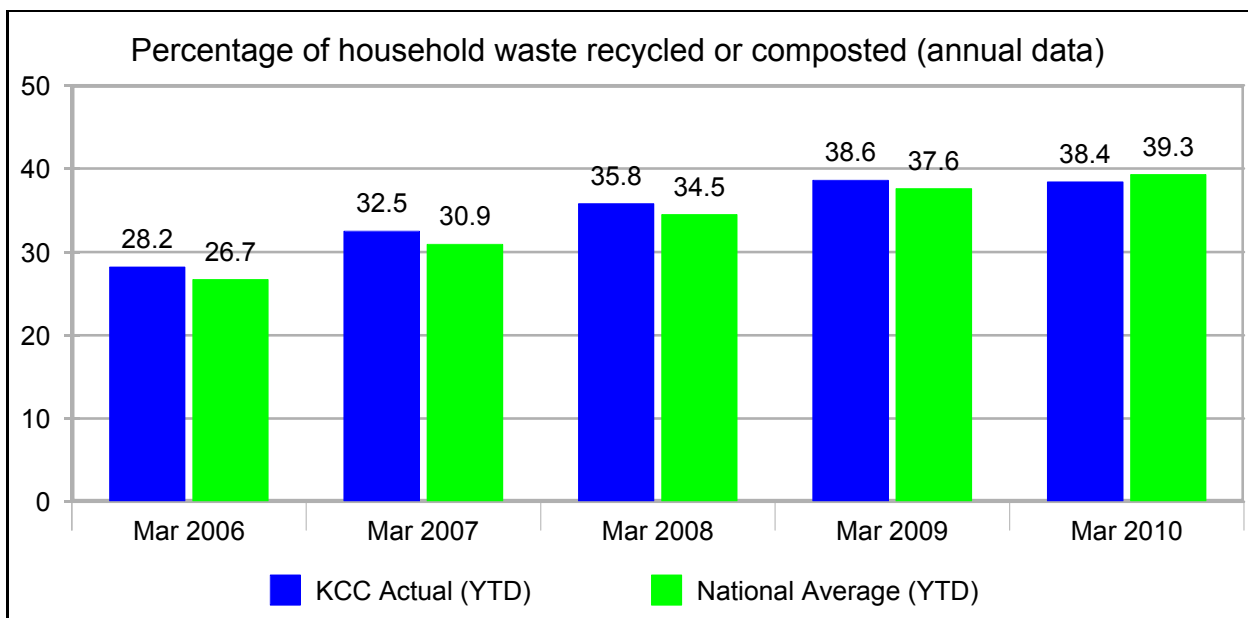
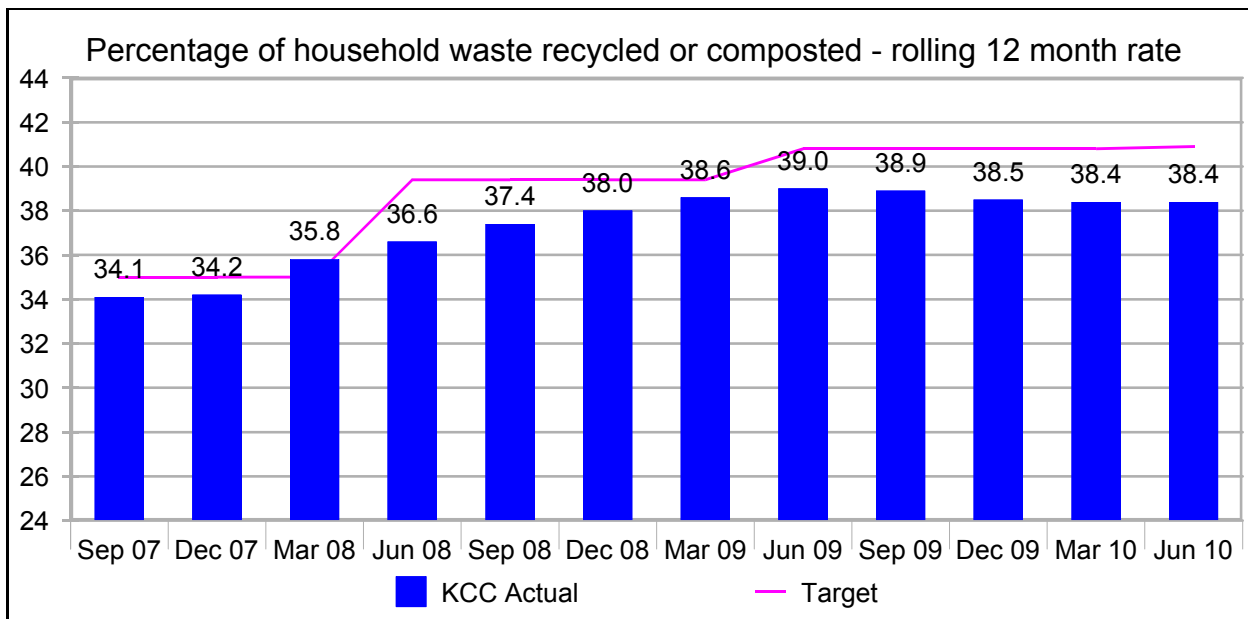
Following the worst winter in recent times, a fundamental review has been carried out of the **winter service** operational arrangements and policies. Consultations took place with KCC members, district and parish councils and community groups. A number of important changes are planned in readiness for the forthcoming winter, including a better, more community based approach to clearing snow from footways and how residents and businesses are supported with salt bins and supplies of salt in winter emergency situations.

Mike Austerberry
Managing Director
Environment, Highways and Waste



	Current RAG	Previous RAG	Current DoT	Previous DoT
Municipal waste collected	★	★	↑	↑

Comments :
 Overall tonnage of municipal waste managed in Kent continues to fall. The amount of household waste collected, which accounts for over 90% of municipal waste, measured on a per capita basis is moving closer to the national average.

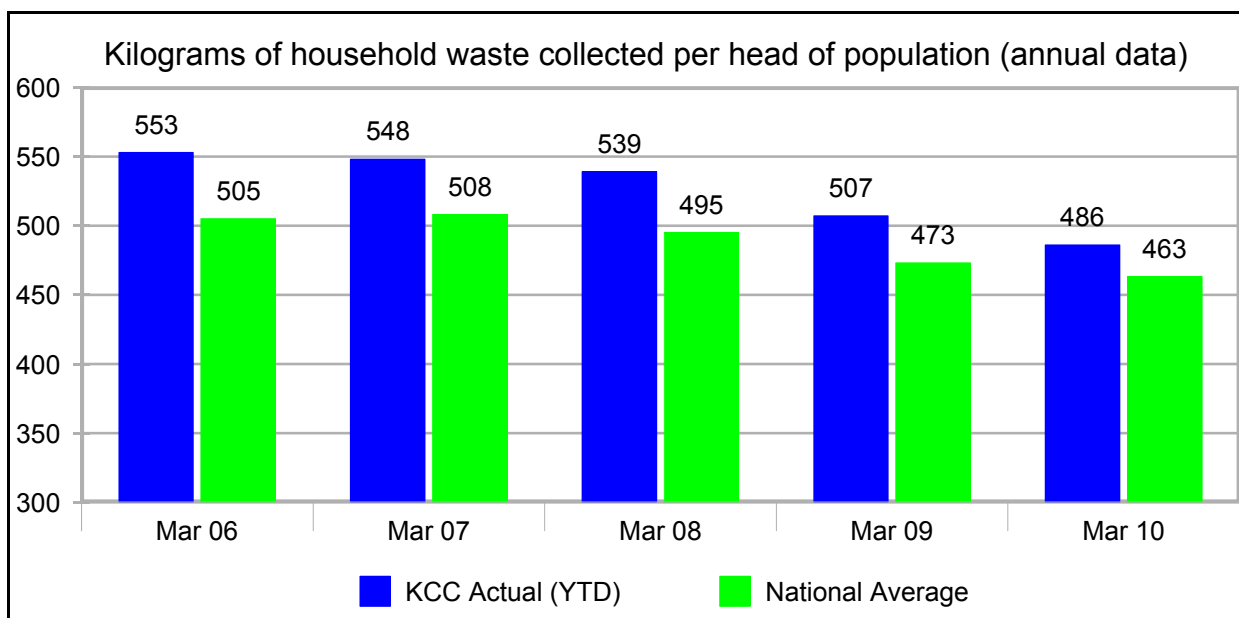
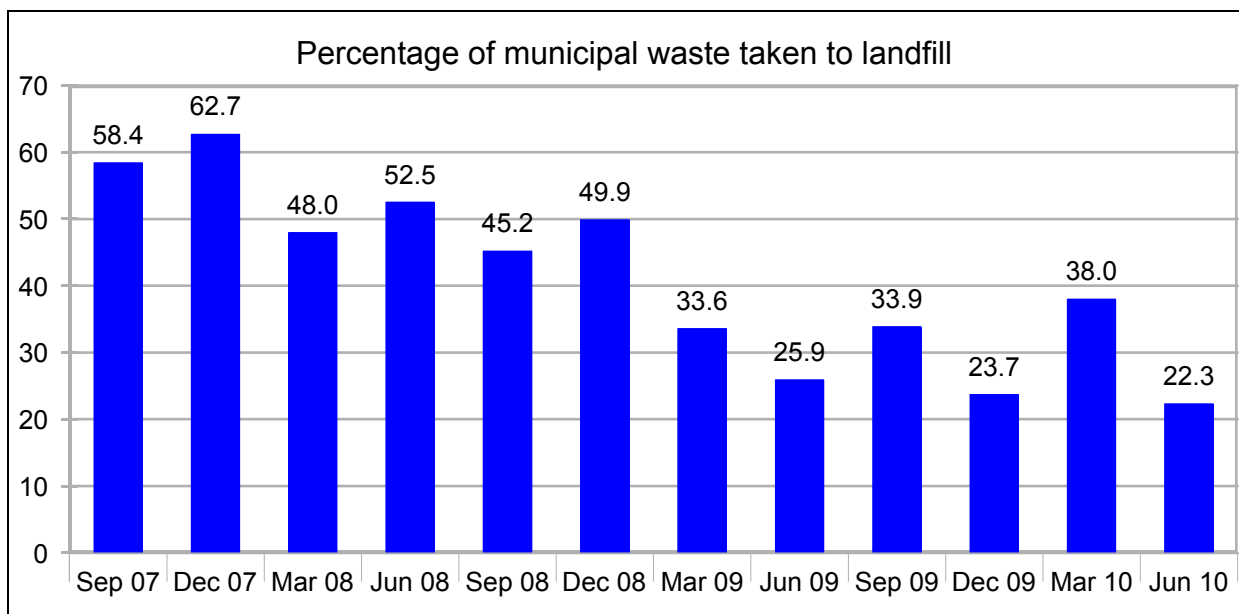


	Current RAG	Previous RAG	Current DoT	Previous DoT
Waste recycling	●	●	↔	↓

Comments :

The percentage of recycling in Kent has levelled in the last year. Various factors have contributed to this including: a reduction in the amount of waste produced including the amount available for recycling; limited additional recycling services provided by the Districts; the impact of the recession on recycle markets; and the increased level of reporting by recycling plants relating to un-marketable materials and materials collected by the public that are not fit for recycling.

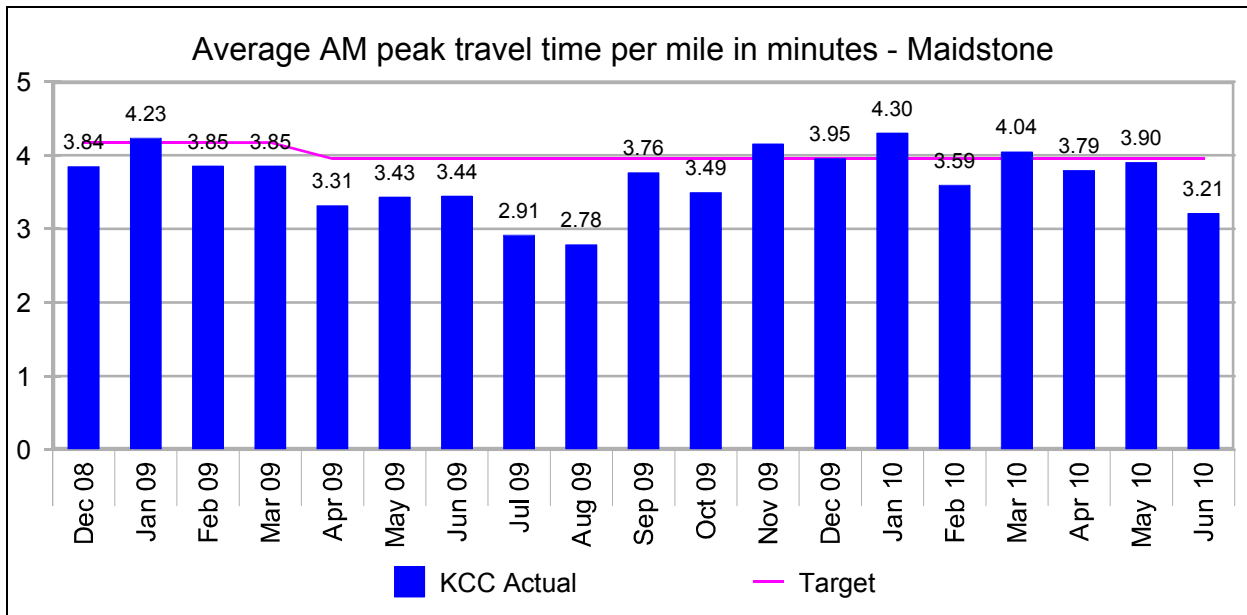
However, overall recycling performance will improve in the future through the planned roll-out of new recycling services for the four East Kent Districts (generating an expected increase in overall performance from around 39% to 42% by 2013). In addition, Maidstone, Ashford and Swale BC's waste collection contracts are to be re-let in 2013, providing additional potential for an increase in recycling.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Municipal waste taken to landfill	★	★	↑	↓

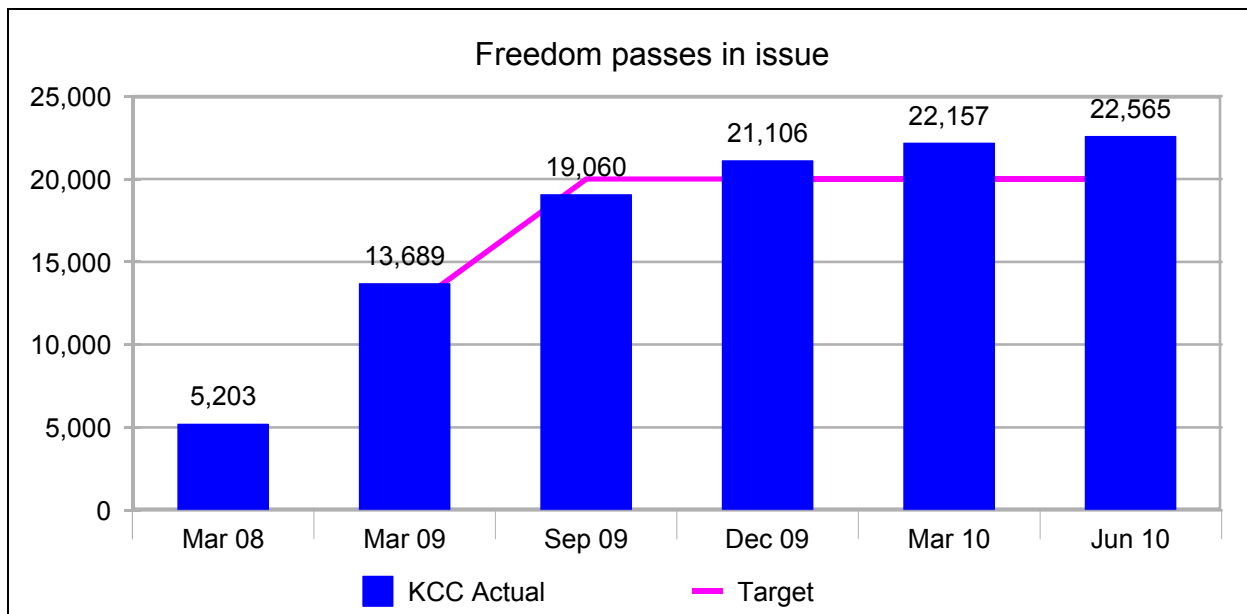
Comments :
 Diversion from landfill, a key performance measure given the impact of the landfill tax, is showing a significant improvement in 2009/10 compared to 2008/09 (percentage of municipal waste taken to landfill down from 46% to 30%), placing Kent well ahead of the national average. This improvement is largely due to diversion of waste from landfill to the Allington Waste to Energy Plant. A reduction in the amount of municipal waste taken to landfill reduces waste management costs for the Kent taxpayer.

A further 10% reduction in waste going to landfill is forecast during 2010/11, and plans are in place to reduce it to 15% by 2013/14. The aspiration is to reach a target of not more than 10% of municipal waste being landfilled by 2015/16.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Congestion - Maidstone	★	●	↑	↓

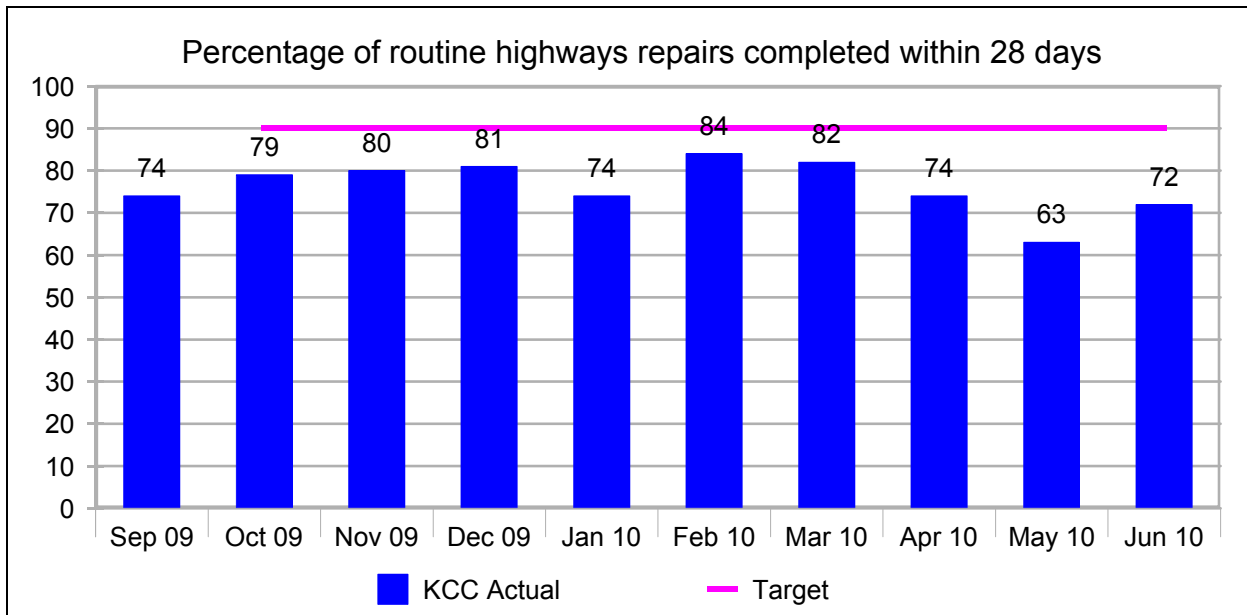
Comments :
 Congestion levels fluctuated around the target line during the winter months caused by the poor weather and significant road works in the Town. This target line is based on a 10% reduction on the baseline prior to investment in the Traffic Management Centre and the infrastructure that enables active intervention to ease congestion. It is critical that KHS continue to demonstrate a rate of return on this investment as these tools are rolled out to Canterbury and Gravesend. There may however be months where roadworks or abnormal peak demand cause a rise above the pre-investment target.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Freedom pass	★	★	↑	↑

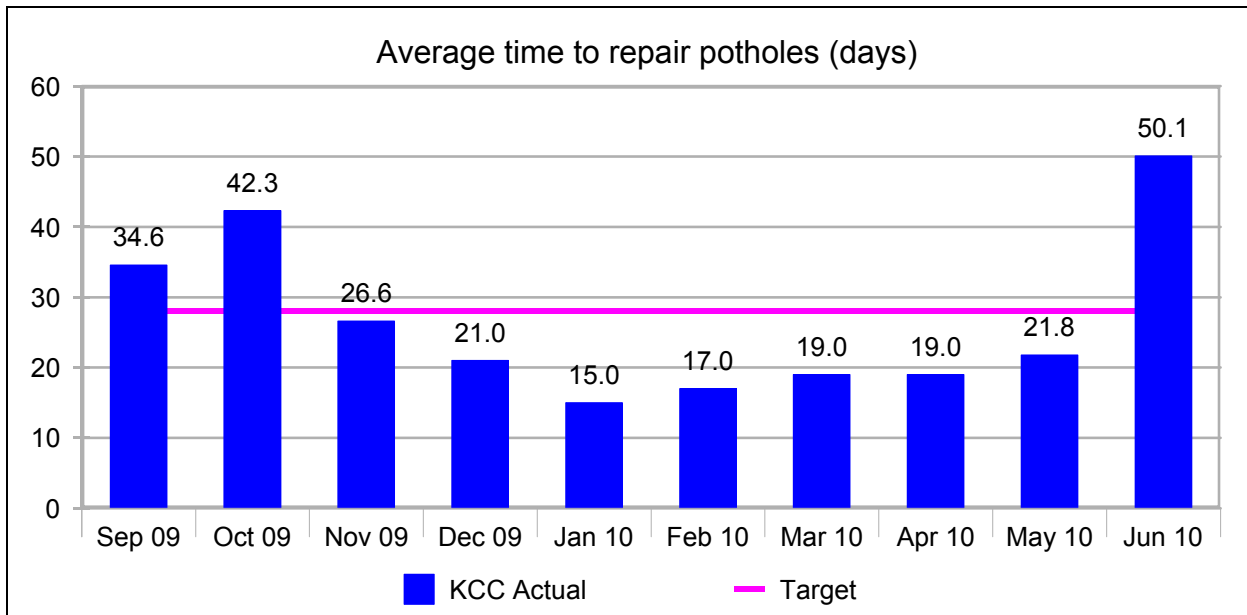
Comments :

The Freedom Pass continues to be a success with take up rates exceeding targets. Surveys at schools with a high take up of the pass have shown a 2-6% reduction in journey times and a 30% reduction in the usage of the car as the primary mode of travel to and from schools. This success contributes to the county council's objectives but creates an in-year budget pressure.



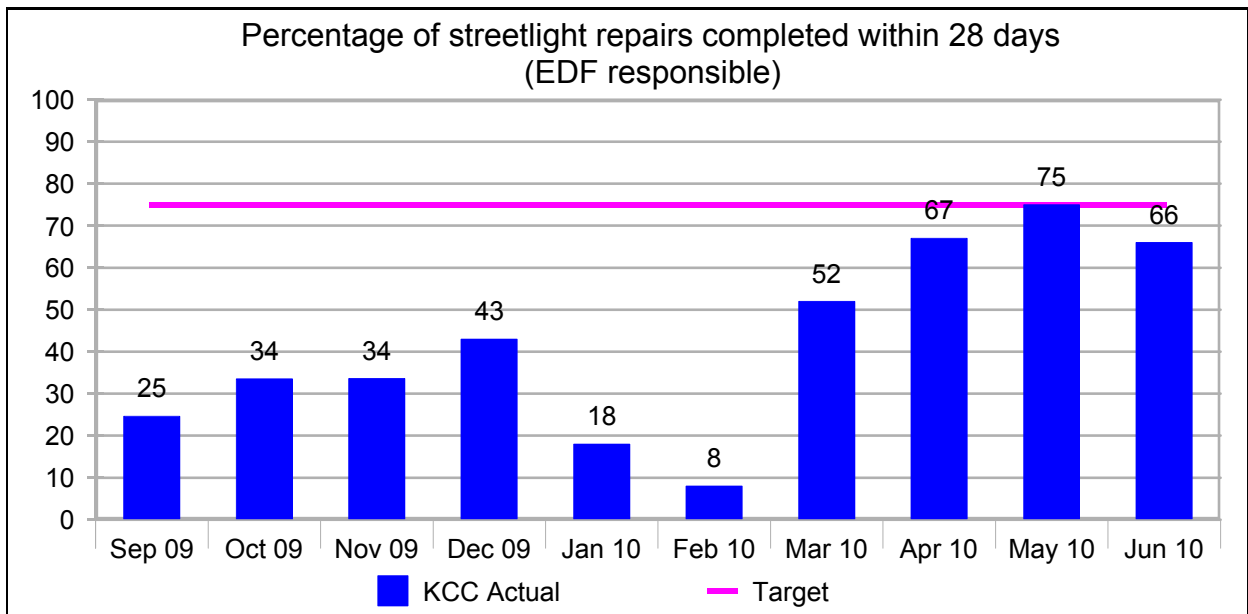
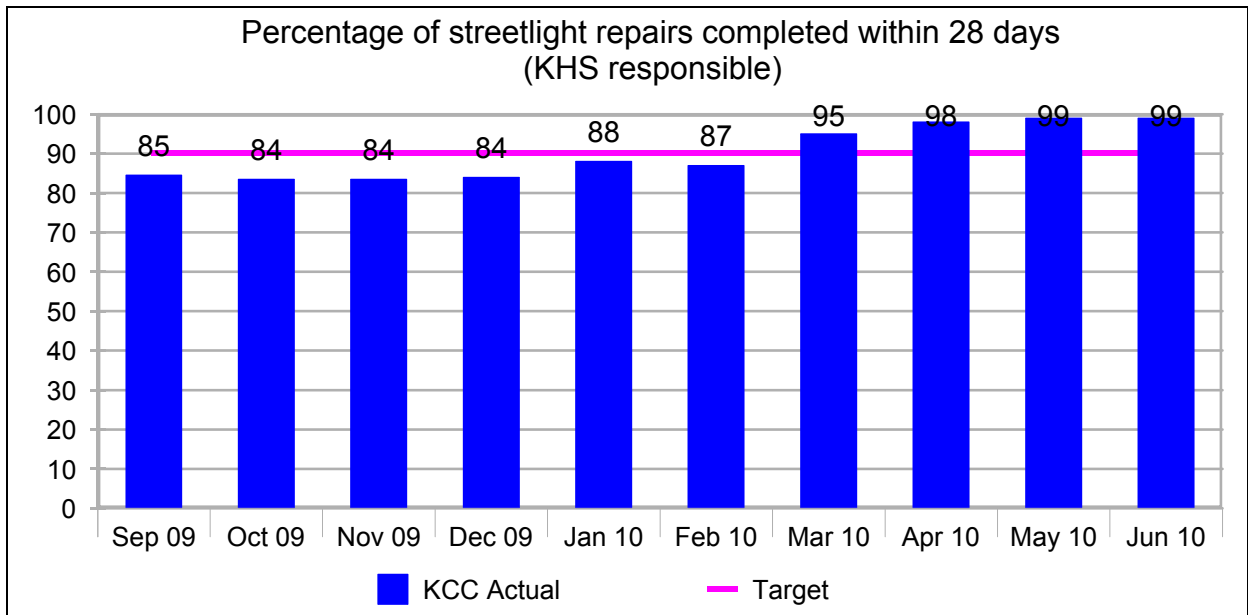
	Current RAG	Previous RAG	Current DoT	Previous DoT
Routine repairs	▲	●	↓	↑

Comments :
 This indicator measures response times for routine highways repairs including potholes (which are also shown separately below). Although performance in this area is shown as below target, this in part reflects an anomalous statistical effect of the recent sustained effort to tackle the large backlog of defects which accumulated over the winter months. Defects are now being fixed which have been known about for some time, thus increasing the overall average time to repair. Over the summer months, as the backlog is eliminated and fewer defects reported, the average repair times are expected to return to previous better performance.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Pothole repairs	●	★	↓	↑

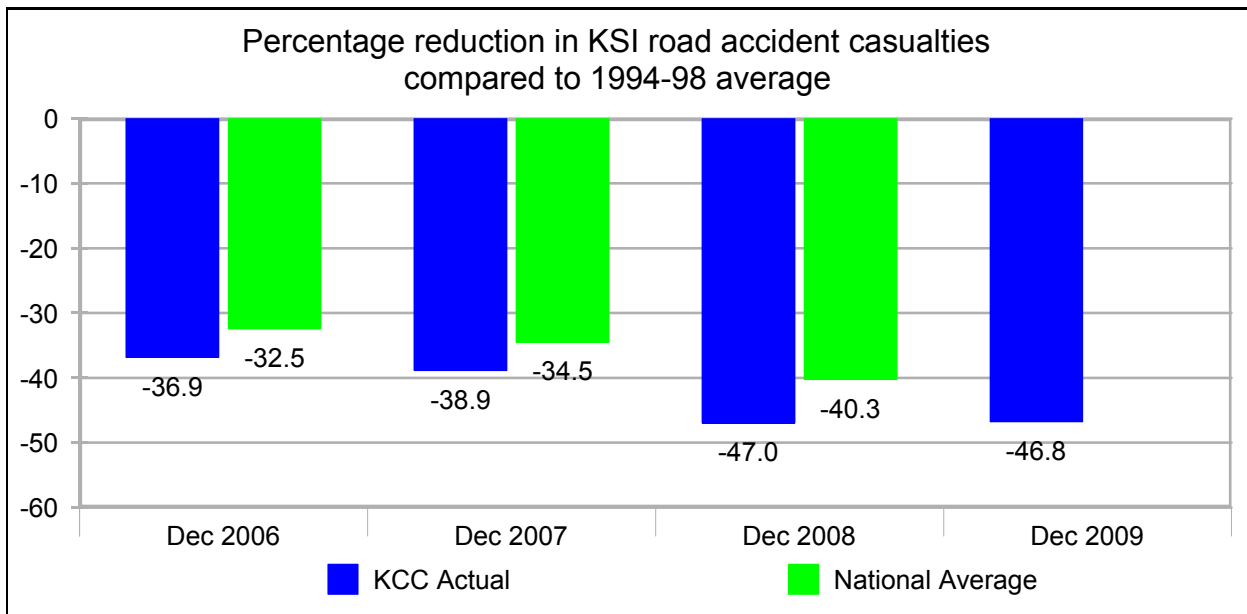
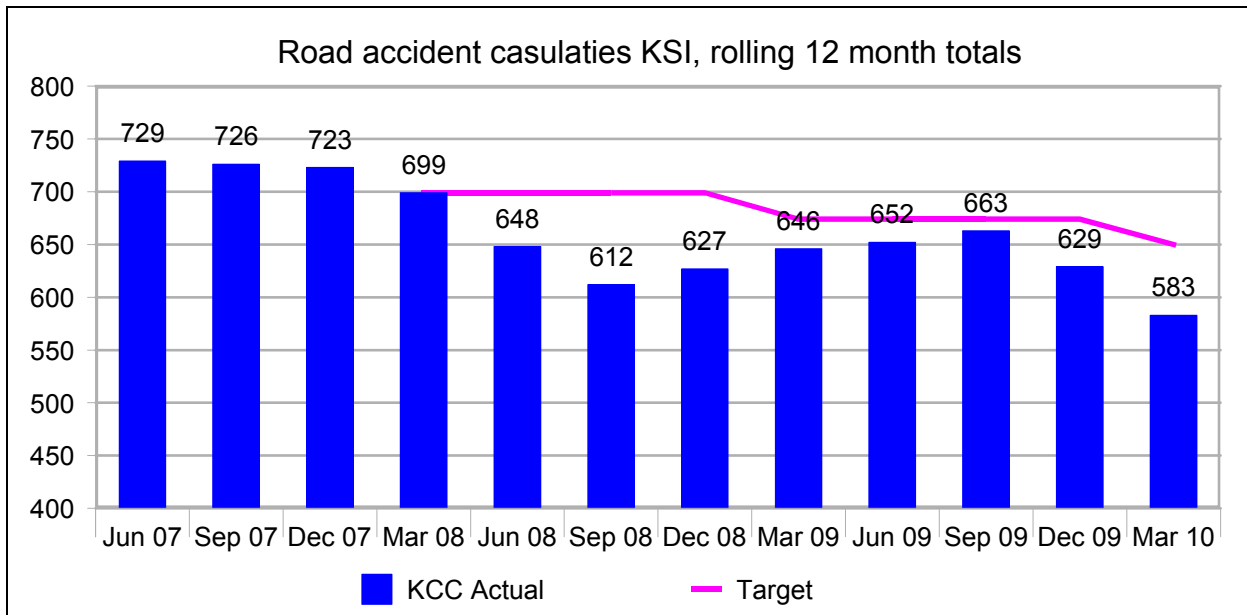
Comments :
 The recent find and fix process for highway maintenance repairs has delivered significant improvements to the network. However the approach of undertaking all repairs in a road in one visit on a systematic basis has slowed the overall reaction time. As explained in the commentary above, there is an anomalous statistical effect of a concerted effort to clear the potholes backlog, which pushes KHS above target by bringing into the statistics jobs which were reported a while ago. This is likely to be the case for the next couple of months while the find and fix initiative completes its task.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Streetlight repairs - KHS	★	★	↑	↑
Streetlight repairs - EDF	●	▲	↑	↑

Comments :
 Streetlight repair times continue to improve. The great majority of streetlight repairs fall with the responsibility of KHS, who exceeded the target every month this quarter.

Where the responsibility falls to EDF, the target was met in May and performance is significantly improved compared to the last quarter. The key improvement from a customer perspective is KHS identify quickly which faults require EDF input and placing orders quickly and ensuring EDF meet their service level agreement.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Road accident casualties - KSI	★	★	↑	↑

Comments :
 Road accident casualty rates (number of people killed or seriously injured) continue to reduce, remaining both better than target and the national rate of reduction.

Communities Directorate

Managing Director's Commentary

The Communities directorate, like other parts of KCC and public sector agencies, has been working in a time of rapid change in the past few months. In-year grant reductions have either already occurred or are anticipated. For example, the Supporting People Administration Grant, worth £730k has disappeared; there has been a 10% reduction of the Safer and Stronger Communities Fund; Adult Education is anticipating a reduction of approximately £500k; the Youth Capital Fund has been reduced by 50%, in addition to the Youth Opportunity Fund being reduced and de-ringfenced; and the Sport, Leisure & Olympics Service is facing a grant reduction of over £70k. Looking ahead, much focus is on preparations for delivering a very tough Medium Term Plan for the 2011-2014.

On a positive note, several Services have received external evaluation / inspection in recent weeks:

- The week commencing 21 June saw an Ofsted inspection of the Community Learning & Skills Service, as a provider of Adult and Community Learning. The inspection report was published on 30 July and is very positive. Overall effectiveness of provision was graded as “Good” with “Good” capacity to improve. Inspectors commented that learners achieve qualifications well; there is good quality teaching, coaching and learning; courses are well managed; and learners develop good skills, often to a professional standard
- The national Youth Justice Board conducted a review of quality and performance of youth justice services both provided and co-ordinated by the Youth Offending Service in early 2010, reporting findings to the county Youth Justice Board in July. YOS has been assessed by the Youth Justice Board as performing well both in terms of the quality of the youth justice services delivered and when compared on most of the measures in the Youth Justice Board performance framework with Teams in the same comparator family
- The Library Service, which has held Chartermark Status since 1992, has been successfully accredited with the Customer Service Excellence Standard, which tests in great depth those areas that research has indicated are a priority for customers, with particular focus on delivery, timeliness, information, professionalism, staff attitude and developing customer insight.

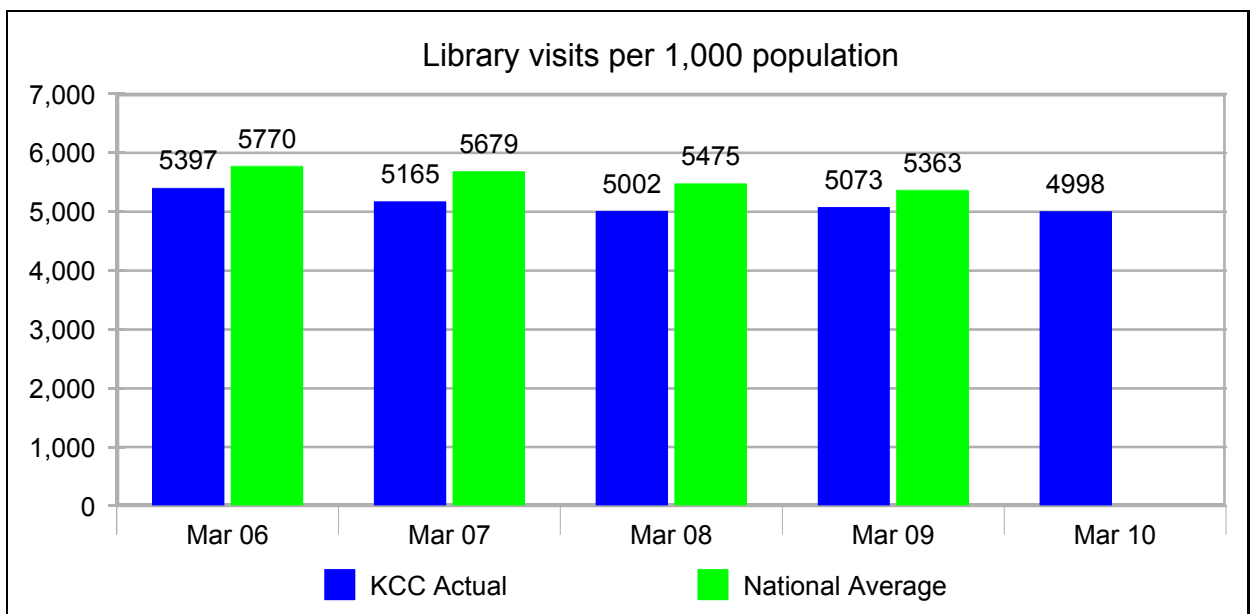
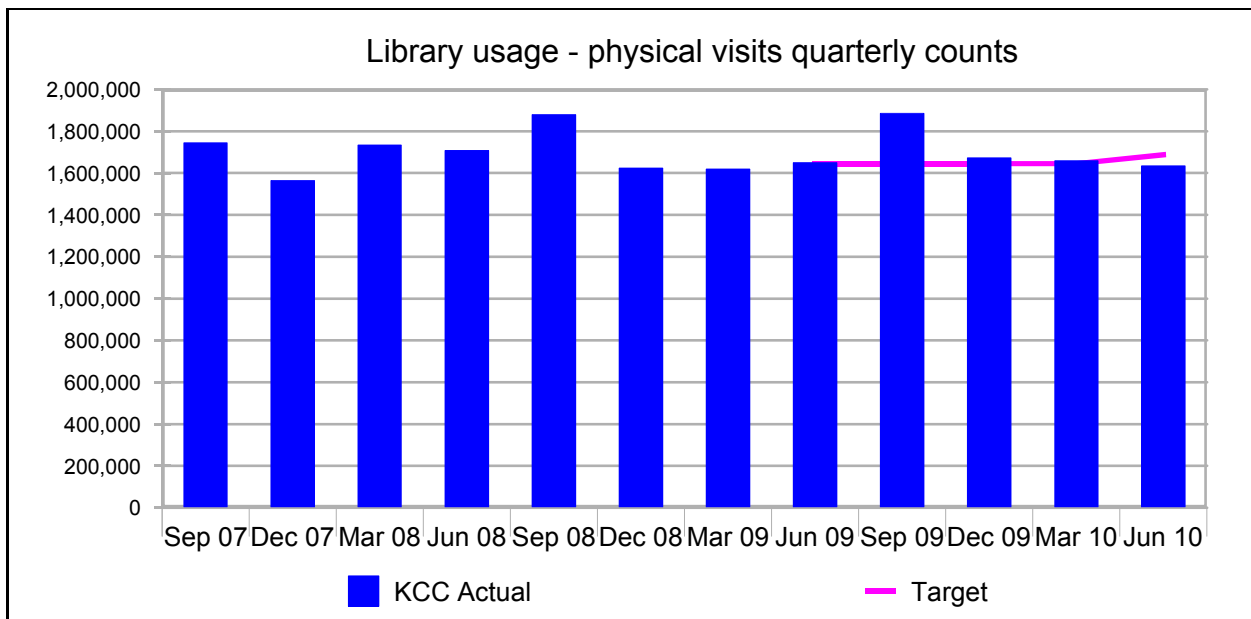
The following pages feature performance and activity against the agreed Core Monitoring indicators, with commentary featured under each graph. Performance is either above or close to target for almost all indicators. Points worth highlighting are set out below:

- Local and national data is showing a reduction (improvement) in the number of *first time entrants to the youth justice system* across all districts in the county, indicating a positive outcome from various prevention initiatives, particularly involving the Police
- Ensuring young people are in *education, training & employment (ETE)* is one of the key factors in reducing the risk of young people offending. Approximately

70% of young people known to the Youth Offending Service are in ETE; this is in line with national average and slightly better than statistical neighbours. However, this is still below the Youth Justice Board's national aspiration and work is ongoing to improve the rate in Kent

- *Physical Visits to Libraries:* Library modernisation schemes continue to progress. Modernised libraries have seen increases in footfall, and CIPFA comparator information shows that physical visits per 1,000 population in Kent increased in 2008/09, while the English Counties total decreased. Stanhope and Folkestone Libraries are scheduled to open before the end of summer, while the modernisation of Deal library is due to begin in the coming weeks. As a result of the modernisation programme, several libraries have temporarily re-located and this may well lead to an impact on loans and footfall
- The number of KCC *apprenticeships* taken on over the past four years has comfortably exceeded the target set at the beginning of the Towards 2010 period. Data is currently being gathered from other Training Providers in Kent to produce the final figure for apprenticeships taken on by other public and private sector organisations. This will be reported in KCC's Towards 2010 Annual Report in the autumn
- The latest Active People Survey results (April 2009 to April 2010) show little change in the level of *adult participation in sport and active recreation* in the County. Performance is slightly behind target but it is hoped that the outcomes of partnership initiatives will start to come through during the remaining 14 months of measurement. However, it is likely that the tough economic climate will mean a reduction in resources available to fund initiatives in the county in the coming year(s).

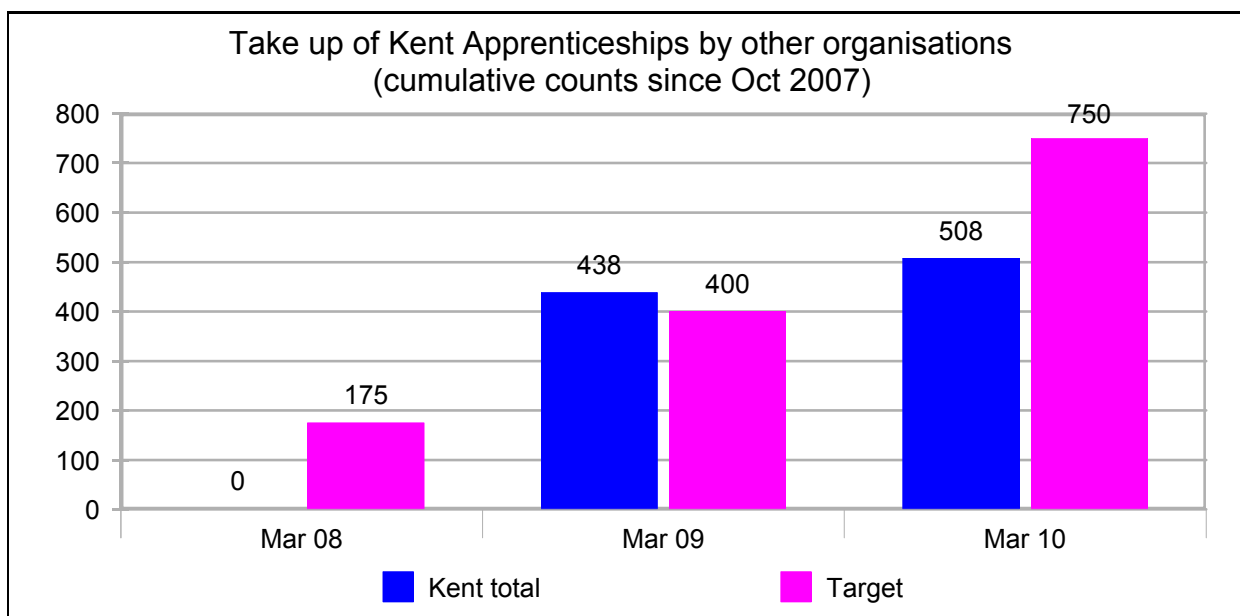
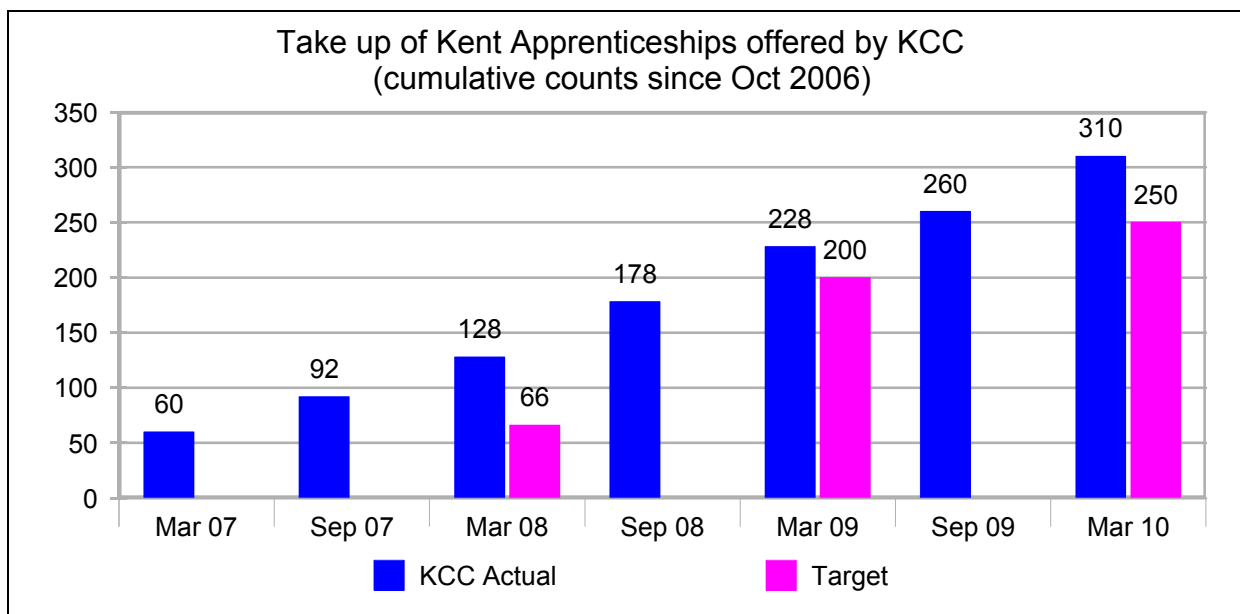
Amanda Honey
Managing Director
Communities Directorate



	Current RAG	Previous RAG	Current DoT	Previous DoT
Library visits (physical visits)	●	●	↓	↓

Comments :
 Footfall in Libraries has held up well despite being affected by several temporary library re-locations as part of the modernisation programme. There was an increase in library activities such as Reading Clubs and Baby Bounce & Rhyme Time during 2009/10, as well as usage of Library PCs. There were 1.2 million 'virtual visits' to Libraries during 2009/10.

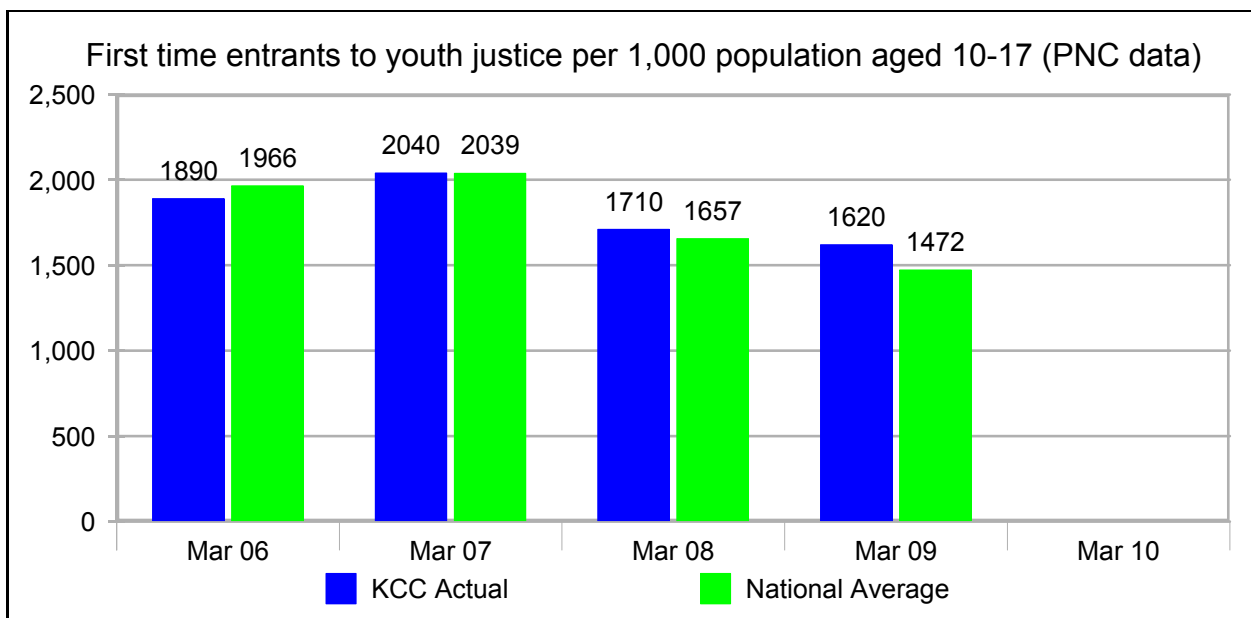
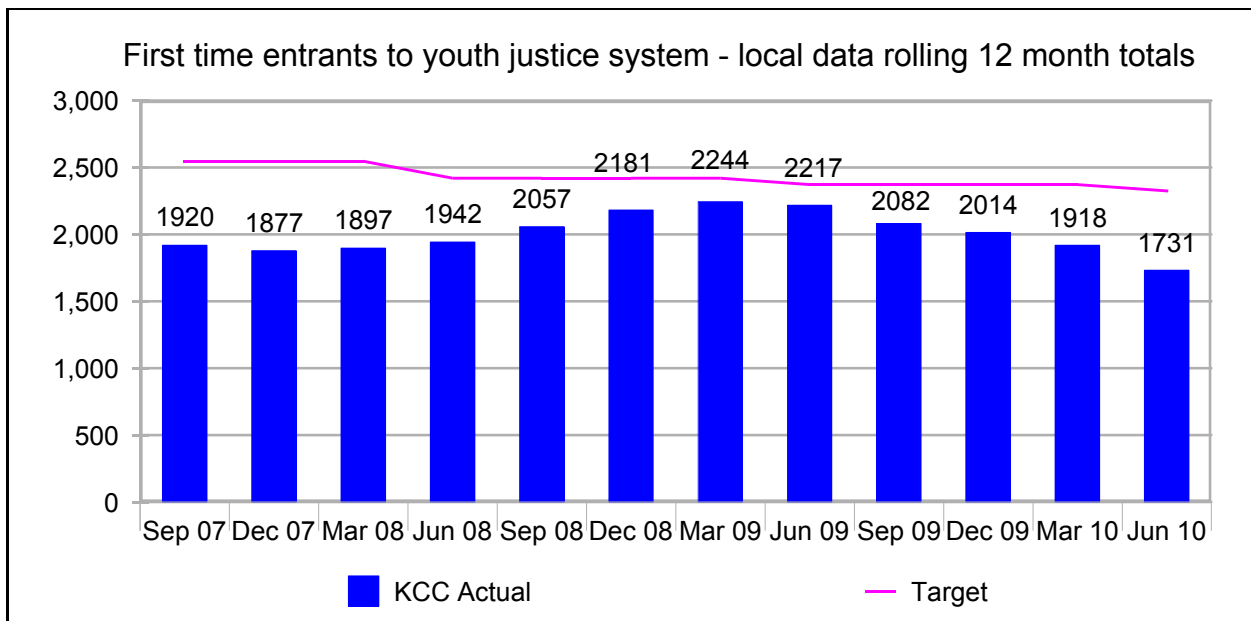
Kent closed the gap to the national average for visits to libraries in 2008/09, with Kent showing an increase against a national reduction.



	Current RAG	Previous RAG	Current DoT	Previous DoT
KCC Apprenticeships	★	★	↑	↑
Kent Apprenticeships with other organisations	●	●	↑	↑

Comments :
 KCC apprenticeships have surpassed the 250 target comfortably.

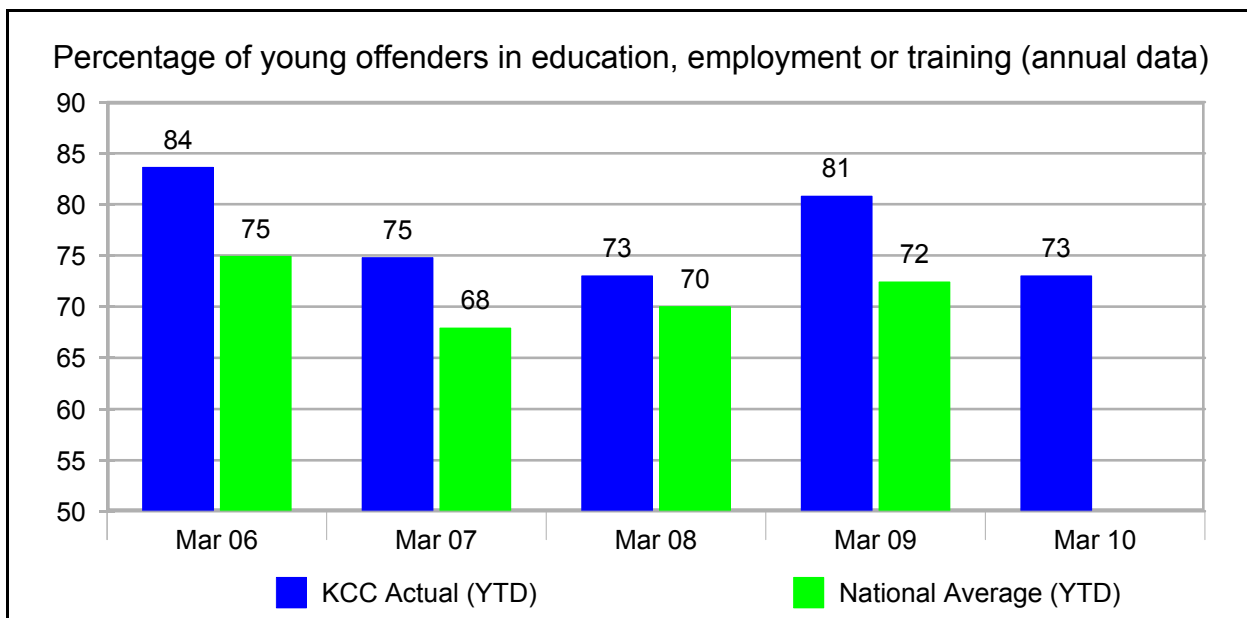
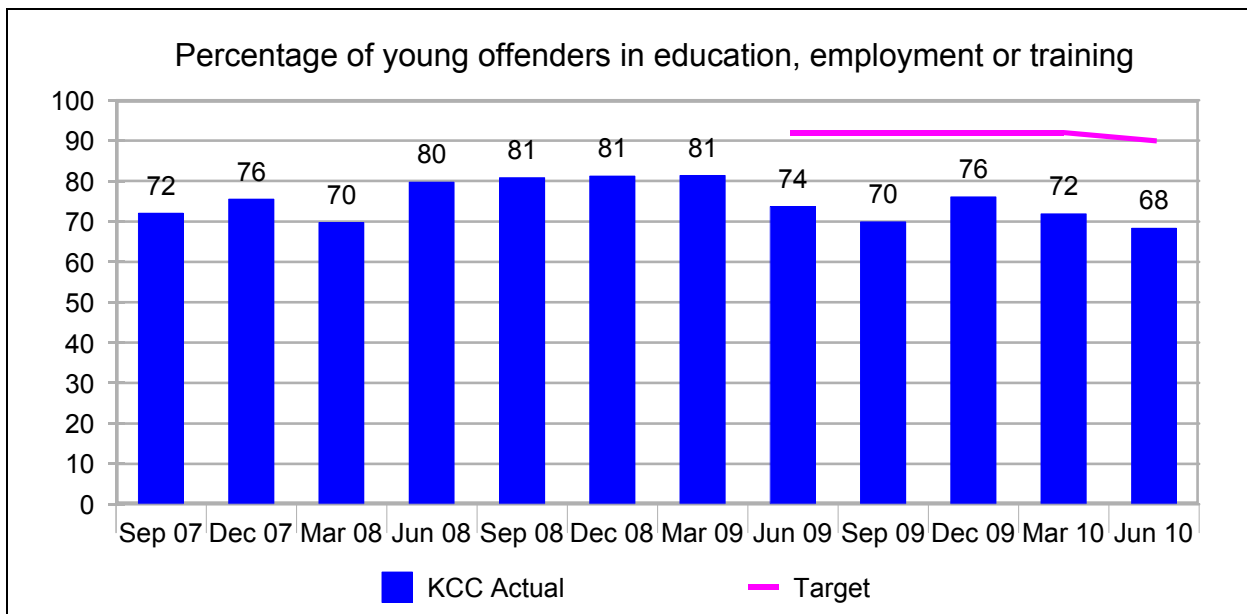
Data for Kent Apprenticeships other organisations is provisional and final data is being collected from Training Providers to be reported in September. The target of 750 is from the Towards 2010 programme and new apprenticeships starting at any date before the final progress report in October will be counted towards this target.



	Current RAG	Previous RAG	Current DoT	Previous DoT
First time entrants to youth justice system	★	★	↑	↑

Comments :
 Both local and national data shows a reduction in the number of first-time entrants to the youth justice system in Kent. The quarterly data is based on local records while the annual figures are based on the Police National Computer (PNC). Kent rates were above national average for the year to March 2009. National data for the year to March 2010 will be available in November.

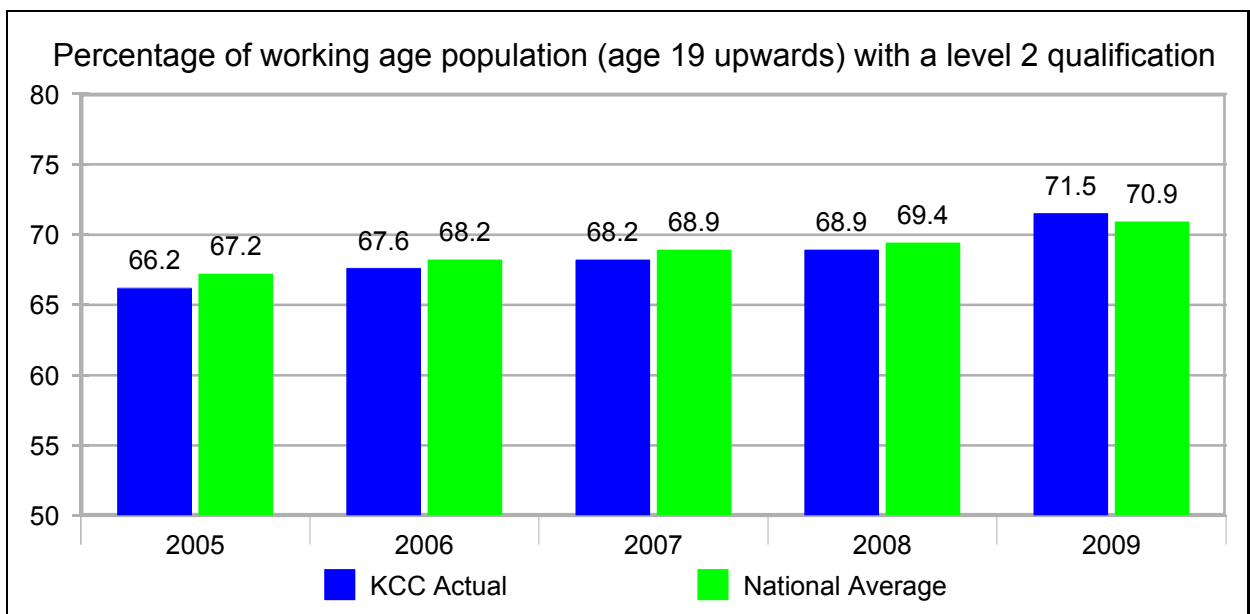
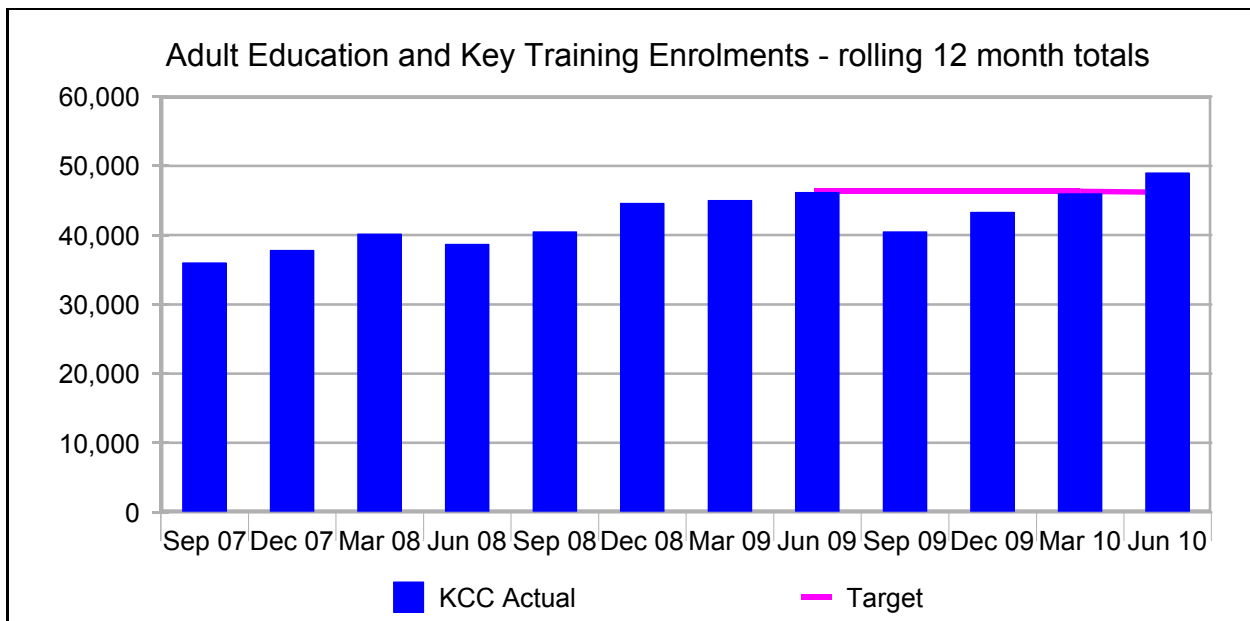
Restorative justice developments are due for countywide implementation by Kent Police during 2010, and will include support for the diversion of children and young people from the youth justice system.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Young offenders in education, employment and training	●	●	↓	↓

Comments :
 The target level shown is the national Youth Justice Board target and not a local target.

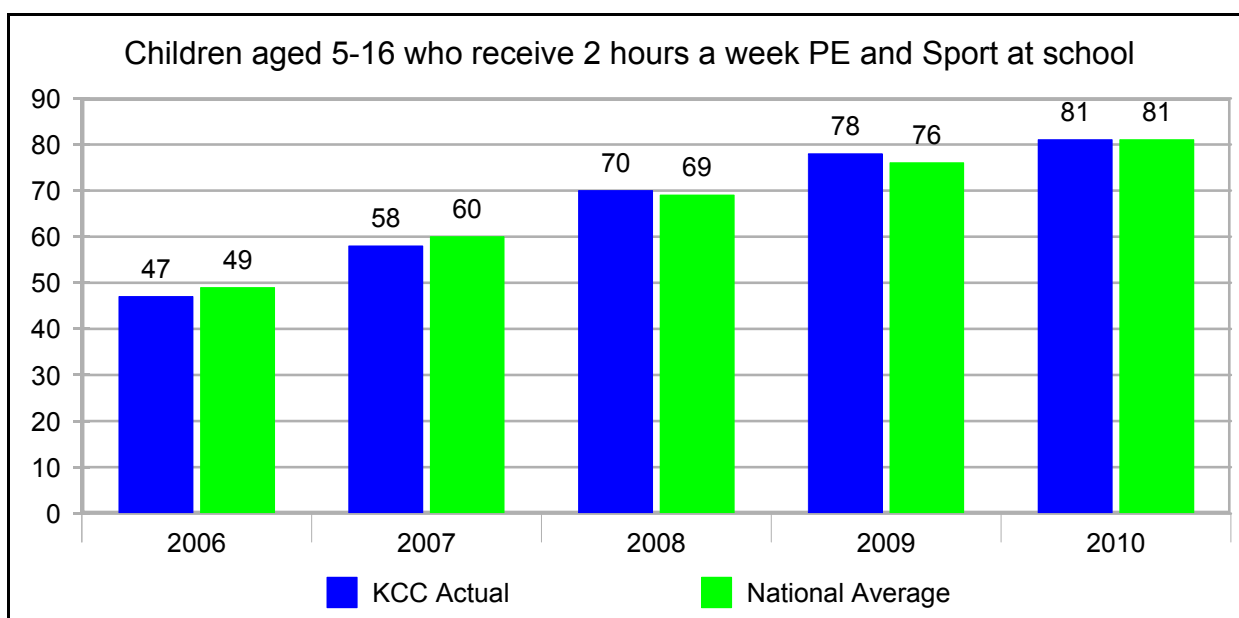
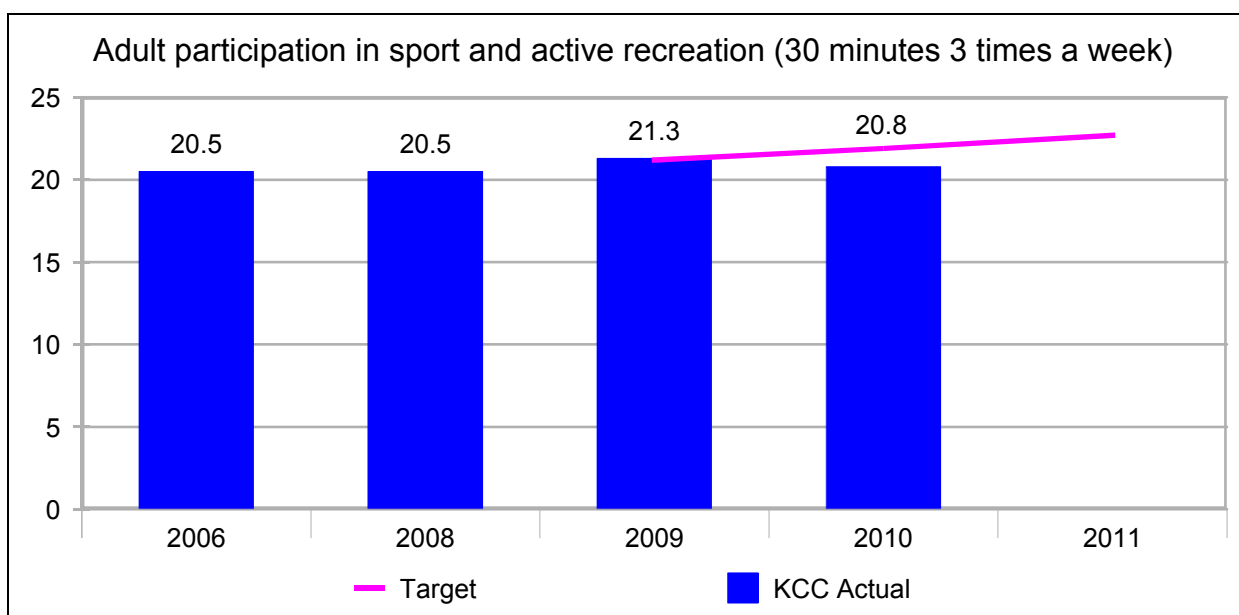
Despite a drop in performance in the last year and with results somewhat behind the national target, this indicator is assessed as amber, due to Kent having better performance than the national average for the last four years.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Adult education and key training enrolments	★	●	↑	↑

Comments :
 All enrolments on Adult Education and KEY Training (fee paying and non fee paying) courses exceeded target by 2.6% for the period April to June 2010.

 Recent data for calendar year 2009 shows that for the first time in five years, a higher percentage of Kent working age population has a level 2 qualification than is the case nationally.

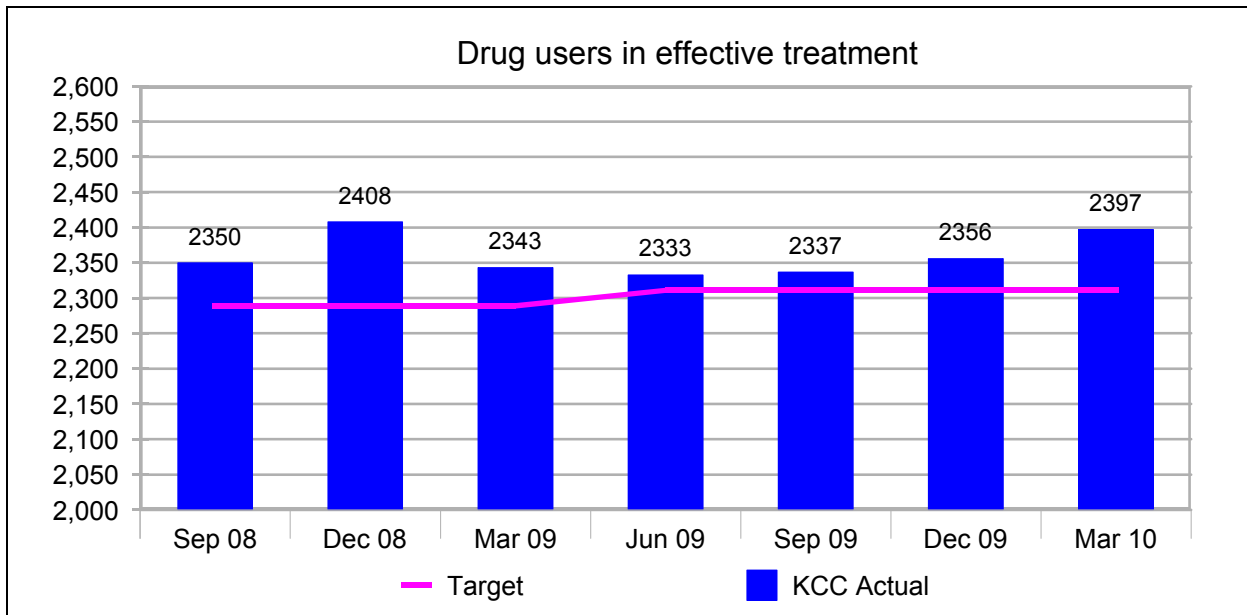


	Current RAG	Previous RAG	Current DoT	Previous DoT
Adult sports	●	●	↓	↑
Children's sports	●	●	↑	↑

Comments :
 Both indicators above are based on national surveys. There was no adult sports survey in 2007.

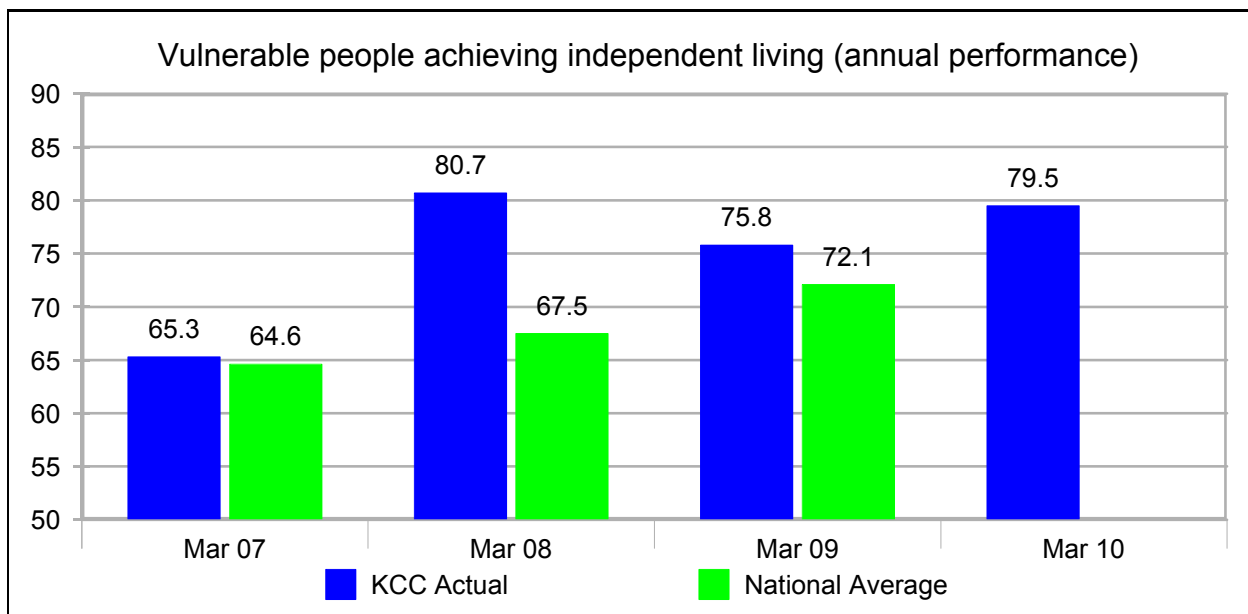
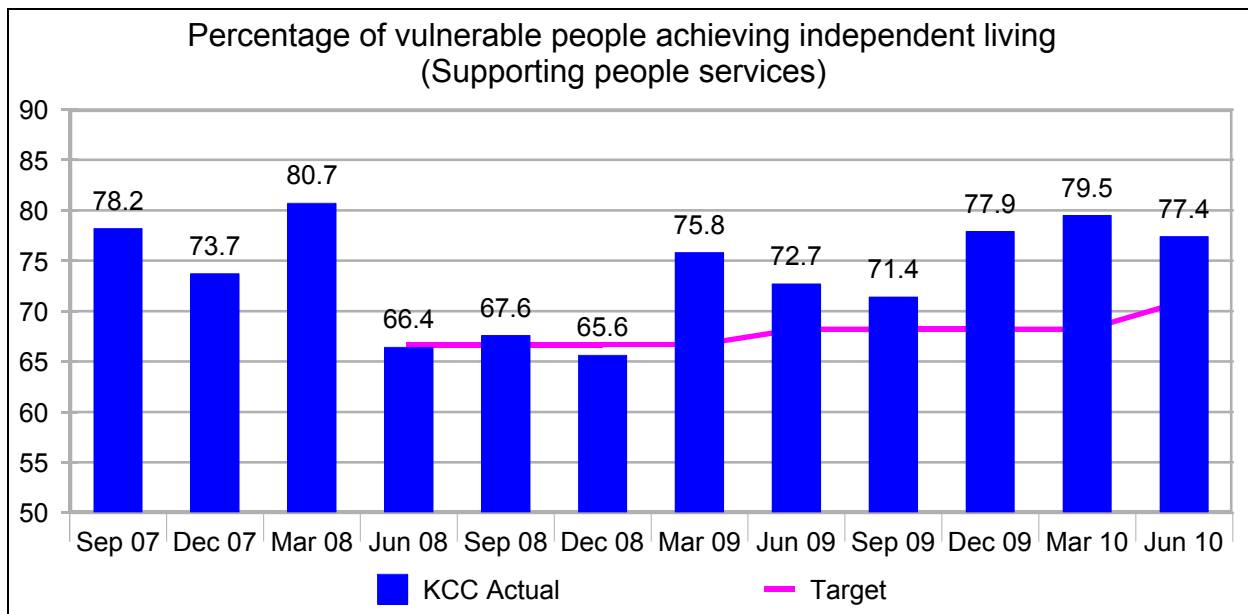
Adult Participation in Sport is an LAA target. Latest data shows a marginal decline in reported participation, although not enough to be of significant concern at this stage. However it is possible that grant reductions could impact on the number of initiatives running in the county.

For Children's Sport provided within the school curriculum Kent continues to improve in line with national trends.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Drug users in effective treatment	★	★	↑	↑

Comments :
 Totals are 12 month rolling figures. The number of drug users in treatment for 12 weeks is currently ahead of final Kent Agreement target levels, although performance needs to be maintained through to March 2011.



	Current RAG	Previous RAG	Current DoT	Previous DoT
People achieving independent living following housing support	★	★	↓	↑

Comments :
 This indicator is a Local Area Agreement target. Performance continues to remain above target and above the national average.

NB – Data from December 2009 to June 2010 is provisional and subject to revision following publication of national data by CLG later in the year.

The Kent Economy

Executive Director's Commentary

In common with the national economy, recovery from the economic recession in Kent has been fragile. Furthermore, the Coalition Government is introducing a radical restructuring of the landscape of economic development, planning and housing which will have a significant impact on the structure and delivery of regeneration and economic development activities in the county. The proposed Kent & Medway Local Enterprise Partnership (LEP) will take on some of the activities which were previously led by SEEDA. Discussions are ongoing with our partners in the districts and other public sector organisations as well as businesses, with a view to reshaping economic development and regeneration activities in Kent to respond to both the establishment of the proposed LEP as well as the era of public sector funding restraint.

Kent County Council recognises that a vibrant, innovative and forward looking business community is absolutely vital for the future health of the county. This was threatened by the onset of the worst recession for decades, which made it imperative that businesses are given the best possible support through these difficult times. KCC responded with the launch of the 10 commitments of the Backing Kent Business campaign in December 2008.

Progress ratings for the 10 Backing Kent Business commitments are shown below, along with data on the local economy for context and information.

**David Cockburn
Executive Director
Strategy, Economic Development and ICT**

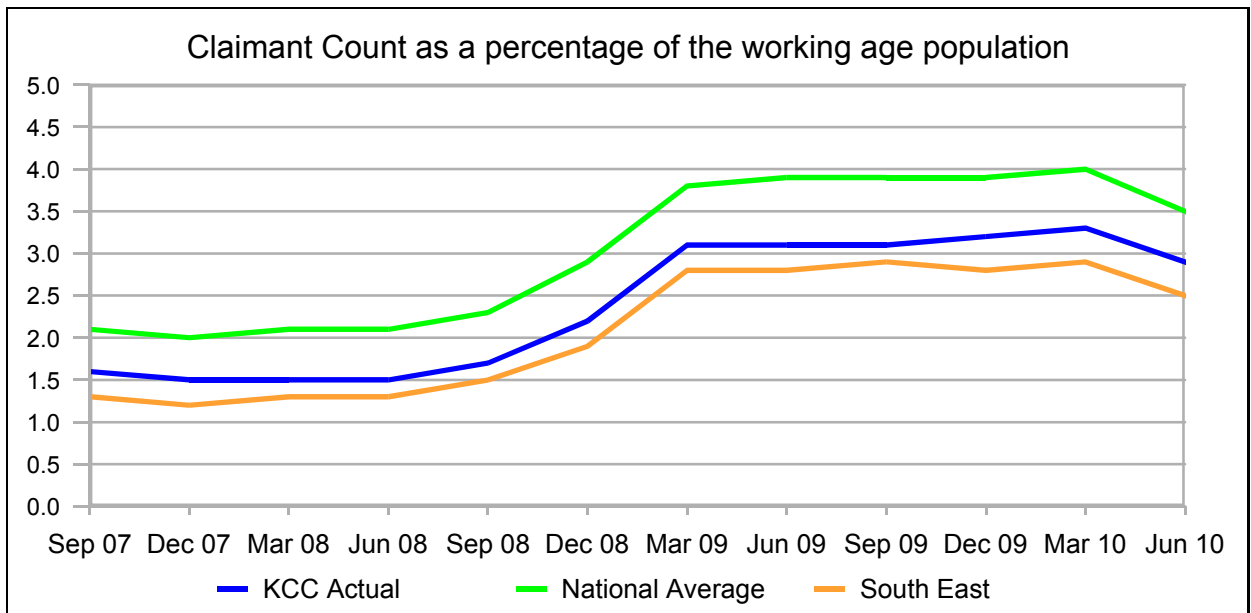
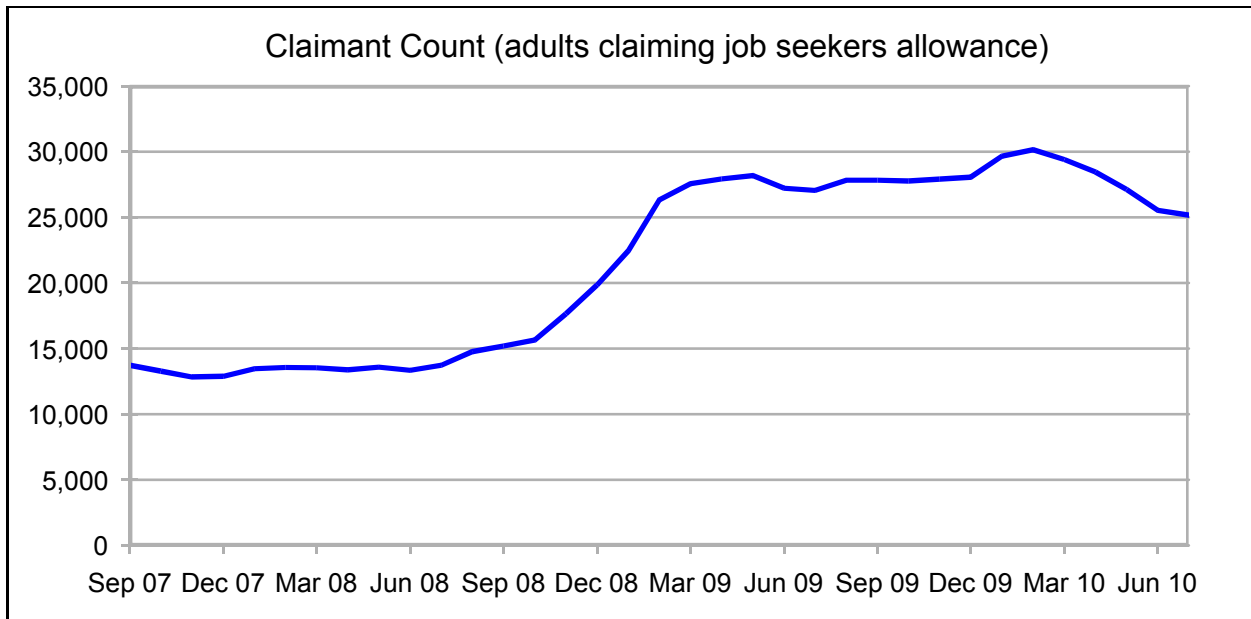
Backing Kent Business (BKB)

Green – done and ongoing, Amber – on track, Red – more progress needed

Commitment	Status
1. Payment of invoices within 20 days	Green
2. Capital programme - maximising employment opportunities for Kent firms	Green
3. Kent Property Enterprise Fund 2 - joint venture developments with the private sector	Green
4. Expand KCC's approved list of contractors	Green
5. Streamline KCC's contracts process for SMEs and raise awareness of tendering opportunities in and outside Kent	Amber
6. Provide a 'Kent business support centre' on KCC's website	Green
7. Support businesses towards grant aid and Small Business Rate Relief scheme	Green
8. Lobby government for a reduction and removal of unnecessary regulation and bureaucracy and lead by example : ecology review	Green
9. Encourage and facilitate a consortia of Kent businesses to compete for larger public sector contracts outside of Kent	Amber
10. Review Kent's marketing and promote Kent's Unique Selling Points	Green

BKB Actions April to July 2010

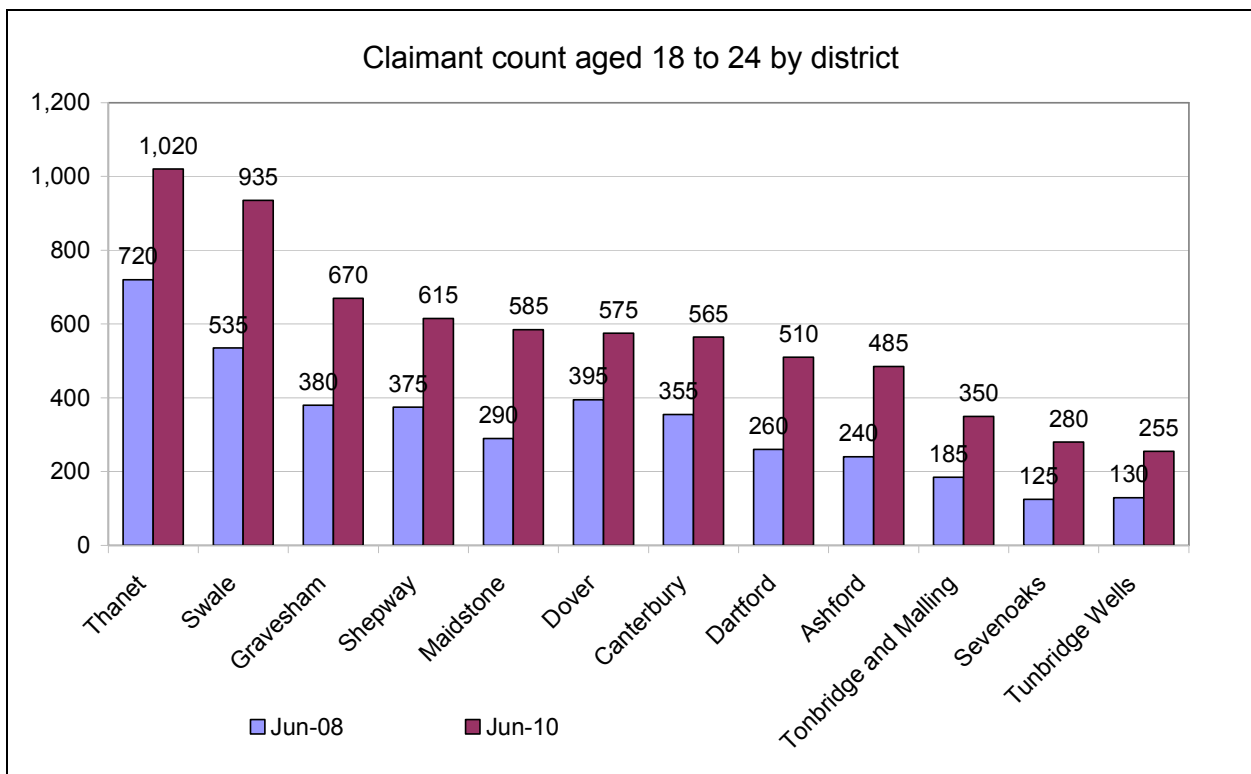
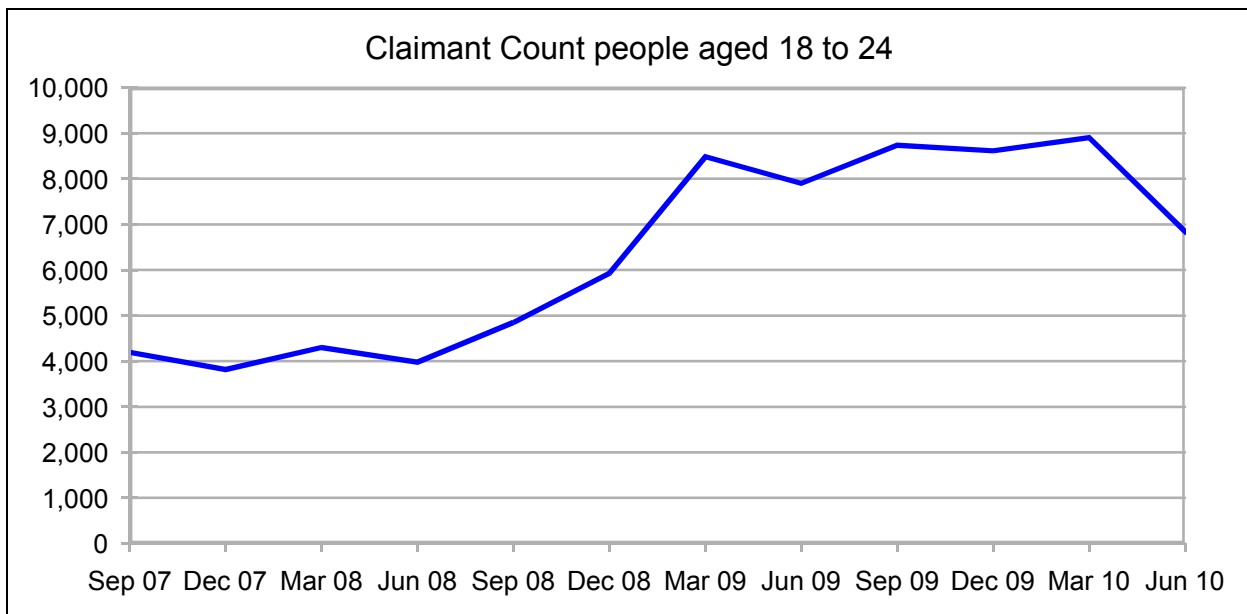
April	<ul style="list-style-type: none"> • BKB partners meetings which reaffirming the need to sustain the campaign • Kent 2020, the largest business-to-business exhibition in the South East, sponsored by KCC as part of Backing Kent Business. • '<i>Backing Kent Business: A Year of Progress</i>' published, updating on the 10 Commitments – available as a pdf on the KCC online Business Support Centre • BKB 'Did You Know: 50 Way KCC supports Kent Business' document published • BKB meeting with Channel Chamber of Commerce members • Chairman's Reception Shepway with KCC supporting case for new nuclear power station at Dungeness
May	<ul style="list-style-type: none"> • BKB meeting with Thames Gateway (Kent) Chamber of Commerce members • BKB meeting with Channel Chamber of Commerce members • BKB with 'Canterbury for Business' members
June	<ul style="list-style-type: none"> • BKB partners meeting • Invicta Chamber business exhibition with a stand for BKB
July	<ul style="list-style-type: none"> • Launch of the offshore wind supply chain directory, with funding by KCC but managed and delivered through the BKB partners. • BKB featured at the Kent County Show



	Current RAG	Previous RAG	Current DoT	Previous DoT
Claimant rate	●	●	↑	↓

Comments :
 Claimant counts have reduced significantly in June and July which is a positive sign of recovery in the economy.

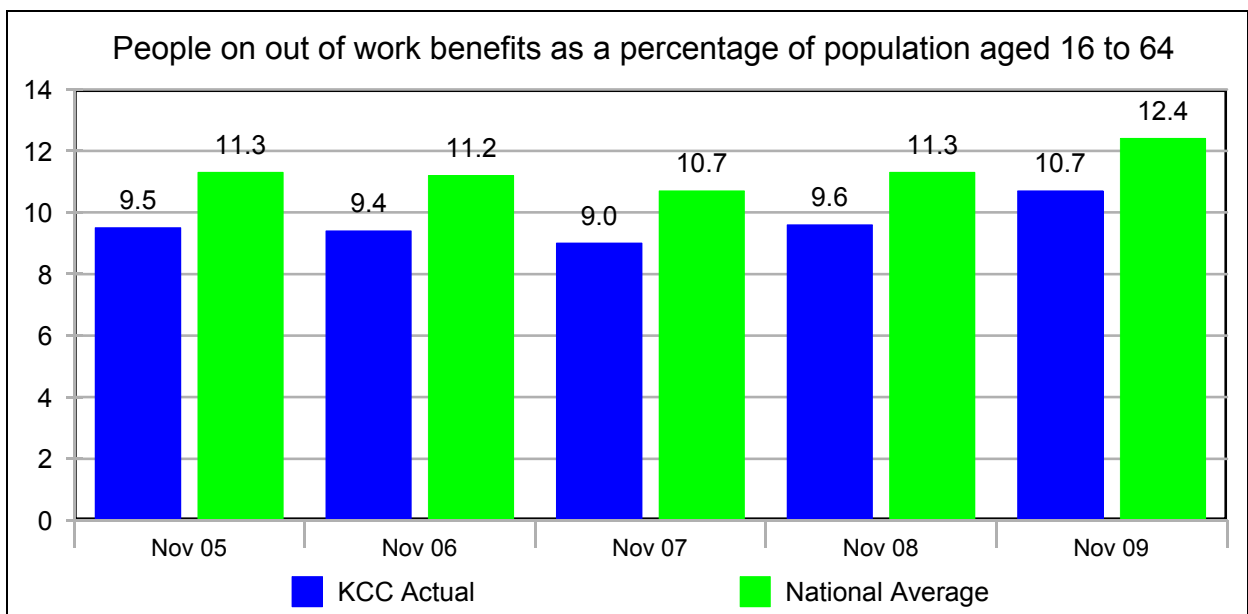
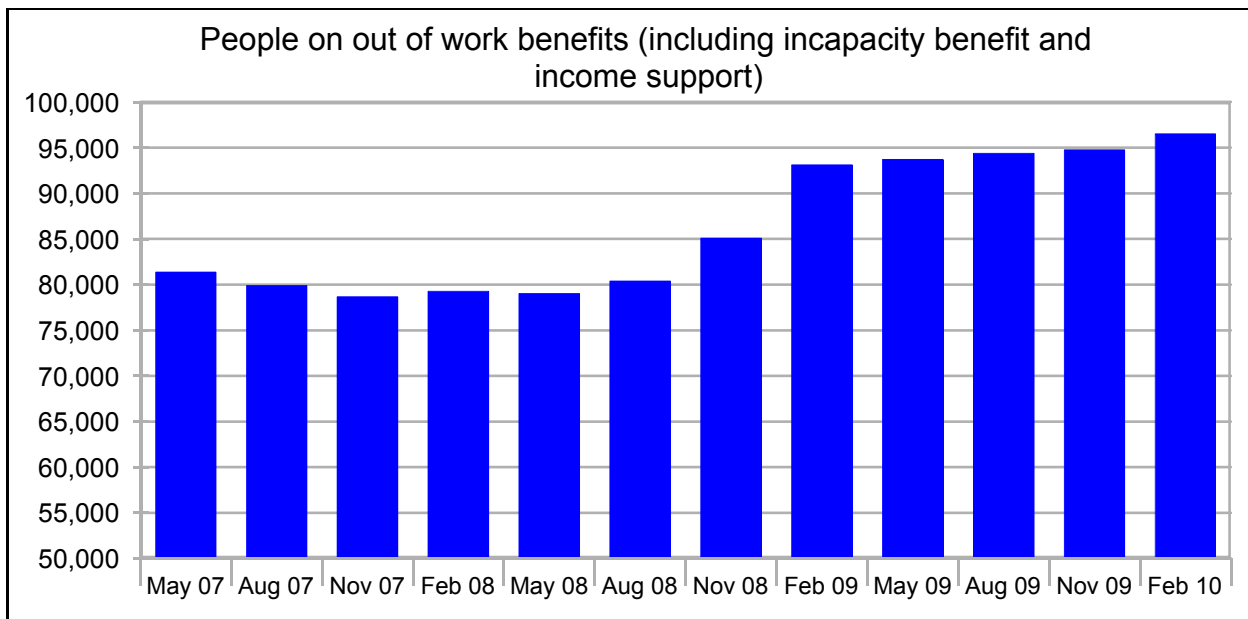
Although claimants counts have risen to high levels during the recession and are still nearly double the level of two to three years ago, the increase in Kent has been no worse or better than seen national or regionally. Hence this indicator is rated as Amber.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Youth claimant count	●	●	↓	↑

Comments :
 The increase in the claimant count for young people has been relatively consistent with the increase for all ages.

Young people are more likely to be claimants than other age ranges, although the rate of claimants who are younger people has recently reduced. In June 2010 26.8% of claimants in Kent were aged 18 to 24 (the south east rate was 25.1% and for England 26.9%), while in March 2009 the rate was higher at 30.8% (south east 28.6%, England 29.8%).



	Current RAG	Previous RAG	Current DoT	Previous DoT
Out of work benefits	●	●	↓	↓

Comments :
 National statistics on working age population claiming out of work benefits are published by DWP usually with a 6 month delay.

Latest data from February showed that rates at that time were still increasing, mainly due to the increase in claimants of job seekers allowance, but with claimants of other benefit types also showing an increase.

As with the claimant count, the increase in Kent has been no worse or better than nationally or regionally and hence this is rated as Amber.

By: Sarah Hohler, Cabinet Member for Children, Families and Education
 Rosalind Turner, Managing Director for Children, Families and Education

To: Cabinet – 13 September 2010

Subject: **REVIEW OF SEN UNITS - OUTCOME OF THE EVALUATION OF THE LEAD SCHOOL PILOT**

Classification: Unrestricted

Summary: This report sets the context for SEN Unit Review, presents the findings of the Lead School Pilot evaluation and makes recommendations and proposals for the development of a new SEN Strategy to meet the special educational needs of Kent children and young people.

Introduction and Background

1 (1) The Local Authority (LA) has a statutory duty under the Education Act 1996 as amended by the Special Educational Needs and Disability Act 2001 to consider referrals of children from parents/carers, schools and other agencies, for assessment of special educational needs (SEN), to undertake assessments and in appropriate cases to issue statements of SEN. The LA has a duty to ensure that the provisions identified in each statement are met and to ensure that all other duties placed upon it by the Acts and the SEN and Disability codes of practice are met.

(2) Kent provides education for its children and young people with SEN in a variety of provisions. They include:

- Maintained mainstream schools
- Maintained special schools
- Academies
- SEN Units within maintained mainstream schools
- Outreach and Inreach provision from special and mainstream schools
- Short stay schools – formerly Pupil Referral Units (PRU)
- Alternative Curriculum Provision
- Highly specialist provision for specific children - Warmstone
- 'Home' Tuition (group and individual)
- Home Education (Education Otherwise than at School)
- Independent and non-maintained sector – special and mainstream

3) In 2005, there were 971 pupils with statements attending SEN units. In 2010, this figure has decreased to 732. However, an additional 489 pupils with statements, who in 2005 would have been supported at SEN units, were supported through additional funding for very severe and complex needs (VSCN) at Kent mainstream schools. When this fact is considered, it shows the total number of pupils

with statements (who would originally have been given a place at an SEN unit) rose by over 25% from 2005 to 2010.

In 2005, there were 2,971 pupils with statements attending Kent mainstream schools (rather than SEN units). In 2010, this figure has decreased to 1,314; a 55% reduction.

Overall, when one combines the number of pupils with statements at SEN Units and Kent mainstream schools in 2005 and compares it with 2010, there has been a reduction by 1,407 (36%).

4) Delegated SEN funding to mainstream schools related to meeting the needs of pupils with Statements of SEN, including those in SEN Units and with VSCN funding, has increased marginally from £33.8m to £34.2m between 2005 and 2010.

5) The number of pupils in Kent maintained special schools has risen from 2,355 in 2005 to 2,749 in 2010 – an increase of around 17%. Delegated funding has increased by around 46% from £38.8m to £55.4m which reflects both increased numbers and the increasing complexity of needs of pupils.

(6) In summary the SEN Strategy aims to:

1. Reduce reliance on Out County placements both residential and day.
2. Reduce maintained special school residential places.
3. Reduce places and numbers of children and young people (CYP) with Moderate Learning Difficulties (MLD) at maintained special schools.
4. Increase places and numbers of CYP with Autism (ASD) and Behaviour Emotional and Social Difficulties (BESD) at maintained special schools.
5. Increase the role of special schools to include supporting the needs of pre-school children in the early years with SEN (including those at Early Years Action Plus and early Years Action) at mainstream schools.
6. Increase the role of special schools in supporting mainstream schools to meet the needs of children with Statements of SEN (SSEN) and those at School Action Plus and School Action..
7. Maximise delegation of funding and support to meet the needs of all children with SEN (previously Kent Audit L1 - L3, now School Action and School Action Plus and those with SSEN – previously Kent Audit L4 and above now SSEN).
8. Maximise the devolution of staff and resources to meet the needs of CYP with SEN to localities to support the inclusion/school improvement agenda.
9. Reduce travel time to and from school for CYP with SSEN and reduce transport costs.

(7) Members have made a series of policy decisions since 2004 to undertake and implement a review of SEN Units in Kent mainstream schools. Phase 1 of the Units Review began in September 2008 in the Local Children's Services Partnerships (LCSPs) in Ashford, Shepway, Dartford, Gravesham and Swanley (the pilot areas). From September 2008 to March 2009, lead schools received start-up funding of £39,235 to begin the work of developing locality provision. New formula funding arrangements agreed by the Schools Funding Forum were put in place in April 2009. Transitional funding arrangements were put in place for schools that had

existing units to support smooth transition and ensure that the needs of all children and young people with SEN continued to be met effectively.

(8) For varying and understandable reasons, all lead schools experienced different development needs and made progress in a variety of directions. Despite this, all lead schools, together with the various partner services and agencies in the localities, embraced the programme with energy and commitment and worked through issues as they arose. Every opportunity has been taken to capture the good practice that has developed, to identify the barriers that presented themselves and to seek ways forward.

Evaluation Findings

2 (1) During the period from September 2008 to July 2010 information for the evaluation was collected in a number of ways:

- Questionnaires to schools, other professionals, parents and carers
- Meetings within the LCSPs with head teachers and unit staff
- Meetings with the various professionals who support schools and children
- Meetings with parents and carers
- By email from all parties through the specially designated generic email address and by letter directly to the Authority
- Self-assessment surveys completed in 2008, 2009 and 2010 by the lead schools

(2) An Executive Summary and a copy of the full Evaluation Report is attached at Appendix 1. Annex 4 of that report provides a summary of the various aspects of the lead school pilot that all parties liked and all the things that they did not like. Section 7 of the same report provides further detail on the findings with regard to the funding arrangements.

(3) While there are many aspects identified that were both positive and negative, there are some main themes that underpin the findings, leading to some significant conclusions. These are set out in Section 8 of the attached Evaluation Report. In summary, there are four clear lessons that have been learned. These are:

- The need for more clarity about the responsibilities, accountability and expectations of all mainstream schools in how they should deploy their delegated budgets to support all children and young people with special educational needs, with specific regard to the Disability Discrimination Act 2005.
- One model does not fit all need types and there needs to be a continuum of provision available for each SEN dimension need type that includes, for some need types, specialist provision within mainstream schools
- The need for clarity in respect of outreach services to schools to support those children and young people whose needs are not severe and complex enough to require placement at or intensive input from specialist provision but who, nevertheless, need access to additional specialist support beyond that which the mainstream school itself is expected to provide

- The need to improve communication and consultation arrangements for working with parents and carers

The Way Forward

3. (1) Lead Schools in the pilot areas and all the professionals who have supported them locally have worked very hard to support all children and young people in mainstream schools with severe and complex needs and to develop effective outreach services to complement existing services. Good practice developed must not be lost and should be incorporated into future plans. It is important, therefore, that the good practice from the Pilot is taken forward, while addressing the concerns that have been raised by all parties.

(2) In order to do this it is proposed that:

- Phase 2 of the Lead School Pilot Programme does not proceed in September 2010
- Phase 1 Lead Schools will cease on 31 March 2011
- Work begins immediately on developing a new SEN Strategy to describe and develop a continuum of provision to meet the needs of all children and young people with special educational needs for each dimension of SEN, at all levels of need
- The strategy needs to consider options for funding these proposals, which will be subject to the usual schools' consultation process
- Schools, including special schools, must play a key role in the development work
- An effective communication strategy must be developed to ensure the meaningful participation of parents and carers, children and young people.

(3) A draft SEN Strategy Project Plan has been prepared, setting out the work to be undertaken together with a timetable for the work. A copy is attached at Appendix 2. A diagrammatic illustration of the continuum of provision (SEN Matrix) that is envisaged to form the basis for development is attached at Appendix 3.

Timetable

4.

SEN Strategy Steering Group and Dimensions Sub-groups commence scoping of development work	September 2010
Present overview proposals for possible funding options to Schools Funding Forum	September 2010
Consult with schools on identified funding proposals as part of Autumn formula funding consultation process	October/November 2010

Work up provision development plans and, along with funding options, prepare proposals for consultation with all parties	November/December 2010
Take funding proposals, including transitional arrangements from April 2011, to Schools Funding Forum following consultation	December 2010
Undertake formal consultation with all interested parties	December 2010 to March 2011
Finalise plans for consideration and decision by SMT, CMT and Cabinet	July 2011
Commence implementation	September 2011

Recommendation

5. It is recommended that Cabinet:
- a) Note the findings of the Lead School Evaluation
 - b) Agree that Phase 2 of the Lead School Programme does not proceed in September 2010
 - c) Agree the Phase 1 Pilot will cease on 31 March 2011
 - d) Agree the SEN Strategy proposals, including the development of new funding arrangements and a Communication Strategy for working with parents and carers, children and young people
 - e) Agree the timetable at 4 above

Colin Feltham
Head of SEN & Resources
Specialist Children's Services
Tel: 01622 695729

Background Documents - *None*

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EXECUTIVE SUMMARY - SEN UNITS REVIEW: LEAD SCHOOL PILOT EVALUATION REPORT

1. Introduction

In 2003 Cabinet agreed a review of SEN units and designations in Kent mainstream schools should be carried out to ensure equality of access to all children and young people to quality mainstream provision to meet their special educational needs.

2. Objectives

The objectives of the review were:

- To ensure the pattern, diversity and organization of provision reflects the changing needs of pupil population.
- To support schools in becoming more inclusive and accessible to all learners
- To reduce the long distances travelled by many children on a daily basis thus limiting stress for them and their families and reducing the expenditure on transport
- To ensure complementary provision to that available in special schools
- To ensure equity of access to support across the whole county by addressing gaps in provision, particular for children and young people with Autism
- To facilitate sharing of expertise and building capacity in all schools

3. Pilot Lead school model

The review recommended the development of pilot lead schools for each of the six need types - Autism Spectrum Disorder (ASD), Hearing Impairment (HI), Physical difficulties (PD), Speech, Language and Communication Needs (SLCN), Specific Learning Difficulties (SpLD) or Visual Impairment (VI). In 2007 Members agreed to run a pilot in one part of the county and evaluate that before considering extending it across the county. It was agreed the pilot would commence in September 2008.

It was proposed that the lead school would provide a specialist service to the schools within a locality group of schools for a particular SEN need type.

The pilot lead school was to be:

- A specialist resource within a mainstream school for one of the 6 need types (ASD, HI, PD, SLCN, SpLD and VI), providing placements for children and young people within a defined geographical area.
- A resource to support the process of building the capacity of all mainstream schools, thus providing a wider and more equitable access to specialist services for children and young people
- An opportunity to facilitate children and young people attending their local school with their peers/friends and not having to travel long distances to school outside of their local community
- A resource to complement the work of special schools and be part of the continuum of provision and services within localities

Appropriate and agreed funding arrangements were put in place to support the Lead School pilot.

4. Evaluation Methodology

The evaluation of the lead school pilot was largely qualitative. Information was collected as follows:

- Meetings in each locality with head teachers including special school head teachers, lead school teachers-in-charge, SEN coordinators, health therapists, specialists teachers, educational psychologists, SEN teams, Partnership Managers, parents/carers
- Questionnaires for school, professionals and parents/carers
- Lead school self-assessments surveys

In both 2009 and 2010 around 450 parent/carers whose child was in a SEN unit or was receiving VSCN funding were sent an invitations to meeting. All of the 1,651 parents and carers of children with a Statement of SEN and who lived in the pilot area were invited in writing to complete a questionnaire. Pilot lead schools completed self-assessment evaluations each year during 2008.2009 and 2010.

5. Evaluation Findings and Conclusions

A number of key financial issues were identified;

- Out-of-date school perceptions about funding entitlement
- Loss of access to VSCN funding
- Perceived insufficiency of outreach funding
- Erosion of automatic place-led funding entitlement

While there were a range of positives and negatives identified throughout the evaluation a number of main themes and conclusions emerged:

- The need for more clarity about the responsibilities, accountability and expectations of all mainstream schools in how they should deploy their delegated budgets to support all children and young people with special educational needs. This includes the need to have meaningful Disability Equality Schemes in place which set out clearly how they propose to meet the special educational needs and disabilities of children and young people
- One model does not fit all need types and there needs to be a continuum of provision available for each SEN dimension need type that includes, for some need types, specialist provision within mainstream schools
- The need for clarity in respect of outreach services to schools to support those children and young people whose needs are not severe and complex enough to require placement at, or intensive input from, specialist provision but who, nevertheless, need access to additional specialist support beyond that which the mainstream school itself is expected to provide
- The need to improve communication and consultation arrangements for working with parents and carers and children and young people

- The emphasis must be on prevention and criteria for access to services should support this policy and prevent a child or young person having to fail before they can secure that access.
- Any future changes for implementation must be allocated appropriate transition time and be underpinned by a comprehensive evaluation programme designed and agreed before implementation begins.

The findings and conclusions in this Executive Summary and the full Evaluation Report have informed the recommendations made in a Cabinet Report to be considered on 13 September 2010.

SEN UNITS REVIEW: LEAD SCHOOL PILOT EVALUATION REPORT

1. Introduction

In 2001 Cabinet agreed to carry out a review of Kent's special schools to ensure that the provision available reflected the increasing complexity and severity of special educational needs in Kent's population of children and young people. Cabinet then agreed in 2003 that a similar review of SEN units and designations in Kent mainstream schools was needed to ensure equality of access to all children and young people to quality mainstream provision to meet their special educational needs.

2. Objectives

The objectives of the review were:

- To ensure the pattern, diversity and organization of provision reflects the changing needs of pupil population.
- To support schools in becoming more inclusive and accessible to all learners
- To reduce the long distances travelled by many children on a daily basis thus limiting stress for them and their families and reducing the expenditure on transport
- To ensure complementary provision to that available in special schools
- To ensure equity of access to support across the whole county by addressing gaps in provision, particular for children and young people with Autism
- To facilitate sharing of expertise and building capacity in all schools

3. Context

When the review of units was agreed, Kent was maintaining a total of 7993 statements of SEN, of which there were 2837 children and young people attending special schools. There were 63 units of different need types within Kent mainstream schools Kent providing places for 938 children and young people.

Each unit attached to a mainstream school specialised in meeting a particular need type: Autism Spectrum Disorder (ASD), Hearing Impairment (HI), Physical difficulties (PD), Speech, Language and Communication Needs (SLCN), Specific Learning Difficulties (SpLD) or Visual Impairment (VI).

Of these 938 unit places, around 750 were filled. Of the remaining 4,218 children and young people with Statements, not in units or special schools, the majority were in mainstream schools being supported through the schools' delegated budgets and by the various specialist support and outreach services. For approximately 350 of them whose needs were very severe and complex, the school was receiving funding from a central pot under the Very Severe and Complex Needs (VSCN) Scheme, a budget top-sliced from the schools' delegated budgets. A small but significant percentage of the 4,218 were in Pupil Referral Units or receiving home tuition while a placement was being sought.

4. Pilot

A. Lead school model

The review recommended the development of lead schools for each of the six need types referred to above in section 3. The lead school would provide a specialist service to the schools within a defined cluster of schools or group of clusters. The recommendation as to which schools would become lead schools was made locally and subsequently agreed by members. With the exception of a few, all those with existing units agreed to be lead schools and, where there were gaps in provision, new lead schools were identified. A list of the lead schools with their specialism is attached at Annex 3.

The lead school was:

- A specialist resource within a mainstream school for one of the 6 need types (ASD, HI, PD, SLCN, SpLD and VI), providing placements for children and young people within a defined geographical area.
- A resource to support the process of building the capacity of all mainstream schools, thus providing a wider and more equitable access to specialist services for children and young people
- An opportunity to facilitate children and young people attending their local school with their peers/friends and not having to travel long distances to school outside of their local community
- A resource to complement the work of special schools and be part of the continuum of provision and services within localities

B. Phased Implementation

Members agreed in 2007 to run a pilot in one part of the county and evaluate that before rolling it out across the county. The pilot was known as Phase 1 and the rest of the County as Phase 2. It was agreed that the districts of Ashford, Shepway, Dartford and Gravesham and the Local Children's Services Partnership area of Swanley and District would form the geographical area of the pilot.

Within those areas there were 19 schools with 23 existing units which agreed to become lead schools and 9 which became new lead schools. 4 schools were lead school for more than one need-type. It was agreed the pilot would commence in September 2008.

C. Funding Arrangements

The budgets for units were calculated on a cost per place basis, with some need types attracting more funding per place than others. In addition, each unit received a lump sum to support the cost of a teacher. VI units received an additional lump sum of £10k. While new funding arrangements for lead schools were agreed to be piloted, units in Phase 2 schools still continued to have their budgets calculated in the same way.

Start-up funding of approximately £39k was delegated to each lead school to help support the development of the provision. Where a school was lead for more than one need type, it received funding for each of those need types. This lump sum was delegated in the Autumn of 2008. Lead school budgets, calculated under the new pilot arrangements, were delegated from April 2009.

With the exception of VI and HI need types, the pilot formula is made up of the following components: a fixed lump sum for each school, an amount per pupil based on the pupil population of the lead school catchment area, and a further amount per pupil population weighted for the need type. For VI and HI pupils, the funding continued to be based upon actual numbers.

It was proposed the transition to the new arrangements would take place over a 4 year period (subject to the evaluation and recommended changes). For new lead schools, their budget would gradually increase over that period until, in the fourth year, it was 100% of the full budget. For schools with existing units, a similar process would take place with the percentage of the budget paid under the new formula increasing each year, until it was 100% in the fourth year. This was underwritten with the proviso that the budget would not fall below the year one allocation if that was needed to protect pre-existing commitments. The first year transitional protection arrangements meant that, as a minimum, schools were funded for the children and young people already placed in the units plus a £15,000 allowance for developing the outreach support.

The funding pot for distribution to lead schools came from the budgets allocated for units under the 'old' arrangements together with the funding allocated for the Very Severe and Complex Needs (VSCN) Funding Scheme. The VSCN Scheme was to be phased out. This meant that in the pilot areas, there were no new applications for access to this Scheme considered. Where VSCN was already allocated to a school, it would remain in place until the child or young person left. At this point, the money would be added to the pot for distribution through the lead school formula. Annex 1 sets out the budget allocation details.

D. Complex Medical, Physical and/or Sensory Inclusion (CMSI) Funding

Although there was a proposal to cease VSCN funding within the pilot, a new scheme to meet very severe and complex needs associated with medical, physical and/or sensory impairments was tested. Among the children and young people in this group there is a very small number who need access to 2:1 support for a least 50% of the time they are in school, some needing it all of the time. The Complex Medical, Physical and/or Sensory Inclusion (CMSI) funding is to help mainstream schools support these children. It is not available for children with other need types in the way that VSCN funding was.

5. Evaluation Methodology

The evaluation of the lead school pilot was largely qualitative. Information was collected as follows:

- Meetings in each locality with head teachers including special school head teachers, lead school teachers-in-charge, SEN coordinators, health therapists, specialists teachers, educational psychologists, SEN teams, Partnership Managers, parents/carers
- Questionnaires for school, professionals and parents/carers
- Lead school self-assessments surveys

At each meeting, attendees were given a presentation to update them on progress and this was followed by a discussion, question and answer session. Hard copy questionnaires were given out at meetings but the link to the questionnaire on the KCC website was also provided, together with the generic email address. All participants were also informed they could submit any views in a letter or by email.

6. Findings

A. Responses: Parents and Carers

The parent meetings were not well attended. In both 2009 and 2010 approximately 450 parent/carers whose child was in a unit or was receiving VSCN funding were sent an invitation but no more than 20 parents for each meeting confirmed they would be attending and, of those, only a handful turned up. In one case in NW Kent, only one parent attended.

All of the 1651 parents and carers whose child had a Statement of SEN and who lived in the pilot area were invited in writing to complete a questionnaire. As questionnaires were also made available on the Kent main website, they were, potentially, available to all those who visited the SEN Units Review page of the website. However, there were several parents who received letters who telephoned, as they had issues about SEN provision as it affected their child that they wanted to talk to someone about. This need to discuss concerns that were not specifically related to the lead school pilot was apparent in the questionnaires that were completed.

B. Responses: Schools and other professionals

There were some very robust, interesting and informative discussions at local meetings with the schools and professionals and they proved to be very useful in having an open and frank debate about SEN provision for children and young people. While very few from these groups completed questionnaires, there was a lot of feedback that helped inform the evaluation.

C. Questionnaire feedback

The following is a summary of the questionnaires completed and returned either in hard copy or electronically:

Group	Number of Questionnaires Returned	Comments
Parents/Carers	101	33 of these were from parents whose child had Autism but 17 of them were from parents whose child's needs were outside the remit of the lead school (their needs were associated with severe learning difficulties)
Schools primary	19	
Schools secondary	1	
Schools special	1	
Other professionals	2	One from a physiotherapist and one from a speech therapist

D. Findings

The detail of the feedback findings from all the parties is attached at Annex 4. This includes information collected through the self-assessment surveys completed by the lead schools in 2008, 2009 and 2010.

7. Key Financial Issues

These can be summarised as:

- Out-of-date school perceptions about funding entitlement
- Loss of access to VSCN funding
- Perceived insufficiency of outreach funding
- Erosion of automatic place-led funding entitlement

Annexes 1 and 2 provide data on Lead school and VSCN budgets.

A. Out of date school perceptions about funding entitlement

- i. At the heart of the financial issues raised during the pilot, and causing greatest concern and blockages to effective implementation, are schools' ingrained perceptions that the funding to support pupils' SEN should be additional to their 'basic' formula budget, and that it should rise (and fall) in direct proportion to the numbers of pupils they are expected to support, and be directly linked to actual costs of provision for each individual pupil. Aligned with this is a common view that SEN is the LAs responsibility and if the LA does not provide funding for a particular pupil, the school will not be able to meet their needs. Parents are also often given this view, leading to the pursuit of a statement as the only means of securing support, often elsewhere.
- ii. The new policy that underpinned the Lead School concept was built on the presumption that the vast majority of the funding available to support SEN was already in school budgets, both within the basic AWPU element and the various additional SEN/AEN proxy measures, and that the overall level of delegated funding was sufficient for all schools to meet almost all SEN, with some additional support or training from local 'centres of excellence', (the new Lead Schools). Pupils with needs beyond the scope of local provision would be in Special Schools, who would also supplement the expertise from the Lead Schools through their outreach role.
- iii. Although the pilot incorporated some relatively generous and 'gentle' transition arrangements to ease schools in the pilot area away from the former funding model (all existing unit pupil and VSCN funding was protected in full in the first year) schools immediately reacted to the "loss" of direct additional funding for new pupils. Extra unit places taken up were not automatically funded from September, and pupils in other schools that might formerly have qualified for VSCN were no longer eligible.
- iv. Schools saw these changes as reducing their SEN funding and capacity to support pupils, rather than strategically reviewing and realigning their whole school funding priorities. Schools with units in particular often overlook the basic AWPU funding and other proxy SEN funds at their disposal and see the separately identified unit allocation (or Lead School allocation) as their cash limit for spending on those pupils and outreach.

B. Loss of access to VSCN funding

- v. The ending of VSCN funding in the pilot area from September 2009 meant schools with new pupils with statements and a high level of SEN, which they considered would have met the previous VSCN criteria and brought additional funds to the school, no longer had access to those funds. Additional spending required (or inferred) by the statement was seen as an unreasonable burden on the school budget, and unfair because the formula budget calculation took no account of such changes in the demands placed on the school.

- vi. To make the situation worse, some schools with additional new pupils and no extra funding felt they were receiving no support from their lead school, despite those schools being funded for an outreach role. Others expected to receive a share of the Lead School's cash to replace the VSCN funds.

C. Perceived insufficiency of outreach funding

- vii. Lead schools' budgets were protected at a level at least equal to what would have been paid under the unit formula for existing pupils, plus an extra £15,000 to support the development of outreach. This was in addition to a one-off 'setting-up' grant of £39,000. Many Lead Schools received higher levels of funding than the minimum, where the new population-based formula produced a higher allowance.
- viii. To develop an effective outreach service, however, required schools to re-evaluate and restructure their approach to SEN provision and support, rather than see the £15,000 as the limit on their spending. There was a tendency to leave existing unit provision, organisation and staffing unchanged, rather than re-aligning the way that specialist staff were deployed.
- ix. The result was that other schools in the area felt the outreach support was insufficient or non-existent, and the Lead schools themselves still focused their attention and resources on just their own pupils.

D. Erosion of automatic place-led funding entitlement

- x. Former unit Lead Schools were accustomed to their budgets being revised twice a year to reflect actual numbers placed with them. The Lead School formula stopped this, albeit very gently in the first year with only new places not automatically recognised, and even then many Lead Schools had higher budgets anyway than under the former model.
- xi. This immediately led to increased resistance to the admission of additional pupils, or a demand for top-up funding to reflect those additional demands. Provision was claimed to be unsustainable without that extra funding. These Lead Schools had either never understood the basis of the new formula arrangement, or had never accepted it as fair or manageable.

8. Conclusions

While there are many things identified that were both positive and negative, there are some main themes that underpin them that help us arrive at some significant conclusions. In summary, there are four clear lessons that have been learned. These are:

- The need for more clarity about the responsibilities, accountability and expectations of all mainstream schools in how they should deploy their delegated budgets to support all children and young people with special educational needs, with specific regard to the Disability Discrimination Act 2005.
- One model does not fit all need types and there needs to be a continuum of provision available for each SEN dimension need type that includes, for some need types, specialist provision within mainstream schools

- The need for clarity in respect of outreach services to schools to support those children and young people whose needs are not severe and complex enough to require placement at, or intensive input from, specialist provision but who, nevertheless, need access to additional specialist support beyond that which the mainstream school itself is expected to provide
- The need to improve communication and consultation arrangements for working with parents and carers, children and young people.

Overall the findings help us to come to a number of conclusions about future provision for children with special educational needs:

- There is a need for more clarity about the responsibilities, accountability and expectations of all mainstream schools in how they should deploy their delegated budgets to support all children and young people with special educational needs for all dimensions of need
- One model does not suit all need types and a continuum of provision needs to be available of which small specialist provisions within mainstream schools form a key strand for a small but significant number of children and young people with severe and complex needs, with fair and equitable access to these provisions across the County
- Resources need to be targeted to secure maximum outcomes for children and young and provide fair and equitable access to provisions across the County, including access to health therapies, while retaining robust measures for allocating and monitoring budgets
- There must be simplicity of process for access to resources
- There must be meaningful discussion, communication and consultation with parents/carers, schools and practitioners at all stages of provision and service development to ensure clarity, consistency, transparency and trust
- Parents and carers must have improved access to information and advice on a regular and frequent basis
- Mainstream schools need to have meaningful Disability Equality Schemes in place which set out clearly how they propose to meet the special educational needs and disabilities of children and young people
- The emphasis must be on prevention and criteria for access to services should support this policy and to prevent a child or young person having to fail before they can secure that access.
- There is a need for better co-ordination and integration of services and processes that support schools and families, ensuring that we make full use of all available resources in our special schools and secure optimum value for money
- Providing support to mainstream schools for children and young people with behavioral difficulties and severe learning difficulties must not be overlooked at the expense of other need types
- Any future changes for implementation must be allocated appropriate transition time and be underpinned by a comprehensive evaluation programme designed and agreed before implementation begins.

Annexes

- 1 County Summary - Budgets
- 2 Pilot Area Lead Schools Budgets
- 3 Phase One Lead Schools
- 4 Summary of Findings

ANNEX 1 to Units Review: Lead School Pilot Evaluation Report

Lead Schools, Units and VSCN		
County Summary 2010-11 budgets		
	no of FTE pupils	budget £000
<u>Pilot Area</u>		
Lead Schools - former units	251	3,105
New Lead Schools	n/a	652
budget additions*	20	161
Protected VSCN	88	913
sub total	356	4,831
<u>Non-Pilot Area</u>		
Units	563	5,632
VSCN initial budgets	306	3,228
VSCN in-year additions	144	1,488
contingency for September VSCN & units	80	800
Sub total	1093	11,148
COUNTY TOTAL	1,449	15,979
* budget additions agreed by Funding Forum for those Lead schools that have admitted pupils above assumed protection levels		

ANNEX 2 to Units Review: Lead School Pilot Evaluation Report

PILOT AREA LEAD SCHOOLS - 2010-11 BUDGETS				
DCSF No.	School Name	Need Type	FTE pupils	2010-11 Lead School budget
Former Units				£
3296	Langafel Church of England Primary School	AUT	15	240,517
6914	Longfield Academy	AUT	33	418,471
2470	Fleetdown Infant School	HI	6	229,238
2510	Cheriton Primary School	HI	8	114,052
3904	Castle Hill Primary School	HI	17	234,457
4632	Christ Church CofE Maths & Computer College	HI	11	102,242
3903	Raynehurst Primary School	PD	6	127,190
4632	Christ Church CofE Maths & Computer College	PD	8	96,074
5407	Thamesview School	PD	14	140,148
5458	Pent Valley School	PD	9	109,304
2075	York Road Junior School	SPL	35	296,364
2675	Linden Grove Primary School	SPL	20	157,205
3902	Hythe Bay Community School	SPL	18	154,292
4219	Hextable School	SPL	29	251,566
4246	The North School	SPLD	8	129,282
5458	Pent Valley School	SPLD	0	71,037
2568	Morehall Primary School	VI	4	67,916
3903	Raynehurst Primary School	VI	5	95,114
5458	Pent Valley School	VI	5	70,352
			251	3,104,821
New Lead Schools				
3349	Folkestone, St Mary's CofE Primary School	AUT		54,761
3909	Ashford Oaks Primary School	AUT		65,476
4246	The North School	AUT		57,958
5455	The Hayesbrook School	AUT		50,000
5466	Brockhill Park Performing Arts College	AUT		50,000
2686	Furley Park Primary School	PD		50,000
3148	Folkestone, Christ Church CofE Primary School	PD		50,000
4632	Christ Church CofE Maths & Computer College	SPL		125,833
3298	West Kingsdown CofE (VC) Primary School	SPLD		98,499
4204	Wilmington Enterprise College	SPLD		50,000
				652,527
TOTAL PILOT AREA				3,757,348

ANNEX 3 to Units Review: Lead School Pilot Evaluation Report

UNITS REVIEW – PHASE 1 LEADSCHOOLS

SCHOOL	Key Stage Phase	Need Type	Partnership Areas served
Ashford Oaks	Primary	ASD	Ashford One Ashford Rural
Brockhill Park Performing Arts College	Secondary	ASD	Shepway One Shepway Rural
Castle Hill Community Primary/Cheriton Primary	Primary	HI	Ashford One Ashford Rural Shepway One Shepway Rural Dover
Christ Church CE Primary	Primary	PD	Shepway One Shepway Rural
Christ Church CE Maths & Computer College	Secondary	PD	Ashford One Ashford Rural
Christ Church CE Maths & Computer College	Secondary	SLCN	Ashford One Ashford Rural Shepway One Shepway Rural
Christ Church CE Maths & Computer College	Secondary	HI	Ashford One Ashford Rural Shepway One Shepway Rural Dover
Dartford Grammar	Secondary	VI	Dartford East Dartford West Gravesham Swanley & District
Fleetdown Infant & Junior	Primary	HI	Dartford East Dartford West Gravesham Swanley & District
Furley Park Primary	Primary	PD	Ashford One Ashford Rural
Hextable	Secondary	SLCN	Dartford East Dartford West Gravesham Swanley & District
Hythe Bay CE Primary	Primary	SLCN	Shepway One Shepway Rural
Langafel CE Primary	Primary	ASD	Dartford East Dartford West Gravesham Swanley & District
Leigh Technology Academy	Secondary	HI	Dartford East Dartford West Gravesham Swanley & District
Linden Grove Primary	Primary	SLCN	Ashford One Ashford Rural

SCHOOL	Key Stage Phase	Need Type	Partnership Areas Served
Longfield Academy	Secondary	ASD	Dartford East Dartford West Swanley & District
Morehall Primary	Primary	VI	Ashford One Ashford Rural Shepway One Shepway Rural Dover
The North	Secondary	ASD	Ashford One Ashford Rural
The North	Primary/Secondary	SpLD	Ashford One Ashford Rural
Pent Valley Technology College	Secondary	VI	Ashford One Ashford Rural Shepway One Shepway Rural Dover
Pent Valley Technology College	Secondary	PD	Shepway One Shepway Rural
Pent Valley Technology College	Primary/Secondary	SpLD	Shepway One Shepway Rural
St Mary's CE Primary	Primary	ASD	Shepway One Shepway Rural
Thamesview	Secondary	PD	Dartford East Dartford West Gravesham Swanley & District
West Kingsdown CE Primary	Primary	SpLD	Dartford East Dartford West Gravesham Swanley & District
Wilmington Enterprise College	Secondary	SpLD	Dartford East Dartford West Gravesham Swanley & District
York Road Junior & Language Unit	Primary	SLCN	Dartford East Dartford West Gravesham Swanley & District
Meopham Nick Hornby Centre	Secondary	ASD	Gravesham
Raynehurst Primary School	Primary	VI	Dartford East Dartford West Gravesham Swanley & District
Raynehurst Primary School	Primary	PD	Dartford East Dartford West Gravesham Swanley & District
Hayesbrook School	Secondary	ASD	Tonbridge

LEAD SCHOOL PILOT (PHASE 1): SUMMARY OF FINDINGS

1. Introduction

These findings represent the views and opinions of all parties and have not been subject to any weighting or selective process.

2. Findings

(A) Feedback from parents/carers

Issues not specific to the lead school pilot

There were certain themes that ran through the feedback from many parents and carers that were not unique to the Lead School pilot but which concerned SEN provision and services generally. Whilst not specific to the Lead School, these issues are nonetheless very significant in terms of how we support children, young people and their families. The issues raised under this category of feedback were:

- Insufficient therapy in all types of schools across the county
- Not enough funding available through schools
- Not enough 1:1 available for children and young people
- Not enough awareness in schools of the needs of SEN children and young people
- Too many schools which spend their budget inappropriately and do not prioritise children and young people with SEN
- Not enough advice and information for parents, not just from the LA but from schools
- Not enough support for children with severe learning difficulties and behavioural difficulties, need types for which there are no specialist provisions in mainstream schools

What parents and carers liked about lead school model

There were aspects of the lead school concept that parents and carers liked . The views expressed were as follows:

- They would like their child to be able to attend school more locally and not have to travel long distances to school
- Better knowledge and expertise in all schools would help children and young people with SEN who did not have statements
- Being with peers in a mainstream school would provide much needed positive role models – this was particularly commented on by parents and carers of children and young people with behavioural difficulties, a need type that is not included in the lead school model
- There are non-unit and non-lead mainstream schools across the county which are able to meet children and young people's needs very well – one parent with a child with autism actually rated the mainstream school her child attended better than the special school he subsequently attended
- Mainstream schools would work better if staff had more training

- Following 2 years in a unit, one parent's child was able to make excellent progress and successfully transfer to mainstream school – this view supports both units and mainstream schools
- The concept of the lead school is good in principle although it was felt that sharing knowledge is often very difficult for people
- Concentrating resources in one place means there is less available to support other children not part of that resource. In contrast, the lead school concept attempts to ensure all children have access to the benefit of that resource
- The lead school concept worked better for primary schools which were more often able to meet the severe and complex needs of children but the situation was often different at secondary school where they were expected to be more independent and/or share support much more

What parents and carers did not like about the lead school model

On the negative side, the following were the views of parents and carers who did not like the lead school model:

- Children and young people with severe and complex needs should be with peers who have similar difficulties and where they can have access to the protection and expertise of a unit/specialist resource.
- Inclusion in mainstream schools for a child or young person with severe and/or complex special needs does not work and they are often left on their own with very little support as the teacher has too many children to take care of
- A child or young person in a mainstream classroom often feels isolated and can develop a fear of attending school
- There is general lack of confidence in many schools being able to meet the needs of children and young people
- Children and young people with SEN in mainstream schools are more at risk of being bullied
- There is still a lack of clarity about what a lead school's role is
- There is not sufficient therapy to allow for it to be available across many schools and a lot of time will be taken up with therapists travelling to a number of schools
- There was not enough time given to really establish the role of the lead school
- There was not sufficient funding available to make the Lead School model work

(B) Feedback from schools

What schools liked about the lead school model

Consultations with schools revealed the following positive views:

- Schools acknowledge that they need access to specialist outreach services for some need types and/or some individual children/young people
- Schools who believed they had a reputation for being good at meeting SEN felt they were unfairly required to admit more SEN children, while other schools were able to refuse to admit them on the grounds they did not have the expertise. The idea of raising the overall capacity of schools across all localities to meet need was, therefore, a good idea
- The legal requirement on schools to have a Disability Equality Scheme in place to set out what they are doing to ensure that they comply with disability discrimination legislation could be supported by the concept of having specialist outreach services that help schools deliver their Schemes

- Lead schools that had not previously had units felt, as a general rule, that the idea of all schools sharing responsibility for providing places for children with severe and complex needs, with support from the lead school, was fair and appropriate
- Opportunity for practitioners and schools to work together to jointly plan and deliver services to children
- The creation of a whole-school approach to meeting needs from which all children benefit
- Shared ownership and responsibility for meeting children's needs
- The skilling up of staff in a number of schools for the benefit of a great many more children
- Supporting the requirements of the Disability Discrimination Act to ensure equality of access to provision and services

What schools did not like about the lead school model

The negative feedback from schools was as follows:

- Lack of real clarity about the lead school role
- No spare capacity in lead schools to deliver outreach due to existing units having to use their budget for children and young people already in the units and new lead schools having to take time to develop their outreach services
- The apparent lack of co-ordination between the various outreach/support services
- The lead school concept did not sufficiently recognise the extent to which some children, particularly those with Autism and those with speech and language needs, require access to more 'exclusive' provision.
- Coupled with this view was the view that economies of scale could be achieved by concentrating support in a specially resourced schools rather than spreading it across a number of schools
- Likewise, given there is a general overall shortage of therapy in schools, the consequent need to spread available therapy across all schools would create a substantial obstacle to improving access for those who have the highest priority need
- For some children, access to a specialist resource for an appropriate period of time could provide an effective way of preparing a child or young person for subsequent transfer to their local mainstream school – this ability to successfully transfer would be a measure of success
- The general principle of a school with a specialism supporting other mainstream schools was commended but developing this service and ensuring the availability of funding was likely to require an extensive period of transition
- While having access to expertise from the lead school was regarded as helpful, schools also wanted access to 1:1 support for pupils which was not the intention of the lead school model, except perhaps in some exceptional cases
- Schools were unhappy that the control of lead school budgets (through delegation arrangements) was in the hands of the lead school and that this was leaving other school budgets to pick up the cost of meeting an increasing complexity of SEN.
- Schools did not like the withdrawal of the very severe and complex needs funding - they appreciated, however, that additional funding for severe and complex needs would have to be top-sliced from the overall school budget
- The arrangements for access to lead school support are bureaucratic and time-consuming
- Lead schools as a group felt that there was too much responsibility placed on them to meet the needs of all children in the schools in their catchment area rather than on the schools where the children were actually on roll – they did, however, acknowledge their role as providers of outreach

(C) Feedback from other professionals

Again, as with other groups, practitioners who work with and support schools were consulted through local meetings and were invited to complete and return questionnaires. By and large the feedback from this group was similar to that of schools.

What professionals liked about the lead school model

The positive views expressed were as follows:

- A small, but significant, number of schools do not prioritise the needs of children with SEN and there are big differences between this group and other schools in their whole approach to supporting children with SEN. Providing outreach would benefit all children and young people, including ones without statements of SEN
- There are probably some children admitted to units who do not actually need them and this is a waste of a valuable resource if they are used in this way when mainstream is appropriate. This takes places away from children who really need them
- The existence of units as a solution for all children with SEN can help sustain a culture where preventative measures and early intervention are not given a high priority
- Where children need interventions delivered by school staff rather than one-to-one therapy, some schools still expect the therapists to deliver the support. The concept of skilling up schools to support children using specialist outreach services would help change this culture
- The increased opportunity for practitioners and schools to work together to jointly plan and deliver services to children
- The creation of a whole-school approach to meeting needs from which all children benefit
- Shared ownership and responsibility for meeting children's needs
- The skilling up of staff in a number of schools for the benefit of a great many more children
- Supporting the requirements of the Disability Discrimination Act to ensure equality of access to provision and services

The following negative views were expressed:

- The delegation of funding to lead schools put them in control of the budget and this was not helpful when the budget was intended to be used to support other schools in the catchment area
- There is a small group of children, mostly with Autism and speech and language difficulties, for whom something more specialist is required within the environment of a mainstream school so that they can have frequent and regular access to specialist interventions to enable appropriate curriculum access and appropriate progress
- At the moment there is insufficient therapy of all types available across the County but, if there were more children with severe and complex needs being supported in all mainstream schools, it would spread the available therapy more thinly and mean that therapists would spend a lot of time travelling from school to school
- There is currently not enough inter-agency collaboration to appropriately support all children

(D) Feedback from the SEN and Resources Unit

According to the obligations of SEN legislation the LA is responsible for assessing the special educational needs of those children and young people who 'belong' to Kent to determine if it is necessary to issue a Statement of SEN and, if one is issued, to arrange appropriate provision and keep it under review. This statutory process is managed on behalf of the LA by the SEN and Resources Unit (SEN and R). SEN and R has got to manage and balance the needs, expectations and demands of all the various parties, including schools, practitioners and parents/carers and this presents challenges at the best of times. There were particular and additional challenges during the period of the pilot.

Naming Schools in Statements of SEN

The SEN legislation on naming schools in Statements and on complying with parental preference is set out in Schedule 27 to the Education Act 1996. Briefly, the legislation says the LA must comply with parental preference unless the school is unsuitable and/or is not an efficient use of resources and/or is incompatible with the education of the other children with whom the child would be educated. Generally the efficient use of resources comes down to transport costs; hence, the LA names the *closest* school that can *meet the child's needs*. This means, if we want to name the school that is closest to the child's home, we have to be satisfied that it can meet the child's needs.

It was difficult to arrange mainstream placements when the outreach from the lead school to support those placements was not available and/or developed. Opposition came from several sources: the school where it was proposed to place the child which said it could not meet the child's needs, from the lead school on the grounds that it could not provide outreach, and from the parent who had no confidence the school could meet their child's needs.

The Lead School Model

The funding arrangements for the lead school were not calculated on a per place basis in the way units were funded. However, parents continued to seek places in the lead schools and these parents represented a mixture of those whose child might otherwise have been considered for a unit place and those whose child's needs could be met in a mainstream school.

Lead schools were at risk of being over-subscribed and, if parents offered to fund transport, it would prove difficult to refuse under Schedule 27 but, at the same time, difficult to expect the lead school to admit all these children. Without the previous funding and placement arrangements associated with units, all of the lead school funding would have been used to support admissions, thus threatening even further the potential to deliver outreach.

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REVIEW OF POLICY AND PROVISION FOR CHILDREN AND YOUNG PEOPLE WITH SEN AND/OR DISABILITIES: STRATEGY PROJECT PLAN

1. TERMS OF REFERENCE

1.1 Purpose

It is important that Kent's SEN Strategy and Policy make clear:

- How outcomes for all children and young people with SEN/LDD will be improved across the age range 0 – 24 through transition into adulthood.
- How the policies will be supported across the four SEN/LDD dimensions and the seven need groups by respective trans-disciplinary colleagues and agencies.
- How parental confidence will be developed and required cultural change made across all professionals, provisions and processes.
- How in the current economic climate, both nationally and locally, all resources are deployed effectively, coherently and cohesively, with an appropriate balance between school localities and the centre that provides maximum protection for the future.

The review will ensure that the Local Authority can:

- Secure appropriate provision to meet the special needs and/or disabilities of all children and young people of Kent
- Ensure there is equity of access to quality provision across all areas of Kent
- Ensure a continuum of provision from universal services within mainstream settings to highly specialist provision for very severe and complex needs
- Enable children and young people as far as is compatible with their needs to be educated with their peers within their local community and to minimise the travel time to and from school
- Ensure appropriate access to quality provision for those children and young people for whom education within their local community is not compatible with meeting their needs

1.2 Key Partners

The development of the strategy will require multi-agency commitment and participation. It will include the following key partners:

- Services from across all units in the Children, Families and Education Directorate
- Health commissioners and providers
- Schools, including special schools, PRUs and academies
- Parents/carers of children with special educational needs and/or disabilities
- Children and young people for whom the strategy has potential current and future implications
- Voluntary agencies and the Independent Non-maintained sector

1.3 Principles

In the development and implementation of the strategy we will:

- Consult as widely as possible with all partners
- Take account of good practice that is already taking place and be positive about identifying lessons that can be learned from practice that has failed to deliver good outcomes
- Not permit the programme of review and change to compromise the education of any children or young people
- Give sufficient time for transition from the current model of provision delivery to the new model
- Develop and implement an effective on-going evaluation programme to ensure the suitability for purpose of the new model and the flexibility to enable necessary on-going changes to improve outcomes
- Develop robust funding arrangements that facilitate sufficiency and efficacy of service delivery, demonstrate lines of accountability, allow for local flexibility and responsiveness and provide value for money
- Develop a service framework for working with academies to ensure their effective inclusion in the both the review and delivering within the continuum of provision
- Ensure the plan to develop and implement the strategy is a main strand of, and is coordinated with, the County's Children and Young People's Plan

1.4 The Plan

We will prepare a detailed Action Plan and, to ensure its effective and efficient implementation, we will:

- Constitute a Strategy Steering Group to oversee the development and implementation of the strategy
- Constitute a working group for each of the four dimensions of SEN to scope and plan the work of developing provision and services
- Constitute a parent/carer reference group to assist the work of the Steering and Working Groups
- Ensure appropriate stakeholder representation on each group

A copy of the proposals for the constitution of each of the groups and their remit is attached at Annex 1.

1.5 Timeframe

The timeframe aims to commence the implementation of the Strategy in September 2011. This is to allow sufficient time for preparing recommendations, including time for consultation, and for SMT and elected members' decision-making. The commencement date for the implementation represents only a start date for a transition process and it will be important that any action plan builds in a very gradual transition period with no assumptions being made about the new provision being fully operational within a short timescale. The intention is that the strategy will require a 3 year period to be fully implemented.

2. ACTION PLAN

The following is a brief summary indicative Action Plan, until such time as the Strategy Steering Group meets and agrees a more detailed one (a summary copy is attached at Annex 2):

- By end July 2010 constitute the various groups

- By early September 2010 hold an initial meeting of the Steering Group and confirm overarching timeframe for work and implementation
- By end September 2010 hold initial meeting of each Dimension Working Group
- September 2010 present lead school evaluation to SMT, CMT and Cabinet and use to inform recommendations for the way forward on the Strategy
- September 2010 put proposals to Schools Funding Forum (SFF) on possible funding options being considered
- October 2010 prepare detailed Action Plan with timelines as soon as the way forward is clear following SMT and elected members' decision on the lead school evaluation recommendations
- November 2010 – March 2011: prepare proposals, including detailed funding proposals, informed by the Parent/Carer Reference Group, and undertake consultation (including consultation of funding proposals) with all partners and stakeholders
- December 2010: take funding proposals, including transitional arrangements from 2011, to SFF
- By July 2011: Finalise proposals for consideration and decisions by SMT and elected Members
- September 2011: commence implementation

Annex 1 to the SEN Strategy Project Plan

SEN AND DISABLED CHILDREN AND YOUNG PEOPLE'S STRATEGY POLICY AND PROVISION STEERING AND NEED DIMENSIONS WORKING GROUPS

STEERING GROUP

Remit

- Oversee the development and implementation of the SEN and Disabled Children's Strategy
- Oversee the work of the Need Dimensions Working Groups
- Consider recommendations from the working groups and parent/carer reference group
- Plan and oversee the consultation process
- Ensure an effective communications strategy is in place
- Ensure an appropriate monitoring and evaluation strategy is in place
- Prepare reports for SMT, elected Members and other interested parties
- Make recommendations to SMT and Members for provision development and implementation

Membership

- Director of Specialist Children's Services (Chair)
- Director of Learning
- Head of SEN and Resources
- Schools Finance Manager
- County SEN Manager – Project Lead
- Parent Partnership Services Head of Service
- Senior Inclusion and Access Adviser
- Head of Psychology Service
- Head of Specialist Teaching Service
- Head of Attendance and Behaviour
- Health Commissioner for Disabled Children's Services
- Area Children's Services Officer
- Chairs of Dimensions Working Groups
- Secondary School Head (academy or maintained)
- Primary School Head

**SEN AND DISABLED CHILDREN AND YOUNG PEOPLE'S STRATEGY POLICY AND
PROVISION STEERING AND NEED DIMENSIONS WORKING GROUPS**

NEED DIMENSIONS WORKING GROUPS

Remit, in relation to the dimension of need the Group is addressing

- To provide an overview description of the continuum of provision that should be available for the particular need type(s) 0 - 24
- To prepare and provide a Policy document for the SEN dimension of need for approval by the Strategy Steering Group, SMT and Members for consultation and publication
- To consider and make recommendations on the features of a mainstream school (including PRUs as appropriate and Academies) to ensure the delivery of a universal provision for the particular need type
- To consider and make recommendations on what mainstream schools could reasonably deliver, with additional input, in terms of an enhanced level of provision and what the features of that provision would be
- To consider and make recommendations on the features of specialist provision within mainstream schools
- Map what is currently available within each locality/district, identify gaps and make recommendations about developing and/or redistributing current services and resources
- Describe what an appropriate specialist outreach service might look like and how that could be delivered, clarifying the relationship between mainstream and special schools
- Establish criteria for access to specialist resourcing, including outreach, and placements within mainstream schools
- Establish criteria for partnership working with the Independent and Non-Maintained sector and other Local Authorities to ensure a complete continuum of provision including any out county day and/or residential provision

Dimensions of Need for which Groups to be constituted

BESD; Cognition and Learning; PD/MED/HI/VI/MSI; ASD/SLCN

Membership (where relevant, representatives to come from particular area of specialism)

- Head of Special School
- Secondary School Head*
- Primary School Head*
- EP representative
- SEN and Resources representative
- Specialist Teaching Service representative
- Attendance and Behaviour Service representative
- Relevant Health representative
- Inclusion and Access Adviser representative
- Preventative Services Manager representative
- Head of SEN and Resources or County SEN Manager

* preferably at least one to be from a school with a unit or with lead school status

Annex 2 to the SEN Strategy Project Plan

SEN AND DISABLED CHILDREN AND YOUNG PEOPLE STRATEGY POLICY AND PROVISION SUMMARY INDICATIVE ACTION PLAN¹

Timeframe	Action
End July 2010	Constitute Strategy Group and sub-groups
Early Sept 2010	Hold an initial meeting of the SEN strategy steering group and confirm overarching timeframe for the work and implementation
End September 2010	Hold meetings of each dimension of need working group
September 2010	Present lead school best practice evaluation report to SMT, CMT and Cabinet to inform decision-making on way forward on the strategy
September 2010	Update and Options proposals for SEN Strategy Policy and Provision to SMT, Members and POC.
September 2010	Put proposals to Schools Funding Forum (SFF) on possible funding options to be considered
October/November 2010	Consultation with schools on identified funding SEN options and proposals as part of Autumn consultation on all schools formula funding considerations
October 2010	Prepare detailed action plan with timelines as soon as the way forward is clear following SMT and Members' policy decisions in September
November 2010 – March 2011	Prepare proposals, including detailed funding proposals, informed by the parent/carer reference group, and undertake consultation with all partners and stakeholders
December 2010	Take funding proposals , including transitional arrangements from April 2011, to Schools Funding Forum following consultation feedback and outcome
July 2011	Finalise proposals for consideration and decision by SMT and Cabinet
September 2011	Commence implementation

¹ A more detailed action plan will be prepared SMT and elected Members have considered the best practice from the lead school pilot findings

SEN Matrix

Need type	0 – YR-1	YR – Y6	Y7 – Y11	Y12 – Y14	19-24 years
ASD					
BESD					
SLCN					
MLD/SLD/PMLD					
VI/HI/MSI					
PD/MED					
SpLD					
ASD					
BESD					
SLCN					
MLD/SLD/PMLD					
VI/HI/MSI					
PD/MED					
SpLD					
ASD					
BESD					
SLCN					
MLD/SLD/PMLD					
VI/HI/MSI					
PD/MED					
SpLD					



UNIVERSAL



ENHANCED



SPECIALIST

Page 2 of 5

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By: Graham Gibbens, Cabinet Member, Adult Social Services
Oliver Mills, Managing Director, Kent Adult Social Services

To: Cabinet – 13 September 2010

Subject: **PROPOSED RESPONSE TO THE DEPARTMENT OF HEALTH CONSULTATION ON CHANGES TO THE ALLOCATION FORMULAE FOR THE LEARNING DISABILITY COMMISSIONING TRANSFER GRANT, THE PRESERVED RIGHTS GRANT AND THE AIDS SUPPORT GRANT.**

Classification: Unrestricted

Summary: This report provides a broad outline of the grants included in the consultation and explains the allocation formulae that it is proposed to support, the rationale for selecting those options and associated issues. It seeks Member agreement to the proposed response. The consultation was issued on 27 July 2010 and requires a response by 6 October 2010.

Introduction

1. The Department of Health (DH) has circulated a consultation on the distribution arrangements for three specific grants. These are: the Learning Disability Transfer Grant, the Preserved Rights Grant, and the AIDs Support Grant. The Learning Disability grant will be a new grant from April 2011, reflecting a change in the responsibility for commissioning services from the health service to local government., while the other two grants have been in place for some years, and until now, have been distributed based on where the known needs are, rather than on a formula.

Background to the proposals

2. (1) Learning Disability Transfer Grant

a) Members will recall from previous reports that the DH has directed that all NHS campus accommodation should close and that that Local Authorities (LAs) should take over the responsibility for commissioning social care from the NHS. KCC is now responsible for commissioning social care for most of the people who previously were the responsibility of the NHS. Some people are still in the process of transferring to KCC and these transfers will be completed by March 2011. Whilst KCC pays providers for these services the cost is recovered in full via a Section 256 Agreement with Eastern and Coastal Kent Primary Care Trust (ECKPCT) and service user contributions.

b) From April 2011, the DH will formally remove the funding from all PCTs to redistribute to the relevant local authorities. Nationally, PCTs and local authorities have reported a transfer value of £1.3bn for 2010-11 and we have worked very closely with EKPCT (operating on behalf of both PCTs) to validate the Kent returns to the DH, which have been jointly signed. The DH is consulting on two options for distributing this grant, should it be issued as a DH grant from 2011-12. Option 1 proposes that it should be

distributed in proportion to the 2010-11 transfers between individual PCTs and local authorities. Option 2 bases the transfer on the Adult Social Care Relative Needs Formula (RNF). The DH preferred option is Option 1 which will result in £33.9m for Kent whereas Option 2 would only provide £29.2m.

c) The joint return to DH included details of 7 service users who are within Kent, but are recharged to other local authorities and PCTs by EKPCT with an annual value of £839k. These appear to have been ignored in both options and there is the potential risk that this cost may fall to Kent. The added complication is that 6 of the service users are in supported living situations and there is the risk that ordinary residence rules may apply.

d) It is government policy that transfers of this nature should be made in perpetuity in order to meet the needs of future generations and this is not specifically mentioned in either option.

e) We have been contacted by a non Kent PCT who currently have financial and commissioning responsibility for two people placed in residential care in Kent. They have proposed that KCC assume responsibility for these people and have agreed that funding will be made available via the grant mechanism. This can be accommodated in the consultation process and an 'Annex D' will be completed to cover this arrangement. This is an agreement which is signed by both parties and returned to the DH in order to ensure that the transfer of funds is recognised. Potentially more transfers of this nature will be required and whilst this is manageable during the consultation process there is the risk that others may appear after the end of the process.

(2) Preserved Rights Grant

a) People who entered residential care prior to 1993 were entitled (where eligible) to claim Income Support to meet the costs of their care and accommodation. This entitlement ceased in 1993 and costs had to be met by local authorities following an assessment of the person's needs. Those people who entered care prior to 1993 retained a 'preserved right' to these levels of income support which were considerably higher than current levels. In 2002 the Preserved Rights Grant was introduced, which effectively transferred funding from the individual to the local authority.

b) The DH is consulting on two options for distributing the Preserved Rights Grant. In 2009, the DH surveyed all local authorities to ascertain the number of remaining preserved rights service users. Option 1 proposes a distribution based on this caseload data and would result in £10.6m for KASS which is very close to the current 2010-11 allocation (which itself was based on 2002 caseload data). Option 2 is based on the RNF and results in £5.4m for KASS. The DH preferred option is Option 1.

(3) AIDS Support Grant

a) The AIDS Support Grant underpins a range of services designed to enable people with HIV to live as independently as possible. Grant allocations are updated annually using the most recent data from the Health Protection Agency (HPA). In future the DH would like to allocate the grant as part of a multi year settlement to provide local authorities with a level of certainty on the funding they will receive over the four years of the spending review.

b) The DH is consulting on two options for distributing the AIDS Support Grant. Option 1 will take the caseload data from 2008 and will use it to apportion the grant over the four years of the spending review which will result in £328k for Kent which compares relatively favourably to the 2010-11 grant of £339k. Option 2 proposes using the RNF for younger adults which would result in £578k for Kent. The DH preferred option is Option 1.

Considerations and risk

3. (1) There is high risk to Kent should any arrangement be made for distribution of grants which reflects any other than the actual costs of the services which have transferred. Both the Learning Disability Transfer Grant and the Preserved Rights Grant are required to support existing cohorts of people, the costs of which have been transferred from other parts of the public sector. If the alternative distribution method (the relative needs formula) were to be selected, KCC stands to lose £9.9m. As it would not be possible to reduce the spending on the individuals who have transferred, this would require compensating savings to be made elsewhere in the budget.

(2) The Local Government Association and Government have in the past agreed a New Burdens Doctrine, whereby the Government commits itself to “ensuring new burdens falling on local authorities are fully funded”. Clearly, if the actual grant distribution falls short of the costs of the transferred services, this would represent a breach of that agreement.

(3) The large market in Kent for residential care for people with learning disabilities, together with the operation of the rules on ordinary residence means that there will be continued risk that these rules will result in further transfers of people with learning disabilities to KCC. This is in fact a pre-existing risk, albeit exacerbated by the current changing relationships. As shown above, there is already a non-Kent PCT, who will transfer two people, and their funding, to Kent, and it will be critical to ensure that there is a mechanism for this to happen in future, and not just at this time of change.

(4) Earlier Government guidance on the transfer of people with learning disabilities into local authority care suggested that the transfer should be in perpetuity. By this it is intended that, as existing service users die, the money becomes available for new service users. It is very important that this suggestion is followed through, as future forecasts of the need for services with people with learning disabilities show very clearly that both the numbers and costs will increase year on year. This demographic trend is considered as a part of the MTP process at present, and represents an increasing pressure to the budget every year.

Proposal

4. (1) In the absence of any direct relationship between caseload and funding, we would generally accept apportionment of national funding based on RNF. However, for each of these grants there is recent caseload information that is directly related to the funding and it is proposed that KCC supports the DH preferred option in each of the three grants which is option 1 in each case. The critical argument being that for both the LD and Preserved Rights Grant they relate to transfers of service from other parts of the public service (PCTs and DWP respectively) and are still required in full to support the cohort of people for which the grant was made.

(2) The DH proposals only offer medium term security for the AIDS Support Grant which is by far the lower of the three. Any shift to formula funding for the other two grants will seriously disadvantage Kent and we propose to recommend that the caseload basis for apportioning the other two grants is extended for the four years of the spending review.

(3) We propose to raise the issue of the Learning Disability service users (currently recharged to other agencies, see paragraph 2(1)(c)) who were included in the DH returns but have been ignored from the funding proposal, in order to mitigate wherever possible the potential financial risk to Kent.

(4) We propose to raise the issue of funding the Learning Disability Transfer Grant in perpetuity, in an effort to protect the funding available in the future for people with a Learning Disability in Kent.

(5) We will ensure that details of the two non Kent PCT service users (paragraph 2(1)(e)) are properly reported to the DH along with any others that are identified during the consultation process. It will also highlight the risk of similar service users being identified after the consultation process and will ask the DH to develop and publish guidelines for the management of any future cases.

Recommendations

5. (1) Cabinet is asked to:

(a) AGREE the outline proposed response to the DH consultation on Changes to the Allocation Formula for the – Learning Disability Commissioning Transfer Grant, the Preserved Rights Grant and the AIDS Support Grant.

(b) AGREE that the final response is signed of by the Cabinet Member, Adult Social Services in consultation with the Managing Director, Kent Adult Social Services.

Lead Officer:
Caroline Highwood
Director of Strategic Business Support (KASS)
Tel: 7000 4873

Background documents:

NHS Overview & Scrutiny Committee, 12 October 2007, Re-provision of NHS supported accommodation in Kent (Item 4)

ASSPOC, 29 January 2008, Valuing People Now – From Progress to Transformation (Item B7)

ASSPOC, 29 January 2008, Re-provision of NHS Accommodation in Kent (Item B9)

Cabinet, 17 March 2008, Valuing People Now - From Progress to Transformation (Item 7)

ASPOC, 23 September 2008, Transfer of responsibility and funding for the commissioning of social care for adults with learning disabilities from the National Health Service to Kent County Council. (Item B1).

Cabinet, 1 December 2008, NHS LD Transfer (Item 8)

Cabinet, 30 March 2009, The Transfer of People with Learning Disabilities from the NHS to Social Care (Item 10)

DH Consultation Paper (14610) – 27 July 2010: Consultation on the allocation formulae for the Learning Disabilities Transfer Grant, the Preserved Rights Grant and the AIDS Support Grant.

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By: Alan Marsh Cabinet Member Public Health

To: Cabinet 13th September 2010

Subject: Kent Healthy Weight Strategy

Classification: Unrestricted

Summary: Obesity will soon overtake smoking as the biggest cause of premature death and long-term illnesses.

Unless we reverse the trend of increasing numbers of people being overweight or obese, children born today will have a life expectancy less than their parents for the first time in over 100 years. KCC with its partners, has a crucial role to play to prevent this.

Kent and Medway have the highest prevalence of obesity in the South East region and are above the national average.

Some people, often due to their economic and social circumstances have greater difficulty in acting on the advice they receive of taking up the opportunities to live healthier lifestyles than others.

Most people know the key public health messages and are fed up with being told what to do, especially if they are made to feel bad if they do not follow it.

KCC is directing a lot of effort at these problems and there is some excellent practice across the county. The strategy provides a coherent framework for this activity including the key targets that we are working towards.

1. Introduction

- 1 Maintaining a healthy weight is a crucial component of being healthy and avoiding many seriously debilitating illnesses and conditions. But despite people's best intentions this can be very difficult to attain in our modern society.
- 2 The causes of being overweight or obese are simple – eating or drinking more calories than we use in physical activity, but their solutions are often complex. People may need help and support to achieve their aspirations. Children especially need to understand the importance of a healthy diet and lifestyle to avoid problems in later life.

Living in deprivation can also make it very difficult to take advantage of the choices and opportunities available and the Kent Regeneration Framework and the Health Inequalities Strategy will be crucial to addressing weight problems and other lifestyle issues in Kent.

- 3 We must also acknowledge that people in Kent are generally very aware that they should eat healthily, take more exercise, stop smoking and drink responsibly. They do not need to be lectured or made to feel that they have failed if they do not always do these things and neither should people be pressured to change many things in their lives all at once. Young people are especially vocal at telling us this.
- 4 The KCC Select Committee on obesity informed the production of a Healthy Weight Strategy by PCT colleagues. The strategy presented today is a higher level summary and distillation of that document which provides a framework for KCC and other organisations to work within when designing and planning interventions designed to address issues of healthy weight and promote healthier lifestyles.

2. The Kent Healthy Weight Strategy

- 1 The Kent Healthy Weight Strategy outlines the main issues involved and why healthy weight is important for everyone involved in public health. These are:
 - Early recognition of weight issues
 - Promotion of healthier food choices
 - Building physical activity into our lives
 - Creating incentives for better health
 - Personalised help and support
 - Use of opportunities created by the KCC regeneration framework
 - Better messages for the public through the use of social marketing
- 2 The key priorities reflect those identified in the Foresight report and then incorporated in the DH Guidance Healthy Weight, Healthy Lives. The National Institute for Health and Clinical Excellence (NICE) have also issued guidance on how obesity and related matters should be tackled.
- 3 Aligning this activity with the priorities allows those involved to understand better the connections between the various interventions and how they can be effective. Future initiatives can also be planned and reconciled within the overall framework to ensure they complement and support other actions.
4. Much being done across KCC directorates and by our partners in the District Councils, the NHS and Voluntary Sector to help people improve their diet and take more exercise. In the current economic climate we need to ensure that people understand that healthy living can be affordable and does not involve great expense on things like gym membership or playing organised sport.

Many of the examples quoted in the strategy are demonstrations about how healthier living can be quite simply incorporated into anyone's lives in small ways by adapting what they do and without making major disruptive changes to their or their families, lives.
5. As the Foresight Report and Healthy Weight Healthy Lives recognise, early prevention and working with children and their families are crucial to future success in combating obesity. Early years initiatives are very important sources of information and support for families to incorporate diet and exercise into their lives. This includes prebirth and the promotion of breastfeeding. (Both Kent PCTs have targets to increase breastfeeding rates).
6. Healthy Schools have an obvious role to play in promoting healthy eating and the importance of physical exercise in daily life. Encouraging children to participate in sports at school and elsewhere is also very important and the opportunities offered by the 2012 Olympics such as the Kent School Games are good examples of how this can be developed.

7. Progress on the Healthy Weight strategy will be reported to the Public Health Board through the representatives of each KCC directorate including Children Families and Education.

Once adopted by KCC as policy it will also be important that Members promote the county council's contribution to the strategy across its directorates. Policy Overview Committees can assist this by requiring progress reports on their own Directorate's efforts to deliver the strategy and the aspirations it contains.

8. If the commitment already shown by KCC and its partners is maintained the people of Kent will have support and encouragement to achieve a healthy weight equal to that available anywhere else in the country.

Recommendation

- Cabinet is asked to endorse the Healthy Weight Strategy for Kent.

Mark Lemon
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Background Documents:

Kent Regeneration Framework
Health Inequalities Strategy

Other Useful Information: None

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Kent

Healthy Weight Strategy

Version 14

Version	14
Author	Mark Lemon
Date	03/09/10

“Tackling the causes of obesity is a complex task, the Foresight report of 2007 identified over 100 causes of obesity.

At the beginning of the decade, obesity was directly responsible for over 9000 premature deaths a year in England, a figure that has continued to rise each year despite a number of policy efforts.”

Sir Michael Marmot. Strategic Review of Health Inequalities in England post 2010.

The Healthy Weight Strategy for Kent has 7 elements:

- Children, healthy growth and healthy weight
- Promotion of healthier food choices
- Building physical activity into our lives
- Creating incentives for better health
- Personalised advice and support
- Using opportunities in the KCC Regeneration Framework
- Making our messages more effective through social marketing

“We will not be dictating the ‘how’ when it comes to achieving better public health outcomes. But we will be very clear about the ‘what’ – what we want to measure and achieve, such as: increases in life expectancy, decreases in infant mortality and health inequalities, improved immunisation rates, reduced childhood obesity, fewer alcohol related admissions to hospital, and more people taking part in physical activity.”

Andrew Lansley Secretary of State for Health – 07/07/10

Introduction

Everyone wants to be healthy and maintaining a healthy weight is an increasingly important part of this aspiration.

In the past messages have tended to emphasise the health risks of being overweight or obese but many people do not relate to these. People nowadays tend to see the issue much more as one of fashion, body image and lifestyle choice. It may become a health issue when it leads to complications that are diagnosed as a medical condition.

Avoiding excess weight is much more difficult than it used to be. Changes in society and the way we live all conspire to make it far easier to put on weight than to lose it.

Our daily lives are far less physically active than they were, even in the recent past. Our jobs are less physically demanding, we drive rather than walk or cycle, and we spend far more of our leisure time in front of a TV screen or computer monitor.

We have far greater access to food, 24/7, and much of it is “fast” or “convenience” food with high fat, salt, and/or sugar content that is often hidden amongst other ingredients. We eat out far more often than previous generations and it is therefore more difficult to know exactly what is in the food we are consuming. Ready meals and processed food are often bought instead of home cooking from fresh ingredients and again the contents of the food may be difficult to control or understand.

Alcohol consumption has been rising steadily and this also contributes to people finding it difficult to manage their weight. The alcohol content of drinks has increased over time and with a single glass of wine containing 120 calories or more (alcohol’s calorie content being second only to pure fat in the average diet) the amount of exercise required to maintain a healthy weight also increases significantly with increased levels of alcohol drinking.

Biologically our bodies are programmed to store food as fat when there is an excess so that we do not starve when it is scarce. However, food is very rarely scarce in our society and losing any excess is hard.

Kent and Medway have the highest prevalence of obesity in the South East region and is above the national average.

Many people feel pressured by the media and advertising to be thin but this can be very difficult to achieve because of all the factors that conspire against people reaching their aspiration to have a healthy weight. This can in turn lead to a sense of failure, giving up and resignation that nothing can be done.

People who are disadvantaged by their economic and social circumstances often have greater difficulty in acting on the advice they receive or taking up the opportunities to live healthier lifestyles than others. This does not mean that their aspirations for themselves and their families are any less ambitious but they may face greater barriers to achieving them. We must make sure that we understand these increased difficulties and work with people to overcome them or risk an increase in health inequalities between the poorer and the better off in Kent.

We should be trying to support the efforts people want to make for themselves and providing healthier opportunities for them to live the type of lives they wish to lead. We should use our resources to help people achieve their aspirations and support their choices by providing the environment, the economic conditions and the opportunities they need.

Kent has a very good record of doing just that but there is still more we can do.

Only 28% of Kent residents consume at least 5 portions of fruit and vegetables a day with only 21% in Swale and Dartford.

Government momentum

The Department of Health strategy “Healthy Weight, Healthy Lives: a Cross-Government Strategy for England” was published in 2008 following a Foresight Report on tackling obesity.

The “Foresight Report – Tackling Obesities: Future Choices – Project Report (2007) gave a comprehensive analysis of obesity and its causes. Whilst the basic issue is simple and straightforward - obesity is caused by an imbalance between energy input (what we eat and drink) and energy output (physical activity and exercise) - the relationship between the two is very complex involving many social and individual factors.

Healthy Weight Healthy Lives identified five major themes which taken together aim to tackle the obesity problem:

Children: healthy growth and healthy weight

Promoting healthier food choices

Building physical activity into our lives

Creating incentives for better health

Personalised advice and support

As a result major government initiatives have recently been launched including:

Change 4 Life is a major national campaign to tackle obesity across the whole population by increasing people's awareness and giving practical examples of how activity and healthier lifestyles can be incorporated into busy lives.

Fit as a Fiddle is designed to improve the health of older people. Funded by the Big Lottery Fund it is delivered by Age Concern and their partners including local authorities and Primary Care Trusts.

NICE (The National Institute for Health and Clinical Excellence) also publishes guidance on best practice to treat and prevent obesity.

All across Kent we also have many initiatives aimed at these priorities.

Children: healthy growth and healthy weight: *Early prevention of weight problems to avoid the "conveyor belt" effect into adulthood.*

A healthy start to life and helping children keep a healthy weight is probably the most effective way to prevent adult obesity. Lots of evidence shows that overweight children are much more likely to grow into overweight adults.

Good nutrition is especially important for children to maintain a healthy weight and this can start as the baby is developing during pregnancy. Once born the best way to give children a healthy start and avoid problems is breastfeeding for at least the first 6 months.

As children grow up good habits can be supported through early years and schools but, as Jamie Oliver discovered, unless these are continued at home they may have little effect. Children's Centres, Surestart schemes and Healthy Living Centres all help parents understand how important good eating habits are and how to cook nutritious meals on a budget.

The Kent Children's Trust is committed to enabling Kent children to lead "healthy and fulfilled lives". The Local Children's Service Partnerships (LCSP's) have integrated commissioning for children and families across Kent and have seen outcomes for children improve.

The Kent Healthy Early Years Pilot ran until March 2010 in 13 LCSP's across the county.

The pilot was launched in September 2009, and focussed on four themes: Personal, Social and Emotional Development (PSED); Healthy Eating; Physical Activity; Emotional Health and Wellbeing. These themes are based on the National Healthy Schools Programme but have been adapted for use in early years settings. For the purposes of the pilot, each setting is focusing on one theme.

The pilot is currently being evaluated

The Healthy Schools Programme takes a “Whole School Approach” and emphasises all aspects of healthy living for children. It has been extremely successful in helping schoolchildren appreciate how diet and exercise can help them stay healthy.

Practical “How To” guides have been produced to help parents and children eat more healthily and take exercise:

- Every Parent Matters is a booklet that offers suggestions on healthy lifestyles including diet and nutrition
- Recipes for Success gives information on how to run a Community Chef project and organise Community Cookery competitions
- It’s in the bag! has advice on setting up a fruit and veg bag scheme
- The Perfect Packed Lunch shows at how children’s packed lunches can be well balanced and healthy

Some of what’s been happening in Kent –

Breastfeeding initiatives across the county to improve infant nutrition

Walk on Wednesdays in Thanet that increased the percentage of children walking in one area from 48% to 80%

Healthy Schools 100% engaged across the county– helping all schoolchildren understand healthy eating and the importance of physical activity including the 2 hours PE and school sport target

Thousands of school children across the County involved in the Kent Schools Games programme

Physical activity classes for children in Maidstone

Swale have a number of sports and leisure schemes aimed at school children and families such as Skip to be Fit, Don’t Sit-Get Fit, MEND, and Bus club

Promoting healthier food choices – *reducing the consumption of foods that are high in fat, sugar and salt and increasing the consumption of fruit and vegetables*

More and more of the food we eat is prepared in some way before we buy it. Whether from fast food outlets or microwaved at home, fewer meals are prepared and cooked from fresh ingredients than in previous generations. The skills and knowledge associated with home cooking are no longer as extensive as they were. Convenience often outweighs nutritional value in the food people choose.

Unfortunately convenience food is rarely very healthy food. It is often high in calories and can contain large quantities of ingredients that we should eat sparingly, especially fat, sugar and salt. Whilst as an occasional treat this is fine a diet featuring large proportions of “junk” food can cause numerous problems that include putting on weight. Such a diet is also highly unlikely to include sufficient fruit and vegetables.

Alcohol consumption is also a significant contributor to many people’s calorie intake. As alcohol consumption levels continue to grow, taking enough exercise to counteract the effects is more difficult.

Some of what’s been happening in Kent –

Refurbishment of school kitchens and strict dietary requirements for school meals improving nutrition in schools.

Bien etre project in Dover and Nord Pas de Calais helped families and children improve their diets.

House campaign (for 13-19 year olds), attracting young people to access a variety of health advice including healthy eating.

Community chefs in deprived areas demonstrating healthy eating on a budget and how to avoid unhealthy food choices.

Veg Bag schemes in East Kent and allotment projects

In Tunbridge Wells Food 4You, Grow It, Cook It, Eat It, and Looking 4Ward with Food all help people understand how to choose and cook a healthy diet.

The Kent Alcohol strategy has been launched.

Building physical activity into our lives – *getting people moving as a normal part of their day*

Many people are far more sedentary than in the past. Working lives require less physical effort as computers replace machinery. Heavy industry has declined massively. Labour saving devices in the home have put paid to much of the physical graft of housework. Cars are much more common and walking and cycling are not part of most people’s day to day lives as they used to be. Lifts are obvious in public buildings, stairs are often hidden. Children play indoors on games consoles and less outside in physically active games. In addition everyone is extremely busy and trying to fit in an allocated time for exercise can be very difficult.

Taking exercise doesn’t have to be about donning lycra and pumping iron at the gym. Physical activity can include gardening, walking to work, using the stairs, housework and DIY, anything that causes moderate physical exertion.

Some of what's been happening in Kent –

The Kent Cycling Strategy designed to increase the number of people cycling and other transport initiatives to promote walking and cycling

Countryside Access Improvement Plan that emphasises the use of Kent's green spaces for active recreation including Green gyms, walking, cycling and riding.

Naturally Active has attracted over 400 people in Dartford and Gravesham

Health Walks that regularly attract hundreds of people across Kent to walk for leisure.

ActivMobs – working with people in communities to help them develop physical activity that fits into their particular lifestyles.

Get Active Feel Alive initiative in Canterbury

Don't Sit, Get Fit programmes in Dartford and Gravesham

Free swimming for the over 60's in East Kent districts

Creating incentives for better health - *Increasing the understanding and value people place on the long-term impact of decisions.*

Most people aspire to be healthy, for themselves and their families. They may have celebrity role models that are slim and fit. Many people are now also very aware of what they should and shouldn't do to reach this aspiration. But somehow it is too difficult to change how they live to achieve what they want.

Fast food, cigarettes, alcohol, watching TV (singly or in any combination) can give an almost immediate feeling of satisfaction to those that enjoy them. In contrast public health messages have often focussed on things that are hard to do, need people to change their habits and customs drastically within busy lives and show rewards only after prolonged periods of effort. Helping people to understand why they should change what they do requires much more than giving them information. We have to be better in tune with the way people live their lives and the opportunities and barriers to healthier living this presents. We must talk to people in more sophisticated ways so they can make use of information and knowledge in ways that make sense to them.

This approach which includes the principles of Social Marketing has been shown to be very successful in reaching people in initiatives such as Activmobs and HOUSE.

Some of what's been happening in Kent –

Health Trainers – assisting and supporting healthy living for individuals and communities in Kent.

MEND (Mind Exercise Nutrition ...Do it!!!) healthy lifestyle programmes for children and families across North Kent and expanding elsewhere in the county.

Shape Up weight management programme in Sevenoaks

Health Action Gravesham offers cooking sessions with dietary/nutrition advice, a physical activity instructor for those in sheltered accommodation and residential homes and a young people's programme that works in schools, after school and out of school times running weekly swimming sessions.

Personalised advice and support - *Complementing preventative care with treatment for those who already have weight problems.*

Achieving a healthy weight is not easy and many people will need help even when they are strongly motivated. There are a number of treatments, some of which, like gastric banding, involve surgery, that can help people lose weight but individual support and assistance can be critically important for people to succeed in the longer term.

Some of what's been happening in Kent –

The Expert Patient Programme helps those with long-term conditions learn from the experience of others

Pharmacy weight-management programmes

GP Lifestyle referrals

The Brighter Futures group supports people aged over 75 in poor housing or on low incomes with services delivered by volunteers including exercise classes and healthy lifestyle advice

Telehealth and Telecare – the Whole Systems Demonstrator project

Health Trainers

Get S.O.R.T.ed in Sevenoaks

Why Weight Plan – Sevenoaks

NHS Life Checks (Vascular Screening)

Brighter Futures

Exercise Referral schemes

All of this activity means that a lot is already being done across the county to respond to the challenges issued by the government in “Healthy Weight, Healthy Lives”. Unfortunately the sheer size of the problem means we need to do more. This does not necessarily mean spending a lot more money, but it does mean supporting the successful ways of helping people manage their weight to prevent the more expensive consequences of not doing so.

The Facts and Figures

Obesity and issues of over-weight are set to become the major cause of premature death and avoidable illness in the near future.

- The National Child Measurement Programme for 2006-2007 reported that 23% of reception year children and 31% of those in Year 6 were obese or overweight.
- It is forecast that by 2020 20% of boys and 33% of girls will be obese if current trends are maintained.
- Life expectancy at birth will also be less than their parents for children born now, for the first time for over 100 years.
- Only 38% of men and 27% of women are physically active at the recommended levels.

Being obese or over-weight markedly increases the chances of suffering a number of life threatening and debilitating conditions such as:

Type 2 diabetes
High cholesterol
Sleep apnoea
Coronary heart disease
Hypertension
Stroke
Osteoarthritis
Gout

The amount of disease associated with obesity is estimated to cost £ 4.5 billion per year for treatment, cost of premature death and sickness absence. These figures are set to rise dramatically if present trends continue. The overall cost of inactivity and its effects are estimated at £8.2 billion. If all sedentary people took light exercise, like walking, rates of Coronary Heart Disease could decrease by 14%.

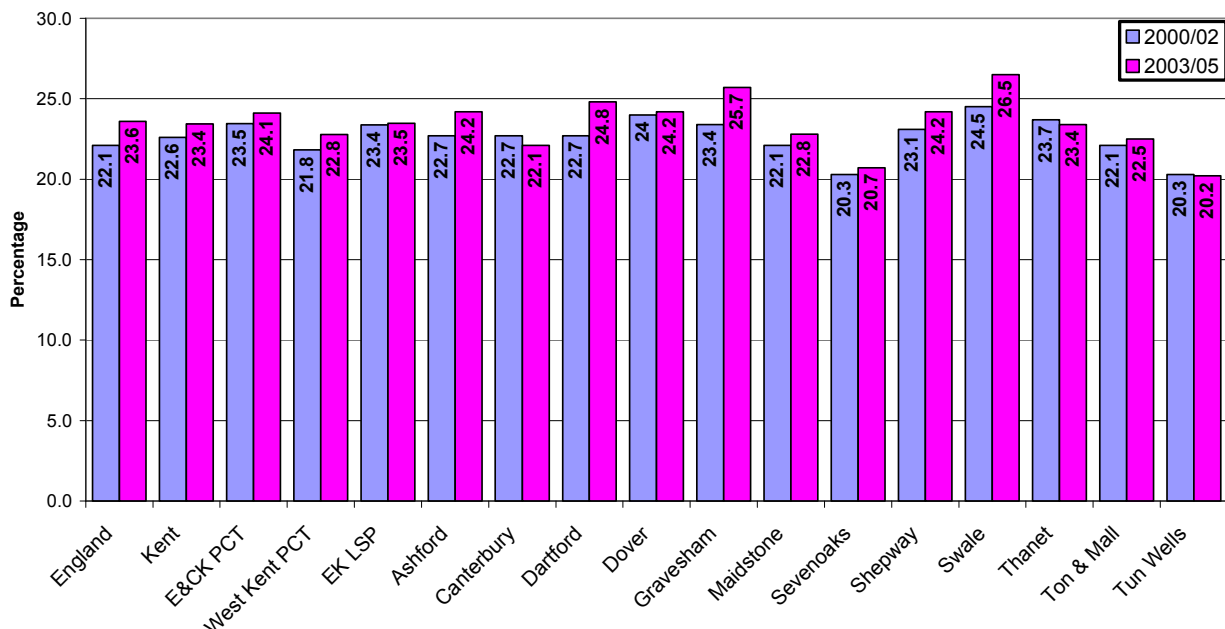
The NHS spends £3,000 every minute on combating illness which could be prevented by physical activity. A modest increase in physical activity amongst older people could cut hip fractures by one per cent, saving us more than £200 million a year. A 20 per cent increase in cycling would save the NHS more than £50 million in treatments.

The Kent Picture:

- Between 20% – 25% of the population is obese (taking a Body Mass Index of 30 as a measure).
- Kent and Medway have the highest prevalence of obesity in the South East region and is above the national average.
- The prevalence of obesity and overweight combined is marginally lower than the national average.
- Rates of obesity are increasing amongst all social classes although there is greater prevalence in areas of deprivation.
- Only 28% of Kent residents consume at least 5 portions of fruit and vegetables a day with only 21% in Swale and Dartford.

The chart below shows the estimated proportion in 2005 of the Kent population regarded as obese by local authority and PCT area taken from the ONS synthetic estimates of lifestyle behaviours. Swale and Dover are estimated to have the highest adult obesity rates. There is also a strong relationship between obesity and deprivation in Kent with higher levels of deprivation related to higher levels of estimated obesity.

Synthetic Lifestyle Estimates for Obesity in Adults for 2000/02 & 2003/05



Source: Kent Public Health Observatory – Kent Agreement 2

These figures are the most recent published by the Department of Health derived from the Health Survey for England. We are awaiting more up to date information but expect that new figures will show a further deterioration.

The percentage of obese adults (aged 16 or over with BMI>30) across Kent rose during the period 2000-2002 and 2003-2005 to 23.4%.

Highest prevalence figures are seen in Swale, Gravesham and Dartford. Lowest prevalence figures are in Sevenoaks and Tunbridge Wells.

The national estimate is derived directly from the Health Surveys for England and therefore is not a synthetic estimate.

The Future

Tackling obesity is now a major priority in public health and a great deal of activity has been focussed by KCC, the PCTs and the District Councils in Kent on the issue. The KCC Select Committee on obesity reported in 2006 and made 13 detailed recommendations. Recommendations concerning obesity have been incorporated into the Joint Strategic Needs Assessment for Children and Young People and many actions to address obesity by KCC and district councils are described in the Health Inequalities Action Plan.

However, with increasing rates of overweight and obesity despite local and government initiatives more action is required.

In 2007 the DPH Annual report recommended:

- The wide range of good practice being undertaken in Kent be sustained and evaluated so as to develop intermediate indicators which assure us that, over time, the good practice will impact upon the prevalence of obesity in Kent. While Kent is delivering on national targets and has funded many innovative pilots, particularly in areas of deprivation, it is important to assess the probability and degree of these providing a positive change to predicted future health patterns.
- The benefits of effective partnership working be calculated and expressed in consolidation of existing partnerships and development of new ones to address the wider determinants of health and their impact on obesity.
- Kent's commitment to improving our population's health through development and investment in changing our 'obesogenic' environment to reduce levels of obesity in children and adults, be summarised in plans and population targets.

KCC already recognises the importance of promoting good diet and exercise in its strategies and policies.

The KCC Framework for Regeneration "Unlocking Kent's Potential": In designing communities, we will encourage walking and cycling and healthy leisure activities such as sport and the enjoyment of the countryside.

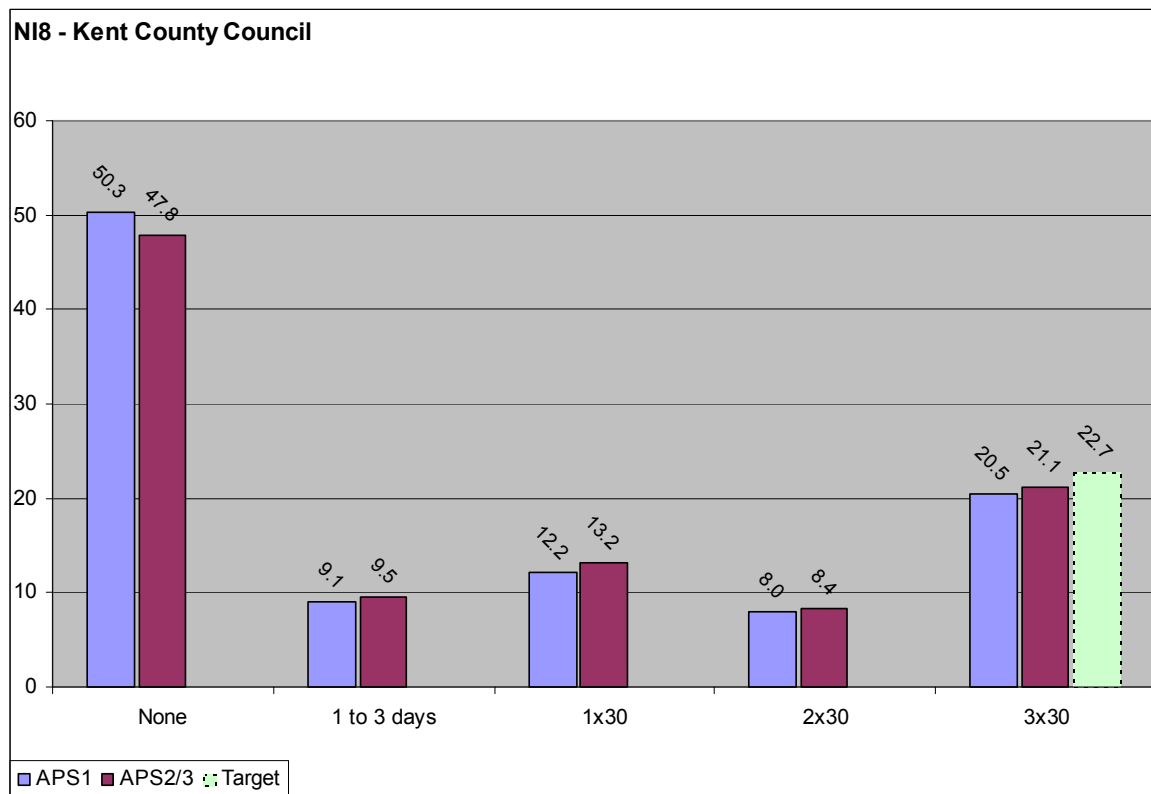
The Kent Agreement

The Kent Agreement also has a clear focus of attention on weight management and obesity.

Tackling obesity and weight issues are reflected in the Kent Agreement where a number of indicators are designed to promote interventions that help people achieve a healthy weight. These include:

National Indicator (NI) 8: Adult participation in sport and active recreation.

Active People Survey



KentSport

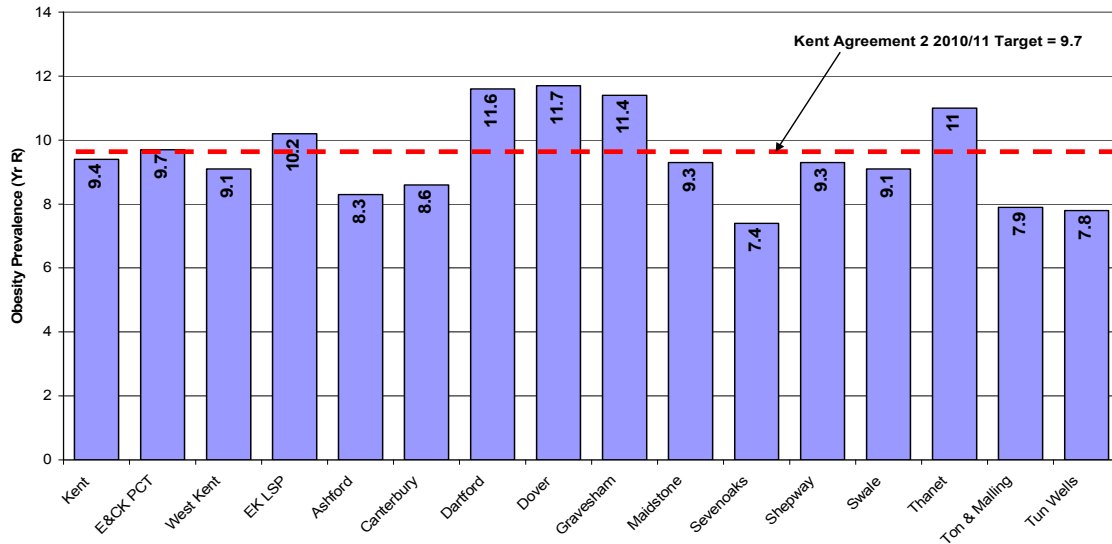
The Active People survey for Kent shows mixed results for the last three years. The number of people doing no exercise is slightly higher than the national figure and the percentage of adults taking 30 minutes of exercise twice or three times per week is lower than the national level. All Kent figures are lower than those for the South East region.

The Kent Disability Sport Strategy builds on the enthusiasm of people with disabilities to engage in sport and active leisure when it is made accessible and inclusive. Research suggests that whilst there is a greater prevalence of obesity amongst adults with disabilities (24.9%) than the general population (15.1%) weight loss within this group can be as dramatic as within any other, given the right advice and support. The Kent Outdoor Pursuits Disability Project is now working with 7,000 people with disabilities and offers dedicated support and tuition in an increasing variety of sports and activities.

There is some evidence that the rates of increase in childhood obesity may be slowing. This is very welcome news but there is still a lot to be done.

NI 55: Reception year obesity

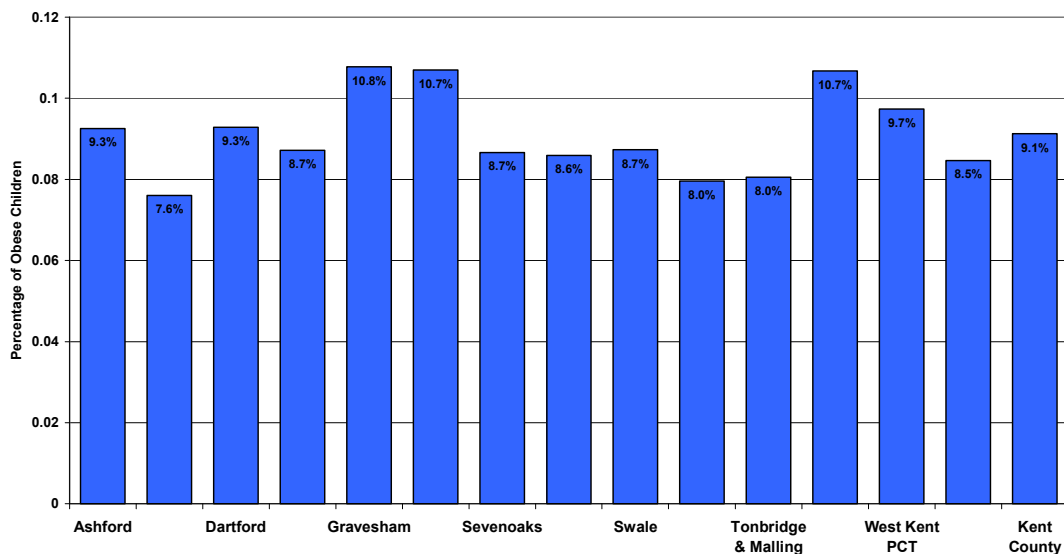
Childhood Obesity in Reception Year by Area - Baseline year 2006/07



Source: **Kent Public Health Observatory – Kent Agreement 2**

In 06/07 the national prevalence in obesity for reception year children was slightly higher than the Kent prevalence at 9.9%. However, the South East Coast SHA area prevalence was lower at just 8.5%.

Percentage of Obese Children in Year R by LA in Kent - 08/09

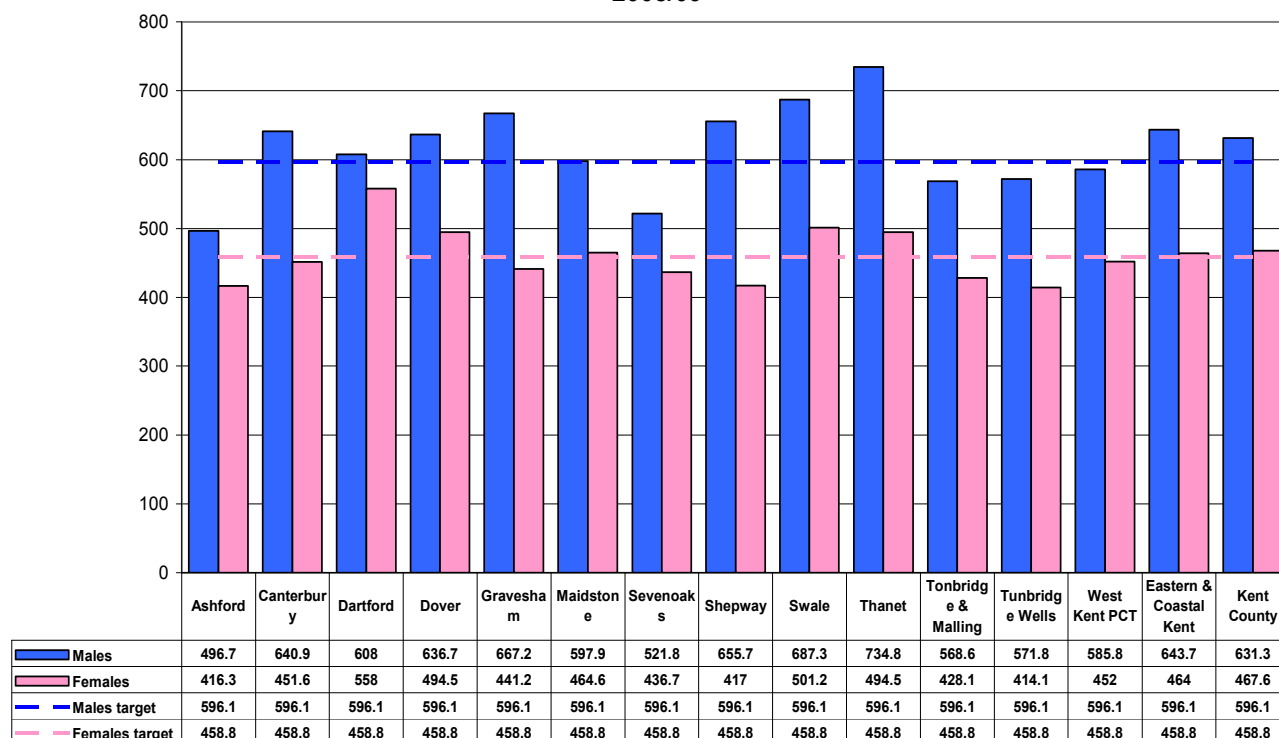


Source: **Kent Public Health Observatory**

These figures must be treated with caution as in the first year of collection large numbers of parents and children opted out of the measurements.

NI 120: All age, all cause mortality

**Standardised Mortality Rates for All Age All Cause Mortality by Local Authority
2008/09**



Source: Kent Public Health Observatory – Kent Agreement 2

The age standardised rate for all age all cause mortality for England is slightly higher than that of Kent and the rate for the South East Coast SHA area is slightly lower than Kent.

Get Active South East is part of a regional framework designed to increase levels of physical activity and promote opportunities presented by the 2012 Olympics and their legacy. This plan complements those of KCC and others that use the impetus of the Olympic Games to raise the profile of physical activity and sport for all.

In Kent – **Get Active in Kent** adds a local dimension to the regional programme and Change 4 Life to promote sport and active recreation.

Kent is a Beacon Authority for sport and has leading initiatives around the 2012 Olympics and its legacy.

In addition both PCTs and their partners have a clear focus on health inequalities including partnership projects aimed at weight management.

Monitoring and Evaluation

The implementation and development of actions on obesity will be monitored through the 12 district based Health and Wellbeing Partnerships or Health Action Teams with the Public Health Board giving strategic oversight.

The **Kent & Medway Public Health Observatory** brings together data and information from a range of sources such as PCTs and Local Authorities to provide a comprehensive picture of issues such as obesity across the area. The information and analysis the Observatory provides will be major benefit to understanding how obesity is affecting the people of Kent.

Other information will be gleaned from initiatives such as the National Vascular screening programme which includes the EK Vascular initiative which will target prevention in areas of greatest need with a focus on smoking and obesity through vascular and Triple Aim screening.

The key Kent Agreement Targets will be monitored through the various subgroups of the Kent Partnership including the Public Health Board.

References:

DH – Fair Society, Healthy Lives Sir Michael Marmot 2010

DH - Healthy Weight Healthy Lives (2008)

KCC Select Committee Report on Obesity (2006)

Kent JSNA Children and Young People (2008)

KCC Health Inequalities Action Plan (2007)

Kent DPH Annual Report (2007)

Get Active South East (2008)

Kent Lifestyle Survey (CHSS 2005)

Kent Disability Sport Strategy (KCC 2008)

A Healthy Weight Strategy for Kent (2008)

NICE Clinical Guideline CG43 Obesity (2006)

NICE Public Health Guidance:

Four commonly used methods to increase physical activity (2006)

Maternal and child nutrition (2008)

Physical activity and the environment (2008)

Promoting physical activity in the workplace (2008)

How planning can influence healthy choices.(2010)

Children and Young persons plan and JSNA

By: Alan Marsh, Cabinet Member for Public Health, Chief Executives Department.

To: Cabinet Meeting – 13th September 2010

Subject: **KCC Health Inequalities Strategy**

Classification: (Unrestricted)

Summary: This paper provides Cabinet with key information and implications of the Marmot report on Health Inequalities, Fair Society, Healthy Lives. The purpose is to advise on proposed key action points in response to the Marmot report for Kent County Council working in partnership with other agencies.

FOR INFORMATION

Executive Summary:

1. 'Fair Society, Healthy Lives' acknowledges the crucial role of the Local Authority and the services it provides in the shaping of people's life chances and lifestyle choices.
2. This report perceives Health Inequality more as behaviour change and the factors that influence people's lives than physical access to health care
3. The 3 Main arguments from the report are:
 - i) The Social determinants of people's lives are an important indicator of their life expectancy and health outcomes (also termed: "Life Inequalities")
 - ii) 'Proportionate Universalism' is engaging in a whole population approach then target to those most in need. This avoids stigmatism and social exclusion and affects **all** groups on the social gradient.
 - iii) Sustainability and future-proofing is dependent on the redesign of future services relevant to people's "life-courses" and not expect people's lives to fit any criteria to access services.
4. Many of the Report's proposals adopt the same model of some of the Kent County Council initiatives (eg. HOUSE & ACTIVMOBS)
5. The Report recommends 6 Policy Objectives, 3 of which are covered and aligned to the 3 Vision 4 Kent Ambitions:
 - Create Fair Employment and Good Work for All
 - Ensure Healthy Standards of Living for All
 - Create and Develop Healthy and Sustainable Places and Communities.

The Report concurs with the NHS White Paper, promoting the opportunities for Local Authorities to work with and assist GP consortia, particularly on preventative ill-health agenda. Further guidelines will be produced with the announcement of the Public Health White Paper due in the Autumn 2010.

1. Introduction and Background

1.1 'Fair Society, Healthy Lives' was commissioned by the Secretary of State for Health to provide a Strategic Review of Health Inequalities in England post 2010. The purpose is to drive the Government's agenda to reduce health inequalities amongst population groups by reducing the gap of life expectancy and infant mortality rates between the most affluent and the most deprived groups in society. There has been little success in this area and evidence suggests that these trends have remained largely unchanged and are not improving equally across socio-economic groups. Nationally, the population is living longer but lower economic groups are enduring longer periods in poorer health and not living as long overall as those in more affluent groups. It is no coincidence that inequalities in income, wealth and life chances have also widened.¹ In Kent, there is evidence that those in the mid socio-economic groups show a reduced trend in rising inequalities but the disparity of health inequalities between the higher and lower groups continues to increase. This 'social injustice' of course, burdens health and social care services as well as drains society of its economic resources and impacts upon employment, families, relationships and wider resources in the public, private and voluntary sector.

1.2 Fair Society Healthy Lives is currently the leading review on health inequalities, offering recommendations to direct future policy and action towards measurable objectives (particularly for Local Authorities and partners) to reduce the gap in inequalities. The report maintains that the current gap of life inequalities remain unacceptable despite the considerable effort and resources that have gone into trying to reduce the gap over the last few decades. The emphasis on tackling health inequalities through the social determinants of health throughout people's life-courses is also strengthened by the NHS White Paper's endorsement of the Local Authority's role on health.

1.3 In Kent, we have for some time, been campaigning that health inequalities is an outcome of not just acute health but the wider determinants of health; factors such as education, lifestyle, employment, social capital, life-chances and Life Inequalities all need to be addressed, which is why the Local Authority role is crucial. To define this more clearly In Kent, health inequalities is often colloquially termed 'LIFE INEQUALITIES' to express the influencing factors of health inequality outcomes.

2. Summary of the Marmot Review: Fair Society, Healthy Lives

2.1 The Marmot review is summarized by the following major points:

- 1) Reducing health inequalities is a matter of fairness and social justice. Marmot reports that up to 2.6million extra years of life could be gained across all social groups if health inequalities were significantly reduced
- 2) There is a social gradient in health – the lower a person's social position the worse their health will be. Action should focus on reducing the gradient in health.

¹ National Equality Panel. *An anatomy of economic inequality in the UK*. Government Equalities Office, 2010

- 3) Health Inequalities result from social inequalities and can only be reduced if there is action across all the social determinants of health.
- 4) Focusing solely on the most disadvantaged has not reduced health inequalities sufficiently. To reduce the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This is known as **proportionate universalism**. This describes the approach already adopted in Kent by the innovative Activmobs and House programmes that seek to attract all populations and then to target more intensive services to those who most need it. Both initiatives have won national awards and we are convinced that this approach is vital to incentivise *all* populations to participate so that the most vulnerable groups will become visible and can be targeted appropriately. The Kent Public Health Policy Team are working to embed good practice into new policy and planning systems for the local authority. This will avoid stigmatisation and exclusion and the universal approach gives greater access to those who currently are not known to or do not access services.
- 5) Reducing health inequalities will have economic benefits in reducing losses from illness associated with health inequalities. This accounts for productivity losses, reduced tax revenue, higher welfare payments and treatment costs.
- 6) Fair distribution of health, wellbeing and sustainability are more important than economic growth when measuring our country's success. Tackling social inequalities in health and tackling climate change must go together.

7) **Policy Objectives:**

The Marmot Review, Fair Society, Healthy Lives recommends six priority objectives to reducing health inequalities most effectively. These are:

- A. [Give Every child the best Start in Life](#)
- B. [Enable all children, young people and adults to maximize their capabilities and have control over their lives](#)
- C. [Create Fair Employment and Good Work for All](#)
- D. [Ensure healthy Standards of Living for All](#)
- E. [Create and Develop Healthy and Sustainable Places and Communities](#)
- F. [Strengthen the role and impact of Ill Health Prevention](#)

Note: policy objectives C-E strongly reflect the 3 Vision for Kent Ambitions.

Further details of the policy objectives are provided as an appendix, from page 5 of this document. The objectives also inform the future approach to the KCC Health Inequalities Strategy and the action plan that is supported by the KCC Health Inequalities Working Group.

- 8) National policies will not work without effective local delivery systems focused on health equity in all policies. Delivering these policy objectives requires action by central and local government, the NHS and other public, private and voluntary sectors.
- 9) Effective local delivery requires effective participatory decision making at local level - only achievable by empowering individuals and local communities. Agencies need a more sophisticated understanding of the barriers to progress as well as renewed commitment for radical changes to provide flexible solutions

tailored to local needs. We can achieve this through improved community empowerment, co-production and social marketing principles on behaviour change, which will break down existing barriers from professional and organizational culture and practice and silo-d services. **The way we design future services needs to ensure that they are flexible and commensurate to the needs of communities and people's life-courses. This also requires looking at long-term solutions and avoiding short-termism.**

3. Integration of the Marmot Report into Kent County Council Health Inequalities Approach

3.1 The release of "Fair Society, Healthy Lives" has been anticipated for some time and the updated Health Inequalities Strategy for Kent County Council has been developed predicting the outcomes of the Review. The KCC Strategy is also being submitted to Cabinet for approval. Representatives from all KCC directorates and some Local Strategic Partnerships (LSPs) have formed a Working Group to maximise the commitment of KCC to reduce Health Inequalities, both strategically at policy and planning level and locally at local planning and delivery level. The Group also works cohesively, involving LSPs and the NHS to address long and short term measures, sustainability of good practice across relevant government agencies and the third and private sector to achieve the integrated, holistic approach recommended by the Review. The KCC Working Group is also offering to co-ordinate a briefing from the I&DeA on Health Inequalities for Cabinet Members to identify specific challenges for Kent.

4. Recommendations

Cabinet are asked to:

- i) agree in principle, the Marmot's recommendations which can then be prioritised and delivered through the KCC Health Inequalities Action Plan that will support the delivery of the Health Inequalities Strategy for Kent.
- ii) Approve the Kent County Council Health Inequalities Strategy (attached with this paper).
- iii) To signal their interest in I&DeA briefing session for Cabinet members on the emerging health and life inequalities agenda and the potential challenges for Kent.

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Appendix 1

5. The Context of the Marmot Review, ‘Fair Society, Healthy Lives’

5.1 The Review is underpinned by the following essential messages. In summary, these are:

Marmot Review	Potential Implications for KCC
i) Reducing health inequalities is a matter of fairness and social justice to reduce the numbers of those dying prematurely each year, in total this equates to 1.3 – 2.5 million extra avoidable years of life lost, impacting upon health care, social care and other public sector and welfare services.	<p>The Total Place agenda and other partnership initiatives that provide opportunities for people to access services and lifestyle benefits at a time and place to suit them, depending on their need and situation throughout their life-course are the most effective ways to reduce the social gradient in health.</p>
ii) Action should focus on reducing the social gradient in health and not on individual lifestyle factors where benefits of inequalities are limited.	
<p>Page 279</p> Action on health inequalities requires addressing social inequalities by focussing on all social determinants of health.	<p>This has a direct impact on local authorities through employment, economic growth, housing, education, essential health and wellbeing and how people cope with the wider stresses in their lives. It also implies that health care is important but is not the over-riding factor of health inequalities. Social inequalities and social determinants of health are critical factors that are best addressed by local authorities.</p>
iv) Focussing solely on the disadvantaged will not reduce health inequalities sufficiently. Marmot recommends a proportionate universalism approach which targets universal and whole populations but with a scale and intensity that is proportionate to the level of disadvantage. Marmot’s argument for proportionate universalism is that inequalities is relative and targeting the most disadvantaged will always result in opportunities for some and not others. There is strong evidence to suggest that a whole population approach is more conducive to public buy-in and access and less likely to result in	<p>This approach has been successfully trialled in the Kent Public Health Department through programmes such as House and Activmobs which adopt a whole population approach to attract those most at need and who would otherwise be difficult for us to reach. The learning from this approach is being routinely embedded in public health policy and encouraged more widely to other directorates, where appropriate</p>

<p>marginalisation, exclusion and stigmatism.</p> <p>Health inequalities is everyone’s business and benefits all of society through economic benefits in reducing losses from illness, productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.</p>	<p>There is an opportunity for the Council to work further with private sector partners and small businesses to raise the awareness of and substantially address the health and wellbeing of the Kent workforce. Kent Public Health Department is working closely with KCC Human Resources to lead by example and promote cost-effective health and wellbeing in KCC’s workforce with the aim to reduce staff sickness and promote greater wellbeing.</p>
<p>v) An important measure of our country and especially county success is fair distribution of health, wellbeing and sustainability. Tackling social inequalities in health and climate change must go together to ensure long term sustainable outcomes for people and how and where they live</p> <p>Page 280</p>	<p>Working on Health and climate change is already under way. KCC’s Regeneration Framework and Kent’s Environmental Strategy is dedicated to the climate change and fuel poverty Kent Agreement 2 indicators and looking forward to building energy efficiency improvements through the ‘Sustainable Building Resources’, supporting Kent businesses to contribute to KCC’s and Kent’s environmental objectives and enabling the development of a low carbon economy of Kent.</p>
<p>vi) The Report focuses action on 6 policy objectives (which are being incorporated into the KCC Health Inequalities Strategy and also via directorate reports and plans).</p> <ol style="list-style-type: none"> 1) Give every child the best start in life 2) Enable all children, young people and adults to maximize their capabilities and have control over their lives 3) Create fair employment and good work for all 4) Ensure healthy standards of living for all 5) Create and develop healthy and sustainable places and communities 6) Strengthen the role and impact of ill health prevention. 	<p>Marmot suggests that these six objectives formulate a success criteria for addressing health inequalities. Cabinet are asked to approve of these 6 objectives composing the framework of the KCC Health Inequalities Action Plan which will support the strategy document and set a focus and priorities on the way KCC prioritises its Health Inequalities Agenda. Further detail is provided for each of these objectives on page x of this paper.</p>

<p>vii) These policy objectives require action by central and local government, the NHS, the third and private sector and community groups. National policies will not work without effective local delivery systems focussed on health equity in all policies.</p>	<p>This intensifies the significance of the role of health inequalities in the local government domain where relationships with the NHS, third and private sector and the community already exist. The KCC Health Inequalities Strategy illustrates how the Council works in partnership with others to consider health and social equity in its local delivery approach. It is the aim of the Kent Public Health Department to ensure that these considerations are paramount in all Directorate's plans and strategies.</p>
<p>viii) Effective local delivery requires effective participatory decision making at local level. This can only happen by empowering individuals and local communities.</p>	<p>Emphasis is placed on working directly with partners and the public to deliver action that is public-focussed and central to what the public want and in a way they wish to access. Social Marketing best practice indicates the necessity for early and full engagement with the community secure success and sustainability</p>

6. The Six Policy Objectives set out by Marmot in the Review, 'Fair Society, Healthy Lives'

The six objectives are firmly rooted into the Policy function of Fair Society, Healthy Lives:

Marmot Review	Potential Implications for KCC
<p><u>1. Give every child the best start in life</u></p> <p>To have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences, starting in the womb where lifelong effects on health and wellbeing: from obesity, heart disease, mental health through to educational achievement and economic status. Early years interventions such as Sure Start Children's Centres are now showing evidence that these policies are making an impact. Overall, it is considered that spending is higher in later childhood years and as gaps between individuals and social groups emerge early in the life course (where returns on investment are higher), there is strong evidence that investment in early years is essential to sustain the reducing effects of health inequalities.</p>	<p>The Review's priority objectives prioritise:</p> <ul style="list-style-type: none"> - The need for early development of physical and emotional health and cognitive, linguistic and social skills. - Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient. - And build resilience and wellbeing of young children across the social gradient. <p>Kent County Council Childrens Family and Education directorate, The Childrens Trust and essential key partners are already working towards this approach through the Childrens Plan and in response to Every Child Matters. Examples of good practice are illustrated in the KCC Health Inequalities Strategy but in order to respond to the Review effectively, it is strongly recommended to increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early years development is focused progressively across the social gradient.</p>
<p>The Review also acknowledges that families should have the most influence on the children and thereby suggests a combined outreach provision to supporting families to achieve progressive improvement in early years and increase take up by children from disadvantaged families by:</p> <ul style="list-style-type: none"> • Giving priority to pre and post natal interventions such as intensive home visiting programmes and providing routine support to families through parenting programmes and childrens centres to meet social need via outreach to families. • Programmes for the transition to school • Providing paid parental leave in the first year of life with a minimum income for healthy living. 	<p>These recommendations suggest greater financial investment in early years services, redressing the balance of early and later childhood years and will impact on the design of services in the need to be responsive to integrated and outreach provision. Extra Support for Parents and Early Childhood Development demonstrate some of the commitments CFE have already prioritised.</p>

2.Enable all children, young people and adults to maximize their capabilities and have control over their lives

Despite many policies aimed at equalising educational opportunities the attainment gap remains. Reducing these educational equalities involves understanding the interaction between the social determinants of educational outcomes, including family background, neighbourhood, peers and what goes on in schools. Influencing educational attainment also suggests that it is families rather than schools have the most influence. Educational outcomes across the whole social gradient need to fully recognise the significant influence and role of families by building closer links between schools, the family and local communities. To improve the access and use of quality life-long learning across the social gradient will entail greater extended schools services and more skills for teaching and non-teaching staff to work across home-school boundaries to reduce the gradient in health, wellbeing and resilience of children, young people and their families.

Empowerment and Resilience resonate throughout the whole of the Review. This is achieved by working beyond community engagement to good community participation. To provide aspiration and motivation to individuals and communities there should be increased access and use of quality lifelong learning opportunities across the social gradient where people can develop ongoing skills through lifelong learning. Broadening skills for life for work as well as attain qualifications can be achieved by providing easily accessible support and advice for 16-25 year olds on life skills, training and employment opportunities, providing work based learning (such as apprenticeships) and increasing availability of non-vocational lifelong learning across the life course.

To prioritise the reduction of social inequalities in life skills will impact on the future design of children’s services, adopting a whole child approach to education and extending the role of the schools in supporting families and communities through consistent implementation of full range of extended services and developing the school-based workforce. This has to some extent been developed through the success of the Local Children Services Partnership Manager roles and through the eight priorities of the Childrens’ Plan. Further work is needed as building skills in working across school-home boundaries addressing not just education but social and emotional development, physical and mental health and wellbeing are essential.

Existing services that support skills development (such as Connexions, Kent Youth Service, JobCentre Plus, Supporting Independence Programme, Education to Employment and Adult Education) should be accessible to all young people across the social gradient through improved aspiration and self-esteem of individuals. There is also greater opportunities for the Council to work in partnership with other sectors (such as colleges and the private and third sector) to offer improved and more joined up service provision.

3.Create fair employment and good work for all

For each occupational class the unemployed have higher mortality rates than the employed. Although employment is important, the quality of work matters as it is likely to impact significantly to health and wellbeing. Some poor quality jobs can be harmful to health with few opportunities for advancement, leaving employees trapped in a cycle of low-paid, poor quality work and unemployment affecting physical and mental health. Good employment (irrespective of salary) is key to realizing employers aspirations and being empowered to strive for more in life is essential to mental wellbeing. Therefore, the Review prioritises improved access to good jobs, making it easier for those who are disadvantaged to obtain and keep work and improve the quality of jobs across the social gradient. This should be achieved by active labour market programmes to achieve timely interventions to reduce long-term employment.

More than ever before does the county council need to work collaboratively with employment and benefit services to reduce health inequalities. For each occupational class the unemployed have higher mortality rates than the employed. The report suggests prioritising greater flexibility of retirement age and encouraging and incentivising employers to create or adapt jobs that are suitable for lone parents, carers and people with physical and mental health conditions. The development of this has a strong implication for the role of local government by ensuring that public and private sector employers adhere to equality guidance and legislation and implementing guidance on stress management as well as the effective promotion of well being and physical and mental health at work.

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4. Ensure healthy standards of living for all

The Review reports on difficulties of those who find it difficult to return to work to improve their standards of living. For example, 90% of cancer sufferers experience a significant drop in income and increased daily living expenditure as a direct result of their diagnoses, causing additional stress. Although tax credits and working tax credits have lifted 500,000 children out of poverty and recent figures show that rates of poor self esteem, unhappiness, truancy, smoking and desire to leave school at 16 have all halved, the social protection system still fails to offer people necessary opportunities, family and parental support, transition to retirement and encouragement to people to remain at work when they experience poor health or other life-changing events. The review considers the Minimum Income for Healthy Living calculations should be replaced with the Minimum Income Standard which also considers, food, clothes, shelter and resources to participate in and maintain human dignity and consuming the goods and services

Again, the emphasis is on an integrated and holistic approach to supporting the public, particularly those with the greatest need where individuals can obtain a range of related meaningful information to encourage and incentivise them out of the poverty cycle. The report recommends establishing a minimum income for healthy living for all ages and workplace initiatives and a one stop shop combining job centres, officers, Citizens Advice Bureaux, debt issues and other concerns on an outreach basis providing services tailored to individuals needs. Total Place could be an ideal conduit for this development.

regarded as essential in Britain.

These measures would avoid 'cliff edges' by withdrawing benefits more slowly as people move into work and adjust to new ways of living, particularly low earners and part time workers.

5.Create and develop healthy and sustainable places and communities

This priority objective is concerned with the range of different environmental pressures people are exposed to throughout their life courses. In order to achieve a sustainable community, **all** should have access to good air, water, food, recreation, sport, green space and cultural facilities.

Despite the success of the Government initiative, 2.8million people in England are still in fuel poverty with more fuel poverty experienced in rural areas which in turn affects health through higher mortality rates, less tendency to visit the GP when needed and increased poor mental health. It is suggested that UK carbon emissions should be reduced by 34% by 2020 (from 1990 levels) and 80% by 2050. The Review reiterates the importance of ensuring that all areas are affected and should work towards the targets set by the Government Office estate for recycling (75%), waste reduction (25%), 25% reduced water consumption, and improve energy efficiency by 30% per square metre. Good examples of water saving initiatives are the Kent and Coastal Trust renal unit which saves £7Kpa from an initial one off investment of £14K.

The relationship between transport and health is complex and socioeconomically patterned. It determines access to services, work and social networks. Active travel needs to be improved by introducing greater parental and peer support, and a better understanding of attitudes and perception. In addition, good quality spaces and improved energy efficiency should be available across the social gradient.

The Review prioritises greater integration between health, planning,

These factors can impact on stress, isolation, depression and are associated with low status and lack of social networking. Kent Department of Public Health is working across Directorates and other agencies to promote greater integration and social support to strengthen community capital which could result in improved numbers of self-reported good health.

transport, environment and housing and there are opportunities for Kent County Council to lead on this.

At present, over half of people in the most deprived areas feel that vandalism, drug dealing and litter are serious problems where they live which need to be recognised as both a social and health concern.

6.Strengthen the role and impact of ill health prevention

Epidemiological and sociological evidence suggests that social determinants play such a strong role in health inequalities that inequalities across socioeconomic groups will still persist even if individual lifestyle factors such as smoking are equalised. Population wide and individual frameworks need to be adapted to work successfully for particular vulnerable groups (such as gypsies and travellers).

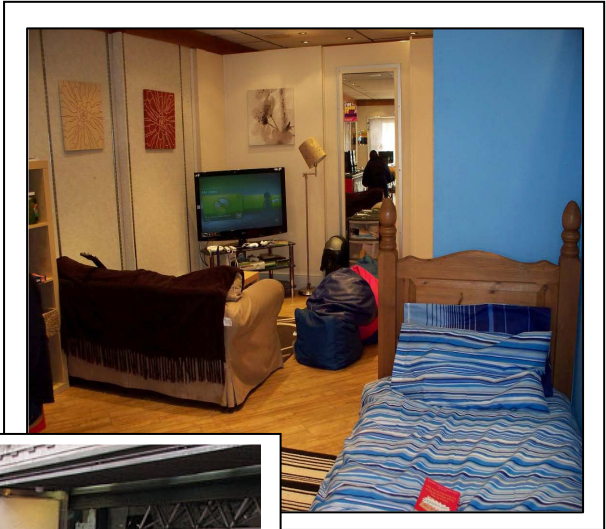
In 2006-7, only 4% of the NHS budget was spent on ill health prevention and health promotion. Public health and prevention should not be regarded as an optional extra. It is vital to invest in public health and ill health prevention to achieve the Chief Medical Officers vision “to help build the foundations of healthier populations for the future” (2005). There should be increased funding for longer term projects and follow up funding to sustain good practice. The review proposes increasing spending over 20 years to 0.05% of GDP to £7,230,565,000 on ill health prevention (2008 figures) along with a widely accepted definition would help to better calculate expenditure. Drugs, alcohol, smoking and obesity all take their toll on health inequalities and are still entrenched in the social gradient. 40-50% of the prison population are drug dependent despite only 10-15% charged with drug offences. Alcohol is 69% more affordable in 2007 than 1980, with some alcohol being less expensive than a bottle of water in some areas.

There is some indication that the NHS smoking quit services may improve, but there is still an absolute need to greatly reduce smoking prevalence and to understand attitudes towards smoking across the social gradient, as the quit rates

It is recommended that the government should adopt a shared and clearer definition of prevention across government departments. The prioritised investment in ill health prevention and health promotion across government departments can help reduce the social gradient. There is great potential for Local Authorities to lead population wide interventions and to ensure there is availability and good access to healthier food choices and to raise the volume on lobbying for healthier food through Trading Standards Units to rebalance problems of equality (such as the high level of salt and saturated fat present in cheaper food products). The KCC Public Health Department is also primed to mobilise existing resources and lead key partners towards more holistic and integrated services.

are far from consistent across the social gradient. We know that price should have the most impact on gradient, but for those in deprived areas who do not quit, the gap in health inequalities is stretched even further. With the current trend on obesity it is anticipated that levels of obesity will reduce for girls from professional class groups while it will increase for boys in this group and increase for both girls and boys from the lower class groups. There is clearly a need to understand what works, as teenage attitudes vary across class, education and employment

KENT COUNTY COUNCIL



Health Inequalities Strategy 2009-14

KENT COUNTY COUNCIL

HEALTH INEQUALITIES STRATEGY 2009-14

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Foreword by the KCC Cabinet Member, Public Health

Health inequalities is not a recent issue, but it is a critical one. For me, there is too little regard for the consequences of the actions of both the private sector driven by profit and the previous central government's flawed policies which sometimes inadvertently disadvantages the very people that need the most help and support.

Initiatives like the proposed increase in the unit cost of metered water over the summer period is an example of how those who are struggling to make ends meet are going to find it difficult to maintain the sanitation and personal hygiene to levels that we have been constantly trying to achieve which will absolutely result in poorer health. Ability to pay is not an acceptable criteria for the Public Health service.

With variations in life expectancy ranging from 6.8 years in wards in Tunbridge Wells and a staggering 14 years across wards in Dartford, we are dedicated to ensuring all our people can achieve the same aspirations and opportunities to improve their health outcomes.

For these reasons we must have careful regard of the consequences of our actions and strive towards reducing the gap in health inequalities. But we cannot do this alone. The Kent Public Health Department is leading Kent County Council into a collaborative approach with the Council's other directorates to minimise inequalities. As the Kent County Council Member with the Public Health portfolio, I am pleased that our work is committed to making a real difference in Kent for the people of Kent.

Alan Marsh
KCC Cabinet Member, Public Health

Foreword by the Kent Director of Public Health

"I am pleased that the Kent County Council Health Inequalities Strategy has been produced in partnership across all KCC Directorates and with local partners to ensure that the most effective local delivery can be achieved.

This Strategy sets out the good work that Kent is doing to tackle health inequalities across all people in Kent to ensure that there are equal opportunities for good health and wellbeing for all.

The recent Marmot Review, Fair Society, Healthy Lives sets the approach and path for reducing Health Inequalities and endorses the model we are working towards in the County Council. This strategy is also aligned to the Vision for Kent Ambitions which will ensure that our endeavours to tackle health inequalities will continue across partnerships not just through the Health Inequalities Strategy, but in all of the policy and planning initiatives we undertake together".

Meradin Peachey
Kent Director for Public Health

Introductory Note

This strategy has been produced amidst a climate of immense changes, with new central government administration and current organisational changes to the Public Sector both nationally and locally. In addition, the publication of the Sir Michael Marmot Review on Health Inequalities: Fair Society, Healthy Lives clearly drives the health inequalities agenda towards local government leadership of the social determinants of health. The NHS White Paper: Liberating the NHS sets the framework for a new NHS and Public Health Service, the structure and roles of which will be clarified further in the Public Health White Paper in October 2010. The future face of health inequalities therefore, is yet to be determined, but in Kent, we will remain dedicated to reducing the inequalities that exist in our communities.

This strategy provides examples of current initiatives and case studies committed to reducing health inequalities in Kent. This document therefore will be updated from time to time to reflect progress on outcomes and some initiatives will change, while others will start.

Some strategies such as Towards 2010 and the Kent Agreement 2 will, in time, be superseded by other policies, but the intention is that this health inequalities strategy should remain flexible and adaptable to meet the changing environment in Kent.

Introduction

In 2008,, Kent County Council produced its first Health Inequalities Action Plan to highlight the Council's commitment to reducing Health Inequalities. The Action Plan illustrated a range of policy drivers and activities delivered to help combat inequalities in partnership with other Local Authorities, Voluntary and Statutory Agencies in Kent. Activities have been ongoing and commitment has continued between all partners to address inequalities and target the most 20% deprived groups of Kent's 1.6million population. Since the Action Plan there have been a number of additional reports and strategies dedicated to Health Inequalities. These are:

- i) The Director of Public Health's Annual Report 2007 sets out the current position of Health Inequalities in Kent highlighting recommendations on how inequalities can be further improved through existing Primary Care Trusts and County Council targets. The report also responds to IDeA recommendations by illustrating **how** inequalities will be targeted and tackled across a number of problem areas.
- ii) The Kent Director of Public Health's Annual Report for 2008 has concentrated on progress and improvements made on Health Inequalities
- iii) NHS South East Coast: Health Inequality Strategy 2008-2011 reports on the spend and commitment of the NHS South East Coast area to drive down health inequalities in the NHS sector.
- iv) The Public Health Strategy for Kent: Live Life to the Full is currently being revised but the 6 key priorities will continue to drive the public health agenda in Kent. The strategy is supported by Kent County Council, Kent NHS Primary Care Trusts and Kent local and district councils and is led by the Strategy's main priority to significantly reduce health inequalities in Kent. To maintain continuity with the Kent agenda, this Health Inequalities Strategy will be constructed on the Public Health's six key priorities.
- v) The forthcoming version of Vision for Kent strategy – partnership agreement to tackle three of the main ambitions in Kent to assist in the reduction of health inequalities.
- vi) Public Health White Paper – October 2010

The purpose of this document is not to provide a separate and dislocated strategy but to offer a clear account of the County Council's priorities and strategies to address and mainstream health inequalities, both strategically and locally in Kent. This is largely achieved by mobilising and targeting resources effectively and can only be achieved by working locally and in partnerships and by complimenting other key local and national strategies and policy drivers. This strategy will also take the form of the Live Life to the Full's priorities to promote shared agendas and highlight cross-partnership working. Future developments and approaches will also include the Vision for Kent 3 County-wide Ambitions which form part of the new Marmot Health Inequalities Review (Fair Society Healthy Lives) recommendations for implementing effective policy objectives.

Kent's Approach

Demographic Change, Active Lives and Diverse Communities¹

Between 2006-2031 Kent's 65+ population is projected to increase by 72%. This compares to a South East regional rate of 67% and a national rate of 62%. Demographic change will create a greater need for innovation in the way we provide access to leisure, health and social care services in the future.

The emphasis needs to be on ensuring people have the ability and support to lead independent and active lives - at all stages and in all circumstances, whether caring for family, retired, or in managing severe incapacities. This also means capturing the wealth of skills and knowledge that older people have for the benefit of Kent's communities, environment and economy.

Younger people also need to feel part of their community, and need to be supported in the choices they make for their future. Kent also has many distinct and diverse ethnic, faith, interest, and place based communities. We therefore need to encourage a respect for diversity and equal opportunities, along with cohesive communities.

The last Kent County Council Health Inequalities Action Plan identified a number of policies, strategies and action plans that highlight and feature the relevance and importance of health inequalities. In addition and in response to the IDeA's visit to the Council and recommendations made in November 2008, this strategy will also demonstrate how we are improving partnership engagement, particularly at local strategic partnership levels.

The continued commitment to activities and priorities will be encompassed in this revised strategy and will compliment rather than compete with other existing documents and reports. The Council's approach to health inequalities will be strengthened by including:

- i) The recommendations and impetus of the Director of Public Health's Annual Report 2007 on Health Inequalities.
- ii) A partnership approach to addressing the NHS South East Coast Health Inequalities Strategy 2008-2011.
- iii) The relevant Local Area Agreement indicators and ensure that the strategy is closely aligned to the indicators that have health inequalities outcomes.
- iv) Each of the County Council's Directorate's refreshed commitment to addressing health inequalities, embedded and reflected in the business plans and strategies. Examples will be given to demonstrate each department's priorities and how these combat health inequalities.
- v) National influences such as the Sir Marmot's Post-2010 Report, guidance from the Health Inequalities Unit and National Support Team and other pertinent policy drivers.
- vi) A forward thinking strategy that will secure dedicated commitment to the progress of tackling inequalities in Kent and advocate the secure the health inequalities agenda is mainstreamed and embedded in the policy, planning and delivery of services across the County Council.

¹ This Research and Intelligence extract provided by Self Directed Support Projects Team

- vii) Further improvements to the strategic approach to Kent County Council tackling health inequalities as identified by the IDeA development review.
- viii) Flexible and adaptable policies in the climate of central and local government changes

Making it Happen

To implement this approach, a cross-directorate working group bringing together representatives from the County Council's departments has been established to meet the challenge of ensuring that the policies relating to and addressing inequalities are put into place and are delivered effectively.

The purpose of this working group is to:

- Maintain energy and commitment to tackling health inequalities across the County Council and to ensure that the essential principles of this agenda are mainstreamed into the thinking, policy, planning and delivery of the County Council's work.
- Address the key challenges of health inequalities with the aim to reduce inequalities where they are known to exist.
- Identify measurable indicators for each department to prioritise and incorporate in their mainstream activity.
- Measure and evaluate progress on reducing inequalities on a regular quarterly basis.
- Ensure that the Local Area Agreement and Vision for Kent outcomes are absorbed into the Health Inequalities Strategy so that all partners are working to a shared agenda.
- Integrate the national framework into Kent's strategic approach to tackle health inequalities.
- Co-ordinate and promote a partnership approach to tackling inequalities at strategic and local delivery level.
- Ensure that the Health Inequalities indicators and agenda are focused towards supporting communities.
- Share and learn from good practice identified locally and nationally.

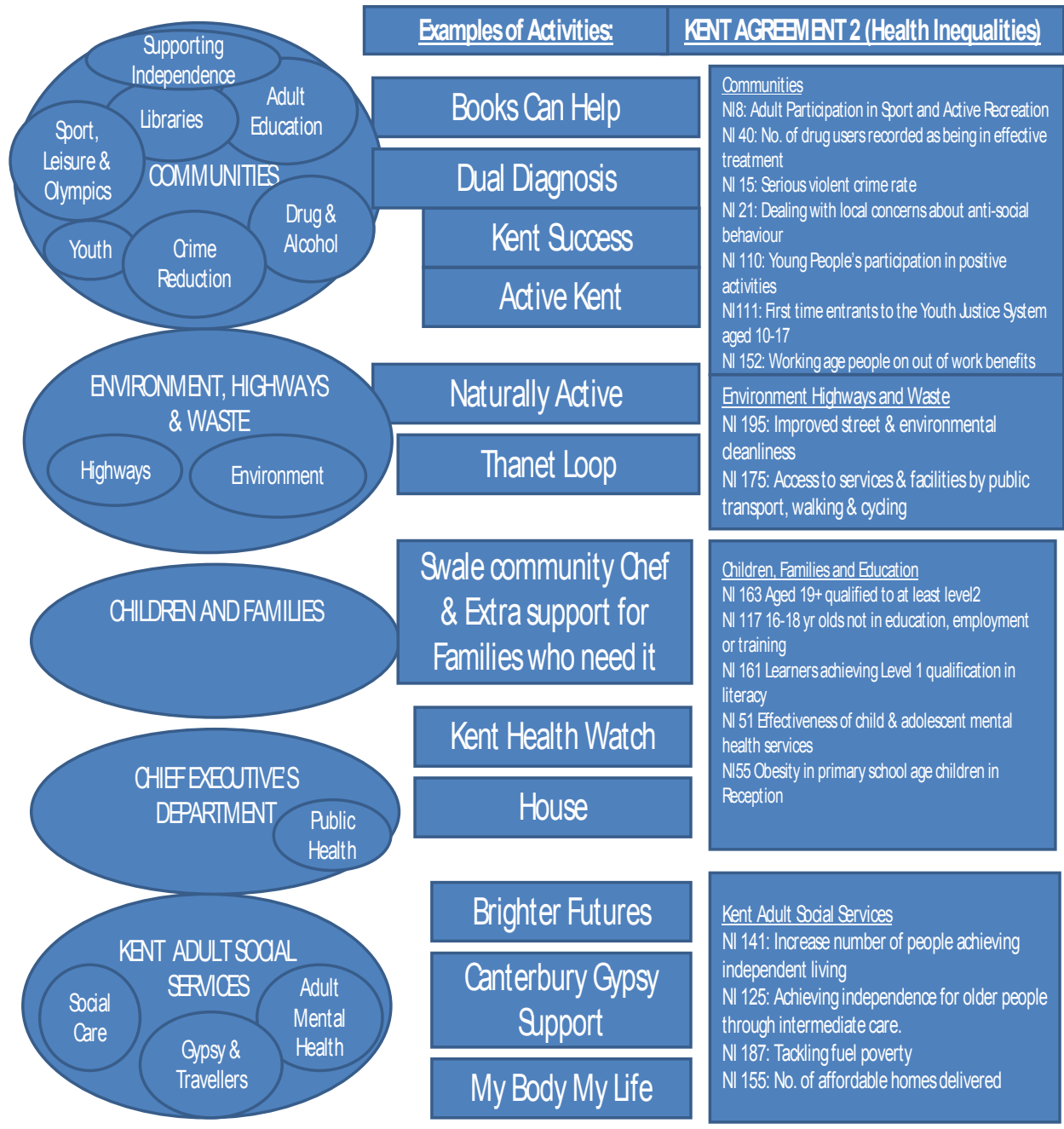
Kent County Council Health Inequalities Working Group consists of representatives across all directorates to work in partnership to address Health Inequalities in Kent. The purpose of the group is to prioritise their directorate's priorities and commitment to health inequalities and to report on and share information across the Council and wider to promote and learn from good practice. The indicators prioritised by the group will be reported on to monitor progress and evaluated to share good practice. The group meet quarterly and report to the Public Health Board.

The Working Group consists of:

<u>Directorate</u>	<u>HI Lead</u>
EHW- Integrated Strategy & Planning	Richard Feasey
EHW – Environment & Waste – countryside Access	Ian Baugh
EHW - Kent Highways Services - Transport & Planning	David Hall
Communities	Jo Jackson
CFE	Jill Wiles
KASS - Adult Services	Sally Smith
KASS - Gypsy & Travellers Unit	Bill Forrester
KASS - Mental Health	David Woodward
KASS - Adult Services	Nick Sherlock
Public Health	Debbie Smith
Health and Housing	Brian Horton
Teenage Pregnancy Partnership	Ruth Herron
KASH	Allan Gregory
Kent Partnership	Graeme Brown
SIP	Julie Chapman
Local Strategic Partnership	Michael Mellor
Local Strategic Partnership	Shona McQuade
Communities	Jo Tonkin

KENT COUNTY COUNCIL HEALTH INEQUALITIES STRATEGY 2009-14

The diagram below (Figure 1) illustrates how the Kent Agreement outcomes and Directorate's health inequalities indicators are represented through the Working Groups.



After 2011, Kent Agreement 2 will cease to continue in its current form and the most recent Vision for Kent outcomes will be used to illustrate examples of the health inequalities agenda in Kent.

KENT COUNTY COUNCIL HEALTH INEQUALITIES STRATEGY 2009-14

Activities and initiatives to reduce health inequalities are delivered locally through a variety of agencies and forums, many of which are delivered through Local Strategic Partnerships and Health and Wellbeing Subgroups and Health Action Teams. These are illustrated on the following map:

KCC ENGAGEMENT IN LSPs

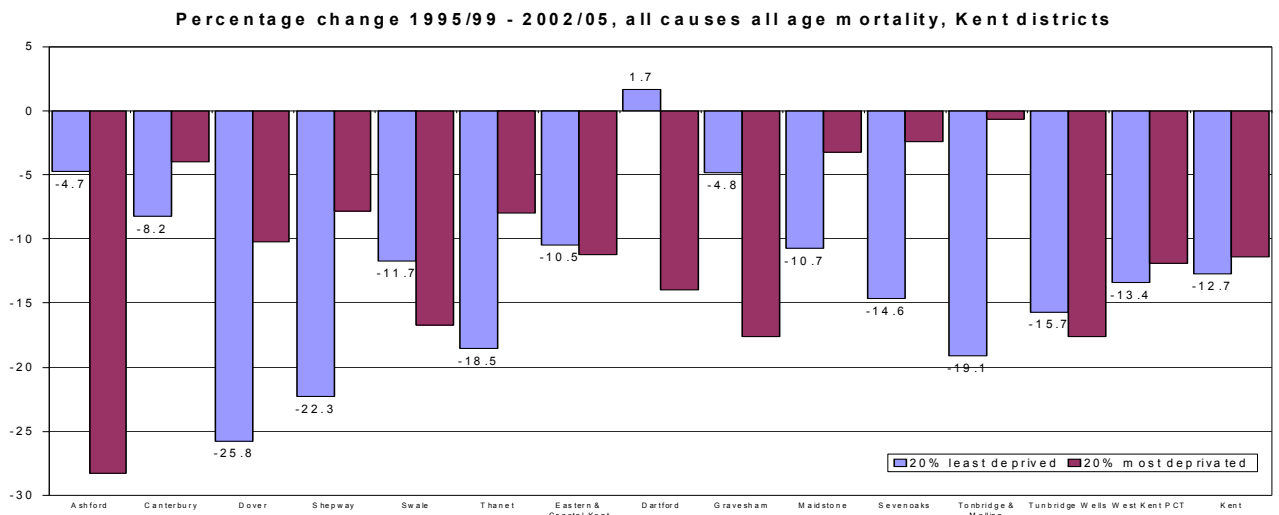


How are we doing in Kent ?

Tackling health inequality is about reducing the gap of health variations between the worst off and better off in society to aim towards the same life expectancy. Health inequalities can relate to gender, ethnicity, age, disability, socio-economic status and geography. Some geographic variation can be explained by socio-economic and behavioural factors but there is evidence that the place where people live can affect their health. “The only way to effectively address health inequalities is to tackle root causes which ultimately are to do with poverty.”² We also know that health inequalities are the result of a complex and wide-ranging network of factors. The Department of Health reports that those who experience material disadvantage, poor housing, lower educational attainment, insecure employment or homelessness are among those more likely to suffer poorer health outcomes and an earlier death compared with the rest of the population.

In Kent (as well as nationally) all life expectancy is increasing, but there is still a greater life expectancy for those who live in more affluent areas which means that although we are all living longer, the gap in health inequalities is increasing in most areas nationally. However, some areas in Kent are seeing fruitful outcomes to reduce inequalities in areas such as Ashford, Gravesham, Dartford, Swale and Tunbridge Wells where there are larger decreases in mortality rates in the most deprived areas. Other areas are commensurate to the national trend of worsening inequalities where the most affluent groups are seeing greater decreases in mortality rates.

Figure 2 below, taken from the Kent Director of Public Health’s Annual Report 2007 clearly illustrates average standard mortality rates across the highest and lowest deprivation quintiles in Kent.



Source: SEPHO (Ayres) Figure2. All age, all cause comparative differences between 5 year average standardised mortality rates (ASRs) for 1995-1999 with 2002-2006, per 100,000 residents, for highest and lowest deprivation quintiles in each PCT and both¹.

² KDPR Annual Report 2007

¹ KDPR Annual Report 2007

What are we doing in Kent?

Kent county Council has achieved Level 3 of the Equality Standard for Local Government. It is now aiming for an 'Excellent' rating under the new Equality Framework for Local Government. The County Council is also currently reviewing and updating its Single Equality Scheme and has revised its process for conducting Equality Impact Assessments.

The County Council's policy drivers continue to place health inequalities to the forefront of the public agenda. Some of the longer term policies are still in operation and continue to work towards embedding the reduction of health inequalities into mainstream policy and activity while some have been replaced by more current policies that have set new challenges to reducing inequalities.

The following objectives from key Kent County Council Policies make a prominent contribution to reducing health inequalities and the outcomes are being addressed by representatives from Directorates across the County Council on the aforementioned working group. The Kent County Councils Vision document, 'Vision for Kent' and the six priorities of the Kent Public Health Strategy, 'Live Life to the Full' set the framework for reducing health inequalities within the County Council and partnerships:

<u>Policies</u>	<u>Key Objectives</u>
Putting Kent First	Making Kent a great place to live and work
	Promoting a healthy lifestyle for all
Vision for Kent (3 County-wide Ambitions)	Ambition 1: For Kent to be 'open for business' with a growing prosperous economy and jobs for all
	Ambition 2: For no one in Kent to be disadvantaged because of where they live and all have confidence in public services
	Ambition 3: For Kent residents to be responsible citizens, taking pride in making themselves, their families and communities healthy, safe and strong.
Towards 2010	Target 22: Establish a biennial Kent School Games and support Kent sports men and women to compete in the 2012 London Olympics and Paralympics
	Target 47: Create and launch initiatives that facilitate more competitive sport in schools, support after-school sports clubs and sponsor more inter-school competitions and holiday sports programmes
	Target 48: Increase opportunities for everyone to take regular physical exercise
	Target 49: Enter into practical partnerships with the NHS, sharing resources to combat obesity and encourage people of all ages to take responsibility for their health and wellbeing
	Target 50: Introduce a hard-hitting public health campaign targeted at young people to increase their awareness and so reduce the damaging effects of smoking, alcohol, drugs and early or unprotected sex
	Target 51: Encourage Healthy Eating by providing nutritious lunches through the Healthy Schools Programme and launch a range of community based healthy eating pilots
	Target 52: Increase the number of people supported to live independently in their own homes. This will include: Encourage the development of more housing for older people, disabled people and those with special needs. Encourage more people to take control of their care/support through Direct Payments. Take advantage of new technologies, such as expanding our Telehealth and Telecare programmes.

	<p>Target 53: Strengthen the support provided to people caring for relatives and friends.</p> <p>Target 54: Work with our colleagues in the health service to reduce the number of avoidable admissions to hospital and combined resources, where appropriate, to improve the health and wellbeing of the people in Kent.</p> <p>Target 55: Delivered jointly with CFE - ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence.</p> <p>Target 56: Improve older people's economic wellbeing by encouraging the take-up of benefits.</p>
Live Life to the Full: The Kent Public Health Strategy	Reduce the number of poorer people who smoke
	Preventing and managing risks of coronary heart disease, cancer and many chronic illnesses by improving diets and increasing levels of physical activity levels
	Reducing hypertension (high blood pressure) and by better primary care and public health action
	Improving housing quality by tackling cold and dampness
	Reducing accidents at home and on the road
	Help reduce the differences for some people in how likely their infant children are to die by improving the quality and accessibility of antenatal care and early years support for people in disadvantaged areas
	Reduce Smoking by parents and improve nutrition for children in their early years
	Reduce the number of teenagers who become pregnant and support teenage parents better
	Improve housing conditions for children who live in disadvantaged areas or circumstances.
	Increase levels of breast feeding
KASS Business Plan	The 5 Ps: Promoting Independence; Personalisation of services; Prevention; Partnership Working and Performance Improvement.
	Valuing People Now strategy to deliver a vision of equality and transforming lives for everyone, providing equal opportunities for those with Learning Disabilities.
	Develop the Personalisation agenda to strive for equality, personal choice & control and prevent discrimination.
CFE Business Plan	<p>Purpose to ensure that the children of Kent are supported to be happy, healthy, safe from harm, enjoy life and achieve at school, make a positive contribution in their community and to society and go on to achieve economic wellbeing. The needs of the most vulnerable children and young people remain at the forefront of our planning and service delivery. CFE works through the Kent Children's Trust Board with Health, Police, District Councils and other agencies and sectors to ensure the provision of high quality services to support children and families delivered on a community basis through locality arrangements.</p>
Director of Public Health's Annual Report 2007: Inequalities in Health in Kent	<p>Provide details of the current status of health inequalities in Kent and offers 26 recommendations to reduce health inequalities across the seven different priority themes (Adult mental Health, Dementia, Disabilities, Alcohol, Drugs, Housing and Carers Health). The recommendations form agreed actions between the NHS in Kent, Kent County Council and other key partners and reflects the direction of travel for both the NHS South East Coast health Inequality Strategy 2008-11 and the Kent County Council Health Inequalities Strategy. A list of the recommendations can be found in the Annual Report and are also summarised in Appendix 1 of this strategy.</p>

The Kent Agreement 2 and Vision for Kent

The Kent Agreement 2 is the current Local Area Agreement for Kent. It represents key partners and stakeholders working together to achieve a common commitment to improve the wellbeing of the Kent population. For 2008-2011, the Kent Agreement Outcomes include 22 indicators which make positive contributions to tackling health inequalities. These are listed in Appendix 3 on page 64.

After 2011, the Kent Agreement will not continue in its current form and will be superseded by a Partnership Agreement that will agree the strategic outcomes of the Vision for Kent. These outcomes will be delivered within a framework of 3 ambitions:

Ambition 1: For Kent to be 'open for business' with a growing prosperous economy and jobs for all

Ambition 2: For no one in Kent to be disadvantaged because of where they live and all have confidence in public services

Ambition 3: For Kent residents to be responsible citizens, taking pride in making themselves, their families and communities healthy, safe and strong.

These ambitions will greatly influence the reduction of health inequalities in Kent, particularly across recommendations C-E of the Marmot Review, Fair Society, Healthy Lives (below).

Examples of other current innovative projects to support and develop this work are showcased in the Vision for Kent Case Study Showcase 2009. Further details are available in the attached pdf document:

(Please see Appendix 2 for other ways to access this document).



V4K Case Study
Showcase 2009.pdf

The Council will continue in their commitment to ensure health inequalities are addressed in each of these indicators by concentrating on efforts and partnerships at a local level and improving synergies with the Local Strategic Partnerships and the health inequalities working group.

Strategic Review of Health Inequalities in England Post 2010: Fair Society, Healthy Lives

The Sir Michael Marmot Review reports that a whole population approach is needed to effectively reduce health inequalities, building sustainable, community cohesion and resilience across the whole social gradient and to design interventions commensurate to people's needs relevant to their individual life-course. The summary of the six priority objectives are illustrated below:

A. Give Every child the best Start in Life – Reduce inequalities in the early development of physical and emotional health. Ensure high quality maternity services, parenting programmes, child care and early years education to meet need across the social gradient. Build resilience and wellbeing of young children across the social gradient.

B. **Enable all children, young people and adults to maximize their capabilities and have control over their lives** – Reduce the social gradient in skills and qualifications. Ensure that schools, families and communities work in partnership to improve resilience. Improve the access and use of quality life-long learning across the social gradient.

C. **Create Fair Employment and Good Work for All** – Improve access to good jobs and reduce long-term unemployment across social gradients. Make it easier for people disadvantaged in the labour market to obtain and keep work and improve quality of jobs

D. **Ensure healthy Standards of Living for All** – Establish a minimum income for healthy living for people of all ages. Reduce the social gradient in the standard of living through progressive tax and other fiscal policies and reduce the cliff edges faced by people moving between benefits and work.

E. **Create and Develop Healthy and Sustainable Places and Communities** – Develop policies to reduce the scale and impact of climate change and health inequalities and Improve community capital and reduce social isolation across the social gradient.

F. **Strengthen the role and impact of Ill Health Prevention** – Prioritise prevention and early detection of conditions most strongly related to health inequalities and increase availability of long term, sustainable funding to prevent ill health across social gradients

Kent County Council Reducing Health Inequalities

‘Live Life to the Full’, Kent’s Public Health Strategy is endorsed by Kent’s NHS and local authority partners to provide a partnership commitment to addressing public health. The strategy encompasses 6 thematic priorities:

1. Reducing health inequalities significantly
2. Improving children’s mental health and wellbeing
3. Improving sexual health and reducing teenage pregnancies
4. More adults living healthier lives and preventing more disease
5. Enabling more older people to live at home with chronic disease
6. Reducing substance misuse and excessive alcohol drinking

Here, Kent County Council summarises the Directorate’s plans and priorities to addressing health inequalities under the Public Health Strategy’s headings. In addition, each directorate is represented on the Health Inequalities Working Group which is committed to progressing and tackling the issues of inequalities and seek ways in which initiatives and approaches can be evaluated to ensure they are making the right impact.

Priority 1.Reducing Health Inequalities Significantly

1.1 Kent Department of Public Health

Kent Department of Public Health leads on Live Life to the Full: the Public Health Strategy for Kent. The strategy has been developed along the ethos of the department: to work in partnership across agencies and the County Council to introduce and promote the public health and well-being agenda and address the wider determinants of health profile across partnerships in Kent. The department is composed of Local Authority and NHS- employed staff:

- Led by the Kent Director of Public Health, jointly funded between the Kent NHS PCTs and Kent County Council.

- Delivering Health Improvement, Promotion and Public Health training (modular and academic) to the public sector workforce (with particular reference to the popular accredited Public Health Champions course).
- Managing the Kent Alliance on Smoking and Health (KASH) partnership to reduce smoking prevalence in Kent, address the Custom and Exercise agenda, national and local smoking legislation and support NHS Stop Smoking Services. This is also aligned to the Trading Standards agenda to combat underage tobacco sales at retail premises and vending machines.
- Manage the business operation and support of the Kent Public Health Board
- Provide the policy lead of the Council on the Public Health agenda, Health and Wellbeing, the wider determinants of health and Health Inequalities
- Identifies and leads on innovative national drivers to address key health inequality agendas such as lifestyle behaviours, social marketing, social capital, cultural capital, community cohesion, resilience, co-creation and co-production.
- Lead for the Council on access to health care and relevant issues on quality of health care that lies in the interest of the County Council and the public.
- Lead on Teenage pregnancies in Kent.
- Leads on social marketing, adopting the principles and concepts of social marketing as core to shape and inform the future of policy, planning and delivery. The National Social Marketing Centre's Benchmarking Criteria for Social Marketing is being mainstreamed into the department's strategies and wider.
- Mobilises and connects resources across County Council Directorates, Primary Care Trusts, Local District Councils, the Voluntary Sector and wider.

Examples of activities which help address Health Inequalities

HOUSE - an innovative social marketing campaign delivering the Towards 2010 Target 50 to raise awareness of the harmful effects of drugs, alcohol, smoking and sexual health to young people. Young people were asked for their views on an effective campaign and unanimously reported that they did not want more health related messages that they felt they knew anyway. In conjunction with PCT services, Kent Youth Service and Kent Libraries and other agencies, we delivered what they did want – a chilled out, non-hierarchical environment which provided them to have somewhere to go, chat with their peers, an environment they could own and respect that was not overtly run by “professionals” out of touch with their needs. HOUSE is a demonstration project of short-term leased shops in each of the 12 town centres in Kent and provides young people with exactly the kind of space they want. HOUSE resembles four rooms in a house, so young people have the feel of going to a friend's house. As well as helping to keep young people fit, the dance machine, wii and music workshops are a particular draw to young people with up to 140-170 young people attending a day. Many of these people are considered 'hard-to-reach' by the nature of them being unknown to local services and agencies. By also addressing confidence, self-esteem and motivation, young people, these young people are very receptive and participate in informal discussions and workshops that raise awareness of the lifestyle behaviours targeted by the project. The way some services are delivered challenge traditional styles of delivery and require a person-centred rather than service-led approach. Young People's feedback on HOUSE and the awareness raising work has been phenomenal with self-reported behaviour change. HOUSE is such a success young people have petitioned to keep it in their area permanently. The learning outcomes of HOUSE will help inform future ways of working.

Examples of activities which help address Health Inequalities

Improving access and quality

Kent Health Watch was launched in October 2008 as a partnership between KCC and the NHS to help local residents express their views and concerns about health and social care in the County. As well as helping people in their dealings with the NHS and Social Care, Kent Health Watch works with the KCC Health Overview and Scrutiny Committee and also the recently established Kent LINK to make sure issues are identified and addressed appropriately.

1.2 Gypsy and Traveller Community

Although obtaining recent and accurate data remains a challenge, health inequalities is still pronounced among Gypsy and Traveller communities with life expectancy estimated at twenty years less than the general population. Their health status is lower than any other ethnic group and Gypsy and Traveller mothers are twenty times more likely than other mothers to suffer the death of a child.

The KCC Gypsy and Traveller Unit, along with Kent Primary Care Trusts, Local Councils and other key partners, have initiated direct face-to-face contacts between Gypsy and Traveller organisations to assist with access to GP surgeries, primary care and social care services. This initiative is currently ongoing and is dedicated to working with members of the Gypsy and Traveller Community to significantly improve health outcomes and tackle health inequalities prevalent among these groups.

Examples of activities which help address Health Inequalities

The Canterbury Gypsy Support Group have been awarded £80,000 funding from three universities to train people from the Gypsy and Traveller communities to be a "first point of call" for health issues.

The aim of this scheme is to pave the way for Gypsy and Traveller communities to access health care and appropriately address health issues to improve health outcomes with their community. This will be achieved by enabling positive contact between health agencies and Gypsies and Travellers so there can be real engagement and discussion and action over the services and relationships that can reduce health inequality.

1.3 Mental Health

Mental Health Services, working in partnerships between KCC, Health partners and the third sector are a crucial factor to addressing health Inequalities for the people of Kent. Mental Health Services have a key role in ensuring that those with mental health needs have fair access and greater opportunities to health outcomes.

This is achieved through a number of targeted interventions:

Target 1: Kent Agreement (NI120: Reducing all age all cause mortality).

Poor mental health significantly contributes to all age all cause mortality in a variety of ways:

- Poor mental health significantly increases the risk of poor physical health and premature death. (DH, Making it Possible, 2005) Mental health problems are estimated to be the commonest cause of premature death and years of life lost with a disability. It is linked to 23% of the burden of disease and 40% of years lived with a disability in high income countries (WHO, 1996 and 1999)
- Mental illness increases the risk of heart disease, diabetes, respiratory disease and infections (Phelan, 2001). A history of anxiety and depression has been found to be a stronger long term predictor of heart disease than smoking in men and is associated with an increase in cancers (Weitoff 2005)
- A diagnosis of schizophrenia reduces life expectancy by 10 years largely due to physical health problems and death, mainly from infectious diseases, endocrine, respiratory, digestive and genitourinary disorders which are significantly more common in adults with severe mental illness. (Harris 1998)
- People with poor mental health also exhibit more behaviours that are detrimental to overall health with poor diets, less exercise, heavy smoking, drug and alcohol misuse (Phelan, 2001). These behaviours contribute towards poor physical health and premature death.
- Suicide is one the leading cause of years of life lost in the UK.

Services are targeted to contribute to the reduction of all age all cause mortality for those with mental health needs:

- Mental health promotion to prevent the development of mental ill health in the population and in high risk groups.
- Appropriate and timely mental health services for all mental health disorders.
- Awareness of the physical health needs of people with poor mental health and services in place to assess and appropriately treat them in a timely fashion.
- Implementation of a clear suicide prevention strategy.

For secondary care services Quality Performance Indicators have been set to improve the physical health outcomes for individuals with more complex mental health needs.

These Quality Performance Indicators include:

- nutritional assessments
- observations of physical health - % on time, fully completed, and correct patient observations (Older People with Mental Health) - target 70% rising to 80% in Quarter 4
- All clients on CPA to have physical health checks in last 12 months - target 80%
- Health Inequalities and the Black Minority Ethnic (BME) community
- To address the Health Inequalities of the BME population Kent County Council and Kent Primary Care Trusts have Commissioned 'Rethink' to deliver the Community Development Worker Project across Kent.

- Rethink Community Development Workers (are part of the Department of Health initiative to deliver race equality in mental health care, improve workforce skills (cultural capability to reduce direct and indirect discrimination), improve satisfaction rates (ensure services are appropriate and responsive), improve pathways into services (better use of primary care) and to ensure service users and carers experiences influence commissioning at a local level.
- The Community Development Workers in Kent work in partnership with Local Authorities, Mental health Trusts, Primary care Commissioners and the Voluntary sector to improve equality in access, experience and outcome for the local BME population. The placements across Kent are based on local need and cover a variety of work streams from training on 'race equality and cultural capability' (Ferns Associates), to mapping of local services and engaging with Users and Carers to improve service provision.
- The Community Development Workers team have had a placement with the KCC mental health contracting team with a view to improving 'Equality and Diversity' in the voluntary sector and is to include a 'social inclusion charter' to the procurement framework to allow providers to set an action plan to be performance managed against and to provide workshops to raise awareness on equality and diversity
- Further details about Mental Health Service's commitment to addressing health inequalities and information about its strategy and services are available in the Directorate's Mental Health Service's Business Plan 2008/9.

1.4 Combating Deprivation and Supporting Independence

Kent has some of the South East's and England's highest concentrations of deprivation, most notably in the coastal towns. More dispersed pockets can also be found at a ward and neighbourhood level across Kent's urban and rural communities. Kent's regeneration challenge is therefore to combat deprivation and lead the way through its Supporting Independence Programme. This means a focus on both place and people based initiatives, which integrate physical regeneration, jobs and skills, health and environmental initiatives.

The **Supporting Independence Programme** (SIP) was launched by the County Council in 2002. The initiative brings together a wide selection of partners in the public, business and voluntary sectors to implement co-ordinated initiatives which will help residents to lead more independent lives. SIP is based upon key strands of action including the analysis of welfare expenditure, assessing current activities, and developing specific actions in areas of need. Social inclusion is a key element of SIP and particular attention is given to groupings of the most deprived residents including school leavers with low educational attainment, people with alcohol and substance abuse, residents with health problems and the long term unemployed.

Kent County Council's Supporting Independence Programme takes a very strong evidence-based approach to look at the ten most disadvantaged and marginalised groups in Kent. It endeavours to foster strong working relationships with the County Council's partners in the public, private and voluntary sectors to look at delivering their resources to the areas and people that need them the most. The ultimate aim is to support, co-ordinate and refocus the County Council's work and that of our partners in the private, public and community sectors in order to help people achieve greater independence and lift themselves out of dependency. There are two central themes that run through the core work of the Supporting Independence

Programme – employment and skills and training and education, and all SIP’s work is undertaken with this in mind. Tackling health inequalities through a prevention and responsive approach is fundamental to SIP’s agenda.

The preventative arm focuses on young people and ensures that they are given the right advice, support and opportunities to go on and reach their potential and not move in to a life of dependency. The responsive arm of the programme is focused on those who are already living dependent lives, for whatever reason, and looks to ensure that they overcome their personal barriers and are able to move into independence.

SIP is leading on “Backing Kent Jobs” – which will provide innovative high-quality jobs and training for 1000 unemployed young people commencing in October for 18 months. It is primarily aimed at 18-24 year olds approaching 12 months on Job Seekers Allowance, but is also open to people located in unemployment hotspots around Kent and is expected to promote employment opportunities in areas of high unemployment and social disadvantage.

In addition, as part of the Kent County Council’s Towards 2010 vision document, 1000 more Apprenticeship opportunities will be created across the public and private sector in Kent. 250 of these Apprentices will be hosted with KCC itself.

Examples of activities which help address Health Inequalities

SIP leads on **Kent Success** - an innovative Apprenticeship Programme launched in December 2005 designed to provide top quality training and employment opportunities for young people aged 16-19 throughout Kent County Council and other public sector employers. The apprentices are referred from a variety of sources, such as the Connexions network, schools, careers events or self-referrals. Following individual interviews and assessments applicants are interviewed by their prospective placement to confirm their suitability for the position. The Apprenticeships are offered in a diverse range of skill areas including Business Administration, Customer Service, Care, Childcare, Warehouse & Distribution. Apprentices will complete a NVQ at level 2 plus a technical certificate in the relevant subject together with Key Skills where required.

1.5 KCC Libraries and Archives

Kent Libraries and Archives are involved in schemes and initiatives to help with employment provision. Some of these are:

- **Time 2 Give** A volunteering programme in Libraries & Archives managed by CSV offers enjoyable and worthwhile volunteering across the county’s libraries. A wide variety of opportunities and activities are available for all abilities including those who are not in employment for reasons of ill health. Some volunteers are supported by their carers. Not only does volunteering help develop skills but also builds up confidence and a sense worth.
- Work experience opportunities.

- Apprenticeship scheme. Working closely with Kent Success. Currently have 2 Apprentices working at Maidstone & Herne Bay libraries. This is a great opportunity to help get young people into work.
- Course, study support, career and job seeking resources free in libraries. Kent Libraries also subscribes to online products that support people's search for jobs or setting up/ developing their own business (e.g. Fast Tomato, COBRA, KOMPASS) and Ask a Kent Librarian offers a business service to small and medium sized businesses (free currently to Kent-based ones as part of our drive to support businesses through the recession)
- Resources to support literacy and numeracy.
- Many libraries host surgeries with Connexions (for young people) or Next Step (for adults) for advice on careers, CV writing and interviewing techniques
- KEY training groups visit Canterbury and Gravesend libraries to gain knowledge of the resources available.
- Free access to PCs, with a range of Microsoft office software and internet access.

Tackling social isolation

- Libraries provide neutral non-judgemental environments
- They are a safe place to see and meet people. Libraries are often a lifeline for the elderly and the mentally ill, job seekers and those wishing to pursue interests outside of recognised traditional learning environments.
- Many clubs meet in libraries e.g. Knit and Natter at Edenbridge, The Tea Set at Seal.
 - Home Library service provides regular visits by volunteers to homebound customers to deliver/exchange books and other library materials.
 - Mobile libraries visit remote rural and urban communities.
 - Libraries & Archives Open Access Service provides:
 - collections of books (including Reading Group book boxes) and audio-visual delivered to residential and nursing homes, sheltered housing, day centres and hospitals;
 - poetry and prose sessions for residents of the above are currently delivered by staff;
 - collections of materials for reminiscence sessions.

Targeting the workplace

- Promoting Reading groups – a great way to meet people and share views about books For further information visit www.kent.gov.uk/leisure-and-culture/libraries/services-for-everyone
- Libraries and Archives are trying to engage with local workplaces but owing to the current recession businesses have other priorities.

The Communities Directorate is also responsible for KENT AGREEMENT 2 Indicators for this priority which also impact on health inequalities:

Indicators for which the directorate is responsible

- NI 8 - Adult Participation in Sport and Active Recreation;
- NI 11 - Engagement in the Arts;
- NI 111 - Reducing first time offenders;

Indicators to which the directorate contribute

- NI 152 - Out of Work benefits (SIP);
- NI 6 - Volunteering
- NI 21 - Concerns about Anti-social behaviour (Community Safety)
- NI 32 - Domestic Violence (Community Safety)

1.6 Health and Housing

The quality and condition of our homes can make a major contribution to the quality of our lives and physical and mental wellbeing. Clear links can be made between poor housing and health inequalities. The availability of good housing that meets the diverse needs of our households is a key component of any comprehensive response to health inequalities in Kent. Helping the people of Kent to live healthier lives must include helping to ensure their housing conditions promote good health.

The Regeneration Framework identifies Housing as a key challenge for Kent and makes a commitment to develop an integrated Housing Strategy in partnership with the Districts and Boroughs to respond to the challenges that exist across Kent.

The Kent and Medway Housing Strategy is supported by a Kent Strategic Housing Market Assessment (SHMA) that in part examines the impact that housing has on the distribution of inequalities in health. In addition, the study develops an analysis of the distribution of vulnerability and the features and drivers in the housing market that results in concentrations of deprivation in certain locations in Kent.

The Kent and Medway Housing Strategy has a series of recommendations that will directly impact on the Key Objectives of the Health Inequalities Strategy.

1.7 Kent Highways Services

The Kent Transport Plan is closely aligned to the *Vision for Kent* and Kent's *Local Area Agreement 2* and is committed to reducing health inequalities, recognizing that transport, particularly public transport, is an essential means for people accessing employment, education, shops, health care and social network opportunities.

In the long term, the Directorate's vision by 2025 for Kent is:-

"To provide good, safe accessibility to jobs and services for all sections of the community in Kent, and to improve the environment and health of the community by reducing congestion and pollution, widening the choice of transport available, and by developing public transport, walking and cycling."

In summary, Kent will be a better and healthier place to live, work, learn, play and travel.

Transport is essential for giving people access to work, learning, health care, food shops and leisure activities. Those without access to a car can be excluded from life opportunities if they are unable to reach these destinations by other means. This applies especially to disabled people, younger and older people, carers, people from ethnic communities and those on a low income. Accessibility can be reduced as a result of the cost of transport; its availability or the

lack of knowledge of its availability; the fear of crime, and by the transport itself being physically difficult to use. Relatively high levels of deprivation, low car ownership and a dispersed settlement pattern exist in Kent, making accessibility a particularly relevant issue for over 1 in 5 households in the County.

Kent Highways services have a targeted approach to reducing health inequalities through public transport.

Improving accessibility is recognized as an important issue at national and local levels and is amongst the shared priority objectives for Kent. The Access Strategy for Kent, which feeds into the Transport Plan, targets public transport particularly at the 22% of households who do not have a car where there is difficulty for some residents to reach jobs and key services. Although Accessibility Planning is designed to deliver benefits for all residents, an emphasis is given to groups in the community which are currently socially excluded and need help to improve access to key life opportunities. The Plan has been developed through extensive stakeholder consultation and public engagement. The accessibility action plan developed in the ASK focuses upon lone parents and teenage parents and proposes more detailed study work to identify barriers to employment in urban and rural areas of the County and determine suitable locations for employment creation. Initially, the programme of work addresses these issues in the deprived urban areas of Thanet and rural parts of Romney Marsh which are characterised by similar issues. In addition to transport and locational constraints, wider issues will also be explored to promote a co-ordinated approach including the specific needs of disabled people and a lack of childcare facilities which can make employment difficult to reach. The Local Transport Plan has more detailed information demonstrating the targeted approach of public transport priorities (such as wards with the highest percentages of single parents on income support. This includes Newington ward where 6.8% of the resident population are single parents on income support). In addition, free travel for the elderly is a huge boon for those using public transport to health care.

Examples of activities which help address Health Inequalities

The key consideration and criteria for investment in Quality Bus Partnerships (such as The Thanet Loop accessing the Queen Elizabeth Queen Mother (QEQM) hospital site in Margate) is access to health care and employment. The Thanet Loop has now become an essential hospital link for many people living in Broadstairs, Margate and Ramsgate through the provision of low floor, easy access vehicles which provide good access for wheelchairs. This enables more effective co-ordination of the public health functions which will promote the health and wellbeing of Kent residents.



Low Floor Bus on Thanet Loop Service

Significant investment is being made in local public transport in the area through the Fastrack scheme and Arriva Southern Counties is refurbishing existing vehicles in the fleet to a high standard. Expanding the coverage of CCTV will improve security and safety across the local bus network and improve passenger confidence, particularly amongst vulnerable users.

Growth on specific bus projects such as the Canterbury triangle, Thanet Loop and Dover-Deal Diamond is around 20% per annum. Many of the passengers are elderly people who were previously unable to use conventional bus services.

Kent County Council also provides a network of dial-a-ride services in rural areas for those without access to cars and who cannot use ordinary buses. Again, this is an essential part of everyday life for hundreds of disabled and elderly people living in rural Kent.

Further details about Kent Highway Service's commitment to addressing health inequalities and more information about the services and examples are available in the Kent Transport Plan 2006-11: <http://www.kent.gov.uk/static/local-transport-plan/index.html>

(For other ways to access this document, please refer to the Appendix 2 at the back of this document)

1.8 Healthy Lives – Healthy Eating, Childhood Obesity and Healthy Schools

The National Healthy Schools Programme recently celebrated its 10th anniversary and in Kent the programme is going from strength to strength. 84% of Kent schools have achieved National Healthy School Status. 100% of schools are now engaged in the programme.

The National Healthy Schools programme in Kent is currently run in partnership with the County Council's Children, Families and Education Directorate and the NHS to provide a fully supported whole-school approach and opportunities to enhance the health and well-being of children and young people.

For schools that have achieved the National Healthy Schools Status there will be an opportunity to engage with the new Healthy Schools Enhancement Model. This new model has a significant role to play in the health and wellbeing agenda and has been designed to help schools develop their wider thinking and the planning they will need to do, in order to achieve better outcomes around health and well-being for children and young people. The enhancement model links to new policy developments such as Ofsted's new inspection requirements and is closely aligned to the well-being indicators, Child Health Strategy and 21st Century Schools.

As part of the enhancement model, schools select 2 priorities; a local priority (from the local Children and Young People's Plan) and a school priority. Schools are encouraged to work closely with key partners such as local councils, multi-agency groups and the wider communities in local groupings to tackle locally agreed health and well-being outcomes such as obesity and teenage pregnancy. The new enhanced model provides CFE and the Kent Children's Trust Board with the means of ensuring that health and wellbeing outcomes are at the forefront of school's planning whilst also having a presence in Kent's CYPP priorities.

For more information on the new National Healthy Schools Enhanced Model, please visit www.healthyschools.gov.uk. Contact Kendra Stanley-Berridge, Healthy Schools Project Officer on 01622 644595 kendra.stanley-berridge@kent.gov.uk.

For more information on Kent Extended Services please visit www.kent.gov.uk/kentextendedservices. Contact 01622 694991.

Examples of activities which help address Health Inequalities

Spark Transition Project – Tunbridge Wells and Cranbrook & Paddock Wood partnerships

Spark: a multi-agency project co-ordinated by Children, Families & Education's Extended Services which helps to support parents and vulnerable children through transition from primary to secondary school. The project has three main aims. To identify children in year 6 attending primary schools who are considered at risk of experiencing difficulties when making the transition into Secondary school. To offer parenting support, with a key focus on enabling parents to support their child through transition. Lastly, to provide parents with an opportunity to establish a positive and constructive working relationship with the school. The project is delivered by Family Liaison Officers (FLOs) and Parent Support Advisers (PSAs) in both partnerships. Partners involved in the delivery included Health Visitors, School Nurses, Social Services, Charlton Athletic, schools and the voluntary sector, Power Project, Support Services for Kids and Young People (SSKY), Town and Country Housing Group. A total of 124 children were referred to the 3 Spark projects which ran across the partnerships at Skinners Kent Academy, Mascalls School and Angley School. Activities include one-to-one work with parents, dropin sessions with Family Liaison Officers after transfer to Secondary schools, activities and transition activities in the Summer holidays after Year 6 and during key holiday periods in Year 7. This project is due to be extended in both partnerships to support pre-school to primary school transition. **CYPP Priority 2**

In the Communities Directorate, the Trading Standards Directorate provides consumer education activity to assist consumers in understanding food labels to make healthier choices. Examples include a project with the Tenterden Day Centre to train staff and volunteers in order that they can support their clients who have disabilities or are elderly choose healthier diets. Trading Standards is also continuing Healthy Event Fun Events with primary schools (which are linked in with libraries and Gateways targeted in local areas of high deprivation).

Trading Standards also inspect food and animal feed premises and undertake sampling for analysis by **Kent Scientific Services**. This activity

- ensures that food and feed is not contaminated so as to be prejudicial to human health including food allergens
- examines food labelling specifically claims e.g. low fat, high fibre and nutrition information is accurate providing confidence to consumers that food labels can be relied upon in making healthier food choices
- provides information to encourage manufacturers to reformulate foods that are lower in fat, saturated fat, sugar and salt

Loan Sharks – Trading Standards are working with Birmingham Illegal Money Lending Team to target loan sharks in Kent. This will primarily impact on deprived areas in respect of economic, mental and physical wellbeing.

Those who are economically deprived can be tempted, through social pressure, to invest in cheap, fake goods which are invariably of poor quality and, in some cases, unsafe. Trading Standards aim to tackle continued investment in counterfeit goods which can fund organised crime and affect local business and therefore job prospects.

1.9 Tobacco Control and Smoking

KCC Libraries and Archives are also involved in tackling smoking in a number of ways:

- Working in partnership with both Eastern & Coastal Kent PCT and NHS West Kent Stop Smoking PCT Advisor Teams to promote library buildings as possible suitable venues for stop smoking sessions.
- Also working with the stop smoking service to have staffed stands promoting the local stop smoking sessions.
- Stop smoking sessions are being held at Newington, Margate and Ramsgate libraries.
- Have also been held at Tonbridge Library.
- A Stop Smoking Advisor has used Coldharbour Library to signpost people to stop smoking sessions at The Grand, Gravesend.

1.10 Physical Activity and Exercise

Kent Sport, Leisure & Olympic Service is located in the Communities Directorate and contributes to Health Inequalities through a range of physical activity and exercise initiatives across all age groups and diversities in Kent.

An example of these are:

- Working with other 2012-Legacy 'Beacon Councils' London Borough of Hackney and Essex to deliver 'Local Leadership, Local Legacy', a Government 12 month programme exploring how best we can share sport and physical activity within a wider 2012 context as contributors to addressing health inequalities
- Lead service for NI8 - Adult Participation in Sport and Active Recreation, working with a wide range of partners including health, leisure, business and other community organisations to co-ordinate information, promotion, family activity, workplace health, Free Swimming and wider strategic co-ordination of health and leisure
- Developing and promoting www.activekent.co.uk alongside the two PCTs in East and West Kent, promoting a wide range of locally based activities and opportunities
- Ensuring that promotional material for activekent is distributed widely to practitioners who are dealing with vulnerable individuals and families - GPs, Family Liaison Officers, Extended Schools Officers, Health Trainers (and hopefully Care workers)
- Supporting the Free Swimming initiative in Kent, enabling local authorities to target user groups within their local communities from Looked After Children to vulnerable families, disabled people and older people
- Providing a disability sport service enabling more disabled people to become involved in sport and activity, both formally and informally
- Co-ordinating the Kent School Games, enabling all schools across Kent to become involved at local level leading to County Finals (opportunities for both non-disabled and disabled young people)
- Working with the Youth Service, Youth Offending Service and Community Safety Team to run a Sport Leaders Project to support partners work in Positive Activities for Young People, Youth Offending and Anti Social Behaviour.

Kent County Council Directorates' Actions for Priority 1:

Action. KA2 Target		Directorate
Priority 1. Reducing Health Inequalities Significantly		
NI8	Adult participation in Sport and Active Recreation	Communities
NI 15	Serious violent crime rate	Communities
NI 21	Dealing with local concerns about anti-social behaviour	Communities
NI 152	Working age people on out of work benefits	Communities
NI 195	Improved street and environmental cleanliness	Environment, Highways Waste
NI 175	Access to services & facilities by public transport, walking & cycling	Environment, Highways Waste

Further details about these actions are provided in the Action Plan summary on page 61.

Priority 2. Improving Children's Mental Health and Wellbeing and Reducing Child Poverty:

The Children Families and Education Directorate leads the development of Children's Services in Kent through the Children's Trust. The Directorate actively aims to address inequalities in the child population and narrow the gap in children's health, wellbeing and life chances. The vision of the Kent Children's Trust is: *'In Kent's successful communities achievement exceeds aspiration, diversity is valued and every child and family is supported. Children and young people are positive about their future and are at the heart of joined up service planning. They are:*

- *Nurtured and encouraged to live at home*
- *Inspired and motivated by learning*
- *Safe and secure in the community*
- *Living healthy and fulfilled lives'*

This guides the Trust in delivering the five Every Child Matters outcomes for children and young people, measured by robust needs assessment at Kent and local level:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic wellbeing

The Local Children's Trust Boards (LCTBs) play a central role in improving outcomes for local children, young people and families through integrated commissioning and front line delivery, with each of them producing their own local plan with family centred approaches, putting the needs of children, young people, parents and carers at the centre of decision making and with clearly identified outcomes. There is also emphasis on better communication and integration between services with greater focus on strategic and preventative response to needs³.

In addition the Kent Children and Young People's Plan identifies eight priorities that contribute to addressing health inequalities and the wider determinants of health. All are aimed at narrowing the gap between those who achieve well against the five Every Child Matters outcomes and those who achieve less well. The summary of the eight priorities are:

1. To reduce the impact of poverty on children's lives by tackling the underlying causes and mitigating the effects
2. To draw on and improve resilience in children and young people to help them make informed and healthy/safe choices and develop coping strategies. To include a focus on children and young people with emotional and/or mental health problems.
3. To improve parenting by implementing Every Parent Matters and developing more effective multi-agency support and early intervention for families experiencing problems.
4. To improve the quality and stability of housing for vulnerable children and young people through to early adulthood.

³ Following the Kent Children's Trust review the LCSPs have been replaced by 12 district based Local Children's Trusts (partnerships).

5. Supporting vulnerable children to improve their life chances including improving the achievement and quality of life for young carers by implementing the Young Carers Strategy.
6. To ensure more young people have things to do and safe places to go in their leisure time and improve outcomes for adolescents at risk to themselves and potentially to others.
7. To increase engagement and participation by young people in education, employment and society in order to prevent disaffection and improve security.
8. Children and young people are safe and feel safe in the communities where they live, go to school, play and work – with a focus on taking action to reduce the incidence and impact of bullying at school and in the community.

Further information on these priorities can be found at www.kenttrustweb.org.uk

But before inequalities can be addressed to narrowing the gap the Kent Children's Trust Needs Assessment provides evidence of what works well and where areas for improvement/development need attention. The needs assessment identifies:

What is going well:

- **Low incidence of babies born with a low birth weight**
- **Low rate of infant mortality**
- **Arrangements for agencies to collaborate in keeping children and young people safe**
- **Children's social services' performance on referrals, assessments, and reviews**
- **Looked after children benefiting from permanence in their lives**
- **Roll-out of extended services and Children's Centres**
- **Educational attainment at GCSEs**
- **Many opportunities for young people to have a say**
- **Many young people are involved in making a positive contribution to others**
- **Lower incidence of first time youth offending**
- **Incidence of 16-18 year olds not in education, employment or training (NEET)**
- **Participation in vocational education**
- **Workforce commitment**
- **Track record of strong service management**
- **Agreement of inter-agency governance & new CYPP**

Key areas for improvement /development

- **Mitigating the effects of poverty/low income is a critical area to improve, as the impacts are seen across the Every Child Matters outcomes**
- **Teenage conceptions**
- **Substance misuse**
- **Safe environments - safe places in areas where young people live, and road safety & transport**
- **Attainment of children and young people from low income families**
- **Early childhood development (including a healthy start in life)**
- **Improve feedback to young people to show them how their views are being taken into consideration**
- **Better understand why some young people are not engaging in positive activities**
- **Housing—assessing, planning and responding for vulnerable families and young people**
- **Integrated strategic & governance support (including resources strategy)**

▪ **Integrated processes (Children and Families)**

Examples of activities which help address Health Inequalities

Extra support for families who need it from Children, Families and Education

CFE offers support to parents in both formal and informal ways, offering parents access to information and guidance on issues that may affect their children and wider family, including sexual health, relationships and drug abuse especially at times of change and transition (ie. Starting secondary school). Parent Support Advisers (PSAs) and Family Liaison Officers (FLOs) are available through schools to support parents and carers. This support also provides opportunities for parents to learn alongside their children (eg. Family learning sessions and parenting groups).

We also offer “structured parenting programmes” which differ from informal groups that may be run in response to specific needs. Structured parenting programmes commonly used in Kent are:

- Mellow Parenting
- Webster Stratton – Incredible Years
- Strengthening Families, Strengthening Communities
- Solihull Parenting Programme
- Positive Parenting.

Trading Standards – National Young Consumer of the Year.

Trading Standards participates in the National Young Consumer of the Year competition and Consumer Challenge (specifically for children with learning difficulties). These competitions are education projects dealing with a variety of consumer issues to enable young people to be confident consumers.

Kent Sport, Leisure & Olympic Service – Actions for reducing inequalities

- Managing the Sport Unlimited programme, providing a wide variety of sports and physical activities for young people across the whole of the County, with activities in every district.
- Providing the two PCTs with the activekent postcards to put into the national Weight Measurement programme result letters related to young people in Reception and year 6
- Co-ordinating the Kent School Games, enabling all schools across Kent to become involved at local level leading to County Finals (opportunities for both non-disabled and disabled young people)
- Using the Olympic and Paralympic Games to inspire local people, including the Pass the Passion work in Dover regarding the Olympic Torch
- Working with the Youth Service, Youth Offending Service and Community Safety Team to run a Sport Leaders Project to support partners work in Positive Activities for Young People, Youth Offending and Anti Social Behaviour.
- Working with schools in Kent to provide sport and physical activity opportunities for young people including disabled young people, with links to community sport

Children, Families and Education directorate lead on implementing the Parenting Strategy, adopting evidence based approaches to reducing children's aggressions and behaviour problems. Under this strategy, families who need it are supported to increase their social competences.

The Directorate also leads on Personal Social and Health Education of Kent's children and young people through our schools. PSHE is a planned programme of teaching and learning that helps to give children and young people the knowledge, skills and understanding they need to lead confident, responsible, healthy and independent lives. It aims to help them understand how they are developing personally and socially and tackles many of the moral, social and cultural issues that are part of growing up. The PSHE Strategy contributes to reducing teenage conceptions and reducing drug and alcohol misuse as well as helping with a wide range of other health related issues. The CFE PSHE Strategy can be found at:

http://www.kenttrustweb.org.uk/UserFiles/CW/File?Policy/Key_Policies/PSHE_Strategy.pdf

From September 2010, the Local Childrens Service Partnerships will reform into 12 Local Childrens Trust Boards that will be responsible for the local delivery of childrens services. Further details about Children, Families and Education's commitment to addressing health inequalities and more information about the services and examples are available in the following documents:

- Shortcut to: Positive About Our Future: Kent Children's and Young People's Plan 2008-2011: <https://shareweb.kent.gov.uk/Documents/education-and-learning/plans-and-consultations/strategic-plans/cfe-cypp-09.pdf>
http://www.kenttrustweb.org.uk/Children/kct_performance_framework.cfm
- Every Child Matters:
http://www.kent.gov.uk/adult_social_services/leaflets_and_brochures/active_lives_leaflet.aspx

<http://www.dcsf.gov.uk/everychildmatters/>

(For other ways to access these documents, please refer to Appendix 2 at the back of this document)

The Communities Directorate is also working with the Children, Families and Education directorate to influence health inequalities by contributing to the following KENT AGREEMENT 2 Indicators:

Indicators for which the directorate is responsible;

- NI 110 - Positive activities for young people;
- NI 161 - Learners achieving Level 1 qualification in literacy
- NI 162 - Learners achieving an Entry Level 3 qualification in numeracy.

Indicators to which the directorate contribute

- NI 163 - Level 2 Skills (SIP and KEY);
- NI 117 - Reducing young people not in education, employment and training (NEETs - SIP / KEY, Youth, YOS)
- NI 21 - Concerns about anti-social behaviour (Community Safety)
- NI6 - Participation in Regular Volunteering

KCC Libraries & Archives

KCC Libraries & Archives are working towards the **KCC Towards 2010** targets one of which is to improve health, care and well-being of people in Kent by working in partnership with public, private and voluntary sectors to help people lead healthy lifestyles.

Health & wellbeing is not viewed as being just about illnesses, nutrition and exercise. Most of the Libraries contribution addresses mental wellbeing, general happiness and intellectual improvement. It also aims to improve people's quality of life through the following activities:

0-5 year olds

- Regular Baby Bounce and Rhyme sessions and story times - these are very popular and contribute to child development from the earliest age. They help mothers suffering from post-natal depression or isolation as they encourage them to get out and meet people in a safe and friendly environment. They also help introduce or reinforce literacy and numeracy skills for parents with low education attainments with no stigma attached.
- Bookstart scheme - the initial pack is delivered in partnership with the Registration Service; Bookstart Plus is given out at 18 months by Health Visitors and the Bookstart treasure boxes are distributed via pre-school setting and other agencies.
- Annual Bookstart Book Crawl – this scheme fosters a library habit which we hope children will maintain.
- Health visitors access some libraries to deliver schemes and activities; e.g. for First Time Mums clinic and hearing tests.
- Partnership working with Sure Start partners to promote the Library & Archives Service to parents/carers and their families (e.g. at Children's Centres), also Home Start and other family organisations.

School age children

- Work in partnership with schools to ensure that each reception child receives a free book as part of Booktime, which is a national initiative. Teachers and parents are given information including how to encourage children to read for pleasure.
- Regular school visits to libraries for book exchanges or themed visits to help children learn about their community or how to use their library.
- There are Homework clubs in some libraries run by staff and volunteers, which offer help with projects in an alternative setting to school, which is relaxed and informal.
- Free printing and photocopying for homework purposes.
- Access to computers and the Internet free of charge (under 16s need parental permission to use the internet).
- Using their free library ticket and pin number access is provided to our on-line services via the website with our popular Ask a Kent Librarian service.
- Annual Summer Reading Challenge, which is highly successful. This helps children continue reading over the summer holidays.
- There are a number of reading groups held in libraries. Some are aimed at primary pupils and others are for teenagers.
- Family Learning week in October - events are often delivered in partnership with Kent Adult Education – e.g. healthy lunch boxes, creative writing workshops, and family history sessions.

- Engage with new government initiatives- Book ahead, Booked Up and Boys into Books (2008)
- Consult with young people and their parents/carers e.g. at Sherwood Library a parent focus group selected new health and self help books with library staff for their community centre.
- Work with Child and Adolescent Mental Health Teams e.g. in Feb 09 at Tunbridge Wells the local CAMH team had a display in Tunbridge Wells Library with CAMHS staff.

Looked after children

- Carers are offered information and training on the role of libraries in children's education and development. They are entitled to a group ticket which enables them to borrow up to 30 items for up to 8 weeks with no fines or reservation fees. KCC Libraries and Archives have produced a 'Books for Caring' leaflet that provides a list of books on topics such as adoption, bullying, being in care and refugees. All can be borrowed through Kent libraries.

Life checks

- Life checks – KCC Libraries and Archives are currently working with the Child Health Promotion Programme Project Manager to promote NHS Life checks. We have added the general link to KCC Libraries & Archives health online resources page on the website at
- http://www.kent.gov.uk/leisure_and_culture/libraries/online_library_services/online_reference_library/health_and_wellbeing.aspx

Teenage health

- Working with partners to reduce teenage pregnancy
- Working with YAPS (Young Parent Groups) to reduce teenage pregnancy
- Participating in the **HOUSE** project for Young People (see case study on page Consulted with a teenage focus group on the design of the Coldharbour library teen room and to select and review teen stock.
- Headspace project at Folkestone - a joint venture with the Youth Service and the Reading Agency aimed to use teenagers to champion reading to their peers.

Kent County Council Directorates' Actions for Priority 2:

Action. KA2 Target		Directorate
Priority 2. Improving Childrens Mental Health and Wellbeing		
NI 21	Dealing with local concerns about anti-social behaviour	Communities
NI 111	First time entrants to the Youth Justice System aged 10-17	Communities
NI 163	Aged 19+ qualified to at least level 2	Children, Families & Education

NI 117	16-18 year olds not in education, employment or training	Children, Families & Education
NI 161	Learners achieving level 1 qualification in literacy	Children, Families & Education
NI 51	Effectiveness of child & adolescent mental health services	Children, Families & Education
NI 55	Obesity in primary school age children in reception	Children, Families & Education
NI 110	Young People's participation in positive activities	Communities

Further details about these actions are provided in the Action Plan summary on page 61

Priority 3. Improving Sexual Health and Reducing Teenage Pregnancies

Kent County Council Directorates' Actions for Priority 3:

The Kent Teenage Pregnancy Executive Board leads on the implementation of the Kent strategy to reduce teenage conceptions and increase the uptake of young parents back into education, training or employment to improve both health and social outcomes for both the young parents and their children.

The four main strategic priorities are:

1. To support the development of young people's aspirations and life skills
2. To offer timely prevention, early intervention and support when and where young people need them
3. To develop the children's workforce so that they are competent and confident to offer appropriate advice and support to children and young people
4. To seek and respond to the information and advice we receive from children and young people and their families and enable them to shape our services

What is going well:

- **The C Card scheme** – there are over 100 access points and 300 registration points across Kent where young people can access condoms. In 2009 this service was used by over 6000 young people, helping to prevent unplanned pregnancies and sexually transmitted infections
- **EHC pharmacy scheme** – There are now over 100 pharmacists across Kent trained to assist young people who require emergency contraception, helping to reduce the unplanned pregnancies in Kent
- **School based and further education health services** – there are now over 50 secondary schools across Kent offering health services to their pupils. The service, run by qualified nurses, offers help and information on healthy eating, smoking cessation, drugs and sexual health advice.

- **Training** – the Kent Teenage Pregnancy Executive Board commissions sexual health training for professionals who work with young people across Kent. Health Improvement Training Solutions, deliver training to foster carers, teaching staff, parents, connexions staff, youth workers and many others on different aspects of sexual health including raising self esteem, sexually transmitted infection and contraception, delaying early sex and communicating effectively with young people about sex and relationships.

Speakeasy – this is an accredited course designed to provide parents with the skills and confidence needed to talk to their children about sex & relationships. This is a Kent incentive and so we have over trained to deliver the course
- **Work with young parents**
‘Tell me about it’ – This is a peer education project involving young parents. The young parents are trained by professionals to talk to year 10 pupils about their experiences of parenthood. Research shows that this method of education contributes towards the uptake of effective contraceptive use among young people (Phelps et al., 1994). This will also increase the aspirations and educational achievements of the young parents taking part, by accrediting the training.
- **4YP website**
Information for young people on sexual health and available services. The website now includes drugs and alcohol information and a section on the C Card.

The most up to date ONS Under 18 conception data for 2008 (latest available) shows that Kent county has a rate of 36.7 conceptions per 1000 females aged 15-17 years and the national rate to be 40.6 conceptions per 1000 females age 15-17years. Kent has seen an overall rate reduction of -12.8% since the beginning of the strategy in 1998 (to 2008) and this compares with the national data which has seen a reduction of -13.9%.

Please follow the link to access the latest national conception data (2008)
<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00200/>

Key areas for improvement /development

- Sex and relationships education
- Increase the uptake of young mothers breastfeeding
- Increase the uptake of LARC methods
- Reduction in smoking rates with young people/young parents
- Better links with GPs to provide services to young people
- Implementation of the ‘You’re Welcome’ criteria for sexual health services (currently services are approved under the ‘foryoungpeople’ criteria)
- Although Care to learn figures have shown great improvement there is still scope for improvement

Priority 4. More Adults Living Healthier Lives and Preventing More Disease

A recent 'Independence, Wellbeing and Choice' Inspection, linked to the CAA, was undertaken by the Care Quality Commission in March 2009. The inspection focused on safeguarding for adults across all client groups and access to preventative services for older people. The inspectors also looked at the domains of Commissioning and Use of Resources and Leadership. The Care Quality Commission concluded that Kent safeguarding of adults was good, delivery of preventative services was excellent and capacity to improve was also excellent.

Instead of the annual star ratings of Kent Adult Social Services, in which Kent Adult Social Services (KASS) have been awarded three stars in the last seven years, the new regulator – the Care Quality Commission (CQC) – published their Annual Performance Assessment of all adult social services in December 2009. Kent Adult Social Services has been judged as 'excellent' in three of the seven outcomes; improved quality of life; making a positive contribution and economic wellbeing. KASS were also judged as 'performing well' in the other four outcomes. Approximately 85% of KASS services are contracted within the private and voluntary sector. Equalities and Diversity are integral to these processes to procure these services ranging from Good Care Guides to service users with a learning disability being involved in reviewing their service – using an 'Easy Read' appraisal sheet. The KASS commitment to prevention and inequalities is demonstrated through its retention of the eligibility for access set at moderate level.

By the nature of their service, KASS respond to needs of the most vulnerable groups of people in Kent. This is not only identified by where people live, but also by other indicators of vulnerability and inequalities; namely older people, adults with physical or learning disabilities, people with mental health needs, carers and people with limited long term conditions. The Government's 'Our Health Our Care Our Say' White Paper (2006) has provided the strategic direction for social care in Kent and has informed the Directorate's forward thinking Active Lives for Adults (ALfA) programme and Active Lives (2007-2016) 10 year vision paper. As a result, the strategic direction and approach distilled into the directorate's priorities and challenges known as the 5 Ps (promoting independence, personalisation prevention and partnership working and Performance Improvement) address and underpin the health inequalities agenda by increasing equality among the most vulnerable groups. This is supported in part by a new post of Employability Development Manager to promote employment and employability related opportunities for all Kent Adult Social Services clients who are or may be disadvantaged in the workplace, including people with learning disabilities, mental health support needs, sensory loss, physical disability and older people.

Deaf services are committed to delivering outcomes to the Department of Health Strategy – Towards Equity and Access to improve access to services (particularly Mental Health) for deaf and deafblind people.

Partnerships

KASS has strong partnerships with Public Health and the Health Sector, local district councils (particularly in relation to housing, service planning and promoting social inclusion), the private and the voluntary sector. This is strengthened through strong commissioning and contracting frameworks and the Joint Strategic Needs Assessment that aims to reduce inequalities by ensuring people are listened to and involved in policy, planning and decision stages.

KASS works in partnership across a whole range of initiatives to ensure that services are joined up and accessible to people at the right place and right time in their lives. Integrated services between KASS and Health such as the Whole Systems Demonstrator provide independence and reassurance to people with long term conditions. Through its Strategic Commissioning role, Kent Adult Social Services providers and the voluntary sector work together to respond to the Active Lives cultural change and continue to reach out to minority communities and groups who are not in regular contact with services working with them to develop services and support them in the way they want it. Further strategies for people with Autism and for those with Sensory Impairment are currently being developed and progressed.

Promoting Independence

Targeting vulnerable people across Kent and supporting them to deliver independently is a high priority. Private Finance Initiatives (PFI projects) such as 'Better Homes and Active Lives' aim to deliver 417 high quality apartments to those who most need it. In addition, the 'Valuing People Now' strategy is committed to delivering a vision of equality and transforming lives for everyone, providing equal opportunities for those with Learning Disabilities. The Personalisation agenda seeks to strive for equality and prevent discrimination. Personal choice and control in local Day Programmes and activities can enable people with learning disabilities to have a full and meaningful life. Such programmes form part of the Good Day programme for people with disabilities.

Examples of activities which help address Health Inequalities

Promoting Independence for Older People (KASS)

Promoting independence is also achieved by active engagement of local people through partnership groups. One of the key successes of this is the Brighter Futures Group operating across 5 districts of Kent since 2006, with older people volunteers supporting their less active peers to remain independent and reduce social isolation. The programmes delivered range from assisted shopping and promoting healthier lifestyles. Further information is available from the KASS Business Plan.

Assisting people to live independently is crucial to the fabric of society and KASS leads on a range of innovative ways to deliver priority outcomes for the Council:

- Kent Agreement 2 Target (NI141) – to increase the number of people achieving independent living
- Towards 2010 Target 52 – aimed at increasing the number of people supported to live independently in their own homes. Many of those with limiting long term conditions will be assisted to live independently in their own homes where they wish to do so, promoting a greater quality of life
- Towards 2010 Target 53 – recognising that Carers own health and wellbeing needs are often ignored when delivering the needs of those they care for. The new Carers' Strategy supports and promotes the development of new flexible respite opportunities shaped around their individual need
- Towards 2010 Target 54 – working with colleagues in the health service to reduce the number of avoidable admissions to hospital and combine resources, where appropriate, to improve the health and wellbeing of the people in Kent

- Towards 2010 Target 55 – is delivered jointly with CFE to ensure good transition, ensuring independence and personalisation
- Towards 2010 Target 56 – improving older people people’s economic well-being by encouraging the take-up of benefits

Examples of activities which help address Health Inequalities

Macmillan Cancer Collections (Libraries, KCC, Communities Directorate)

KCC Libraries & Archives have worked in partnership with Kent and Medway Cancer Network, and Macmillan Cancer Support to provide a comprehensive collection of books, leaflets, tapes, CDs and DVDs, together with specialist items for children, black and minority ethnic communities and people with learning disabilities, in the 13 main libraries in Kent. The items can be borrowed and the audio-visual material is for free loan. By increasing the availability of this material and ensuring that there is no cost attached, Libraries & Archives are helping to potentially reduce health inequalities through provision of information for support services to people who might not feel comfortable in seeking them through the NHS

Engagement

KASS seek to involve the public from the start of service design through a wide range of mechanisms. It has a robust Public Involvement Strategy with users of Learning Disability services engaged in Partnership Boards at district and strategic levels. Service user groups are also examples of engaging local people in discussing and developing ways they would like to see their services delivered. Service users are also involved in Policy Development and recruitment. KASS staff are working with Health and District Council partners to better identify the needs of Black and Minority Ethnic (BME) communities and to enable them to help shape services appropriate to them. Examples include:

- support for the establishment of International House in Ashford which now houses 12 BME groups. Community lunch discussions are highly successful and a funding workshop has been held to assist the capacity building of these groups
- similarly, in Sittingbourne, Diversity House (an African led project) is at the early stages of exploring the health and social care needs of the local BME communities with assistance from KASS, Eastern and Coastal Kent PCT, University of Greenwich and other agencies
- KASS are involved in a Canterbury City Council led multi-agency consortium which is mapping and engaging with BME groups
- South East Coast Ambulance Service have partnered with the Asian Welfare Society and KASS’ Guru Nanak Day Centre to improve services around the palliative carer needs of Sikh older people.

Further details about KASS’s commitment to addressing health inequalities and more information about the services and examples are available in the Directorate’s documents:

Shortcut to Kent Adult Social Services Business Plan:

http://www.kent.gov.uk/your_council/how_the_council_works/council_spending/financial_publications/200910_business_plans.aspx

Active Lives:

http://www.kent.gov.uk/adult_social_services/leaflets_and_brochures/active_lives_leaflet.aspx

(For other ways to access these documents, please refer to the Appendix 2 at the back of this document)

Physical Activity and Exercise

KCC Sport, Leisure and Olympics service contributes to Health Inequalities in relation to adults in a number of ways including:

- Lead service for NI8 - Adult Participation in Sport and Active Recreation, working with a wide range of partners including health, leisure, business and other community organisations to co-ordinate information, promotion, family activity, workplace health, Free Swimming and wider strategic co-ordination of health and leisure.
- Developing and promoting www.activekent.co.uk alongside the two PCTs in East and West Kent, promoting a wide range of locally based activities and opportunities
- Ensuring that promotional material for activekent is distributed widely to practitioners who are dealing with vulnerable individuals and families - GPs, Family Liaison Officers, Extended Schools Officers, Health Trainers (and hopefully Care workers)
- Supporting the Free Swimming initiative in Kent, enabling local authorities to target user groups within their local communities from vulnerable families to disabled people and older people
- Providing a disability sport service enabling more disabled people to become involved in sport and activity
- Working with National Governing Bodies of Sport to run programmes and promote activity for adults in the County e.g. Back to Netball, Bowls4Free, Kent Golf Partnership

KCC Libraries and Archives

In order to promote good health and wellbeing to vulnerable adults, KCC Libraries and Archives are working across a number of initiatives throughout Kent. An example of these are:

- Working in partnership with District Partnership Groups to promote the Libraries and Archives service to adults with learning difficulties.
- Several groups have had tours of their local library.
- Consulted certain groups about new library buildings e.g. at Gravesend and also input into stock provision for the Easy Access Collections.
- Several groups meet in libraries e.g. Biblio Hour is held weekly at Sevenoaks Library for a full and varied programme of events including arts, crafts, IT skills, museum object handling etc.
- Events for adults with learning disabilities e.g. during Adult Learners week held Music for Change drumming workshop at Ashford library.
- Coffee and chat sessions in libraries.
- Working in partnership with Ashford Learning Disability Community Interest group to assist them in their setting up and running their library and information point in International House Ashford.

- Produced a good practice guide and asked groups for their comments.
- Working with Skillnet in Swale to create A-Z of health & fitness.
- Piloted the Library Passport Programme in Thanet working with Adult Education. Aim of the 6 week course is to create independent and confident users. It is anticipated that this pilot will be rolled out to other Districts.
- Introduction of AbilityNet software package on all staff and public computers.
- Collections of Books Beyond Words in each District.
- Bag books in libraries- tactile and multi-sensory stories aimed at children and adults living with severe or profound learning difficulties.

Examples of activities which help address Health Inequalities

Supporting Independence

Promoting **Happiness and well being programmes** are essential to those from disadvantaged backgrounds to raise self-confidence, motivation and self esteem in people's lives. By focussing on the 4 key objectives of the programme it is anticipated that the identified groups can be empowered to move forward into employment or to deal with certain aspects of their life's which may be causing them potential barriers to fulfilment.

The programme's 4 main objectives are:

- Improve the mental and physical health, happiness and general wellbeing
- Encourage these clients to develop links with health and cultural-based resources available to them in their communities
- Provide an understanding of what works in terms of improving the happiness and wellbeing of a difficult-to-engage client group, and see if this model can be transferred to other areas and other client groups
- Support the delivery of other programmes which deal with individuals from a disadvantaged background

4.1 Mental Health

The importance of promoting healthier lifestyles to reduce the risk of adverse health conditions later in life is also recognized for those with mental health problems. In many cases, people with mental health problems require additional support to access services and maintain motivation levels. Mental Health Promotion Workers address these issues to help reduce inequalities for Mental Health Service Users.

Examples of activities which help address Health Inequalities

My Body My Life Project Thanet; A lottery funded project to promote healthy lifestyles for Mental Health Service Users. The project designs, develops and delivers a range of physical activities for mental health service users supported by a “buddy scheme” to support service users accessing the local projects and activities. People from the key targeted wards can access the project and activities (such as; Walk and talk groups, Tai Chi, and yoga and any other service users identify to promote their recovery). The project was designed by the Mental Health Promotion worker for Thanet.

Books Can Help: (Health Professionals and Libraries, KCC Communities Directorate)

This is a joint scheme whereby health professionals can prescribe reading materials for patients to raise their awareness of particular health issues (e.g. depression, anger management, eating disorders). Patients then present the prescriptions at libraries and receive help in choosing appropriate books from a collection of titles selected by health specialists.

KCC Children Families and Education (CFE)

Mental health difficulty is a common problem affecting one in ten children. The promotion of good mental health, prevention of mental health, early detection, intervention and effective treatment of mental health difficulties are all essential to improving outcomes for children and young people.

Poor mental health can be an early warning of a child at risk as children and young people can express external distress in the form of mental health disorders. Abuse, neglect and sexual abuse are all associated with higher incidence of mental disorders and illnesses.

Failure to address mental health in childhood may result in longer-term mental health problems, sometimes persisting into adulthood: this may include self harm, suicide, depression and anxiety. It may also lead to longer term low educational employment achievement, increased violent anti-social behaviour and offending.

CFE is working closely with NHS Child and Adolescent Mental Health Services (CAMHS) to deliver the Kent CAMHS Strategy, ensuring that early help is available through schools and other setting and that specialist services are more responsive to the needs of the most vulnerable groups of children and young people, including those who are looked after, have special needs, including learning difficulties, young offenders and unaccompanied asylum seeking children.

KCC Libraries and Archives

KCC Libraries & Archives are working towards the **KCC Towards 2010** targets one of which is to improve health, care and well-being of people in Kent by working in partnership with public, private and voluntary sectors to help people lead healthy lifestyles.

Health & wellbeing as being is not just viewed as illnesses, nutrition and exercise. But as mental wellbeing, general happiness and intellectual improvement. It is also about improving people's quality of life. KCC Libraries and Archives contribute towards this in the following ways:

Raising awareness of mental health

- **Books Can Help** - KCC Libraries & Archives have worked in partnership with health practitioners in Eastern and Coastal PCT, West Kent PCT and the Kent & Medway NHS and Social Care Partnership Trust to develop this book on prescription scheme. It aims to assist people with mild to moderate mental health problems (depression, work related stress, anxiety, panic disorder, obsessive compulsive disorders etc). GPs and other health professionals prescribe books from a list selected by a variety of experienced mental health practitioners to relevant patients. The client then takes the referral form to their local library to borrow the recommended books. Collections are now available in 40 libraries. Leaflets, booklist and referral forms are available in libraries and online at http://www.kent.gov.uk/leisure_and_culture/libraries/books_and_reading/books_health_and_wellbeing.aspx
- The scheme also includes bereavement and stop smoking, following work with St Christopher's Hospice, London and the local PCT Stop Smoking Advisors, and we intend to widen the scope further by adding materials suitable for young people, people with learning or other disabilities and those from ethnic minorities.
- Working with BBC Headroom to promote this project e.g. World Mental Health Day materials in libraries to promote the campaign 'Books that Make You smile'.
- Work with partners to raise awareness of mental health e.g. with Edenbridge Emotional Health Forum to hold a range of activities at Edenbridge library to promote World Mental Health day Oct 2009. E.g. Health on the web (see section 6).
- Author talks – e.g. Read Yourself Well – Talk at Dover & Dartford Libraries by Professor Jane Plant & Janet Stephenson about their recently published book 'Beating Stress, Anxiety & Depression'.

Forthcoming projects

- **Recovery Through Reading** - possible bibliotherapy pilot project working with the NHS Librarian at St Martins Hospital Canterbury and the Occupational Therapist in the Arundel Unit, William Harvey Hospital, Ashford to start a Reading group at the Arundel Unit.
- **Connecting Through Books** - Reading, Health & Older People. Working in partnership with The Reading Agency, The Department of Health, Well Being and Family at Canterbury Christ Church University (Sidney De Haan Centre for Arts & Health) and third sector organisations such as Age Concern. The project (currently seeking funding) looks to develop social reading/ reading group activities to promote the well-being of older people, and develop opportunities for older people to keep physically and mentally active.

Supporting good mental health

Research at Sussex University has found that reading is the best way to relax, and even 6 minutes can be enough to reduce stress levels by more than two thirds. In a series of tests they found that reading reduced stress levels by 68%. See also www.telegraph.co.uk/health/healthnews/5070874/Reading-can-help-reduce-stress.html

Reading activities

- Reading groups meet in our libraries and we provide support to over 200 of them in the county.
- A MIND Reading group meets at Maidstone Library.
- Thanet Rethink visited Margate Library and followed up by setting up a reading group that meets monthly at the library.
- Working with Tunbridge Wells Mental Health Resources Centre to promote reading activities. A reading group was developed last year launched on World Mental Health day but unfortunately has been disbanded at present. However creative writing sessions are proposed to be held in Tunbridge Wells Library with the Centre commencing in November 2009.
- We plan to work with local mental health groups to establish more special reading groups.
- A monthly listening group meets at Gravesend, Sturry and Dover Libraries for the visually impaired in partnership with Kent Association for the Blind.
- Reader Development activities - such as author visits e.g. Suzannah Dunn, Robert Rankin, Lola Jaye, Mavis Cheek. Many more authors have worked with adults, teenagers and young children to foster a love of reading and the use of libraries.

Health related events,

- Creative writing workshops – e.g. in partnership with the University of Kent at Minster library.
- Adult Learners Weeks events – e.g. Indian head massage, healthy lunch boxes, knittorama, 'be healthy/stay healthy', CV writing, deciphering hieroglyphics, cookery classes, garden design, salsa dancing, keeping up with the children, parent matters, flower arranging, talking poetry, local history/family history sessions, basic drawing , designing a T shirt etc. We work in partnership with Adult Education, other education providers and community groups and activities are accompanied by displays of library stock and partners information.
- Mind, Body Spirit events - e.g. 'look good/ feel good, 'declutter your life' working with Adult Education, all accompanied by book displays.
- Healthy Eating weeks in libraries working in partnership with NHS Trust, Trading Standards and other agencies. e.g. NHS Dietician providing advice on healthy eating; food labelling information workshops provided by Trading Standards.
- New Years Resolutions – health events delivered with Health Promotion, Trading Standards, KCC Sports Development, Volunteer Bureau, KCC drugs team, independent practitioners, Adult Education, Kent Now and KCC Activmobs. All accompanied by displays books and information from agencies participating.

- Poetry & Reminiscence sessions held either at Kent Association for the Blind coffee/social mornings or in libraries - e.g. during 'Make a Noise in Libraries' week in July.
- Talks to visually impaired groups about library resources
- History and archive collections sessions
- We promote the libraries role in health & well-being at Community Health Day events with partners.

Physical activity

- Healthy Living Walks - working in partnership with PCT and in some districts local district councils.
- Healthy living buggy walk' for mums to Dartford library commenced in September in partnership with Dartford Borough Council. Walks are followed with a Baby Rhyme Time at the library.
- Literary and Historical walks - working in partnership with local Historical societies and town centre partnerships.
- Jane Austen walk launched in September at Tonbridge Library. Working in partnership with the Jane Austen Society, Tonbridge and Malling Borough Council, St Peter and St Paul Church Tonbridge and Explore Kent to create a literary walk and audio guide. Copies of the Jane Austen walk guide and audio guide can be found on Libraries & Archives website
http://www.kent.gov.uk/leisure_and_culture/libraries/books_and_reading/literary_walks.aspx
- The film 'Jane Austen Walk' is also live on Kent TV
<http://www.kenttv.com/#PRG2719> and linked to from our website at
http://www.kent.gov.uk/leisure_and_culture/libraries/books_and_reading/literary_walks.aspx
- 'Rethink your mind' walks aimed at mental health groups working with partners e.g. Dartford Borough Council and Healthy Living Centres.
- Clubs/workshops are held in libraries e.g. yoga at Westgate Library delivered by Adult Education.

IT activities to support mental health

- I.T. taster sessions at many of our libraries – often in partnership with Time2Give: Libraries & Archives' volunteering programme managed by CSV that offers volunteering across the county's libraries e.g. computer buddies/ web wizards.
- Silver Surfer sessions in libraries - In 2009, 230 silver surfers attended 33 library events.
- Health on the Web taster sessions- organised in partnership with NHS Librarians. The aim is to introduce the public to reliable health resources on the internet.

Recent partnership initiatives to promote mental health

- Since July 2008 we have been working with Eastern & Coastal Kent PCT NHS Choices team to promote Choose and Book in libraries by promoting free use of our public PCs to gain access to the NHS Choices website and worked with PCT colleagues to produce support materials. The Patient Choice Advisor has held NHS Choices promotion stands at town centre libraries in East Kent.

- Partnership working on the NHS Choose & Book initiative.
- KCC Libraries & Archives have worked in partnership with Kent & Medway Cancer Network and Macmillan Cancer Support to provide a comprehensive collection of approx 300 items - books, pamphlets, audio tapes, CDs, videos and DVDs together with specialist items for young people, black and ethnic minorities and people with special learning needs - in our 13 main town centres. A list of the resources is available in all 101 Kent Libraries and 11 mobile libraries, enabling people visiting them to order any materials they are interested in and borrow or consult it free of charge. For further information visit http://www.kent.gov.uk/leisure_and_culture/libraries/books_and_reading/books_health_and_wellbeing.aspx. In Sevenoaks the concept of a Living Library has been piloted. People from the local community who are passionate about a subject, or an expert in their field or have a significant life experience that they are willing to share, can be 'borrowed' for a conversation lasting 20-30 minutes. It allows people to find out about other people and activities in their community in a safe environment without any need to first be introduced formally or any obligation to follow up the meeting, unless they want to. In October 2008 as part of health activities arranged at Sevenoaks Library, a Healthy Living Library was held with various medical practitioners e.g. a colorectal clinical nurse specialist, a dietician etc for borrowers to gain an insight into their field of work.
- A Community fruit and veg scheme at **Hive House library**. Started Nov 2008 and working in partnership with Gravesham Borough Council, Sure Start and NHS. Sure Start have provided the volunteers and a Community Health worker from Gravesham Borough Council is overseeing the project. Customers are able to purchase a bag of fresh seasonal and in many cases local produce on a weekly basis. Recipe cards have been added to the bags. About 25 people use the scheme each week- to promote healthy eating and nutrition.
- Working in partnership in the Eastern and Coastal Kent PCT Health Trainer programme. Have delivered library service awareness training sessions for health trainers in the Ashford & Shepway, Dover and Thanet Districts. Have also delivered a presentation of library services and public health to newly appointed Health Trainers in Eastern & Coastal Kent.
- Health Trainers are using libraries for weekly drop in sessions at Stanhope, Wood Avenue, Dover, Margate and Ramsgate Libraries.
- NHS West Kent Health Trainers programme is being developed in 2009. Have delivered a presentation 'How Library Services can provide information to Health Trainers' in the Gravesham District with the aim of extending this training to all Health Trainers in West Kent.

4.2 Environment, Highways and Waste:

The Environment, Highways and Waste teams and services aim to target projects to address health inequalities either through direct delivery or commissioning arrangements and often working in partnership. The Kent Country Parks Strategy 2009-14 aims to promote services that are targeted to improve the mental and physical wellbeing of the population, specifically in the wards with the greatest health inequalities. Objective 8 of the Strategy focuses on Kent County Council to 'utilise and promote the resources of the country parks to support improvements in health and wellbeing. The Countryside Management Partnerships are also committed to health inequalities, adopting a Health and Wellbeing theme in their service business plans under which they deliver a range of activities that promote mental and physical wellbeing through practical involvement in countryside activities. The Countryside Access Service's statutory Countryside Access Improvement Plan documents the important link between public rights of way/countryside access provision and public health with a number of projects delivered to make the countryside access estate more accessible (both intellectually and physically), many in the most deprived wards in East Kent.

Examples of activities which help address Health Inequalities

A number of initiatives to ensure those in the most deprived areas have greater opportunities to access countryside and coastal places and take up a more active lifestyle are borne out of the Kent Country Parks Strategy and Countryside Access Improvement Plan, such as the 'Access to the Countryside and Coast for Health' 3 year joint initiative between the Countryside Access Service and Eastern and Coastal Kent PCT. The project implements low cost preventative initiatives to address health inequalities in the deprived wards of Eastern and Coastal Kent through better access to the countryside and coast for residents. The project outputs include a 'Green Gym' style volunteer warden scheme, a co-ordinated country-wide guided walks service for Kent and a series of social marketing activities. Outcomes will include improved physical, mental and emotional health for target groups, greater interest and awareness of the benefits of regular exercise and increased investment in Voluntary Sector Services.

Naturally Active:

In addition 'Naturally Active' is a 3-year partnership project with the West Kent PCT, KCC, Forestry Commission, Dartford & Gravesham Borough Council and grant funded by BIG Lottery under the *chance4change* Programme. The Project outcomes are focused on mental health (people and communities having improved mental wellbeing) and physical activity (people being more physically active). Naturally Active uses the natural environment and green spaces in Dartford and Gravesham to deliver its projects. Activities range from health walks, to TaiChi and disc golf

All Environment, Highways and Waste projects will contribute either directly or indirectly to performance against the Kent Local Area Agreement 2 Key Health and Recreation related indicators, namely:

NI 8	Adult Participation in Sport and Active Recreation
NI 120	All Age All Cause Mortality
NI 55	Obesity in Primary School age children in Reception
NI 110	Young People's participation in positive activities
NI 175	Access to services and facilities by public transport, walking and cycling.

In addition to the above, the Environment, Highways and Waste's Sustainability and Climate Change Team is working in partnership with the Children and Families Directorate on Healthy School Projects, with the Chief Executives Directorate on Fuel Poverty (Local Area Agreement 2 NI 187) and Kent Highway Services on School Travel Plans (Local Area Agreement 2 NI 198).

Further details about Environment, Highways and Waste's commitment to addressing health inequalities and more information about the services and examples are available in the Directorate's documents:

Shortcut to Kent Country Parks Strategy 2009-2014:

<https://shareweb.kent.gov.uk/Documents/leisure-and-culture/countryside-and-coast/country-parks/kent-country-parks-strategy-2009-14.pdf>

Countryside Access Improvement Plan:

http://www.kent.gov.uk/environment_and_planning/countryside_access/countryside_access_improvement.aspx

(For other ways to access these documents, please refer to the Appendix 2 at the back of this document)

4.3 Communities

The Communities directorate's services provide a context for people to develop a healthy lifestyle and to improve their sense of health and wellbeing. One of the directorate's aims, as expressed in its Vision, is to create an environment where people can make positive decisions to improve their health, to help people to stay safe and to manage risks to their health and wellbeing. Communities' approach to reducing health inequalities is principally, to provide support across the gradient of health, improving chances not only for the disadvantaged, but for a larger group of the relatively disadvantaged for whom small efforts could make a large impact.

This approach has been embedded in both the directorate's Vision, and through examination and discussion at Senior Management Team level and also at the directorate's Public Health Network which is open to all staff in the directorate.

There is a clear role for Communities' services in supporting the reduction of health inequalities in Kent, aiming to tackle problems for people who are socially disadvantaged, whose lifestyle puts them at a disadvantage to achieving good health outcomes, and to

provide help for people who find themselves in potentially harmful situations. At present, services in the Communities Directorate contribute in the following ways:

Prevention of factors associated with social disadvantage and poorer health outcomes. This is achieved through work carried out by the Community Safety Unit, the Youth Offending Service (YOS), Trading Standards (especially through food labeling requirements), Adult Education, Kent Drug and Alcohol Action Team (KDAAT) and Key Training services.

Adult Education Health Referral Scheme

Kent Adult Education Service offers specific courses at a reduced fee to people referred by their Health Professional as an incentive to join an Adult Education course to help make a lifestyle change. After a referral, a prospective student will be contacted by the Creative and Healthy Lives Programme Manager, who will provide advice on the choice of activities available. There is no cost to the referring Health Professional.

Further information available on the attached link:

[Health Referral Scheme leaflet 2008 09 260808.pdf \(390KB\)](#)

(For other ways to access this leaflet, please refer to the Appendix 2 at the back of this document)

Macmillan Cancer Collections

A list of the resources is available in all Kent libraries, including mobile libraries, enabling people visiting the libraries to order any materials they are interested in borrowing or consulting free of charge. For further information visit the Kent Libraries & Archives website: http://www.kent.gov.uk/leisure_and_culture/libraries/books_and_reading/books_health_and_wellbeing.aspx

(For other ways to access this information, please refer to the Appendix 2 at the back of this document).

(See also: Books can help Scheme in Case Study on page 31.)

Communities Directorate Vision:

<http://knet2/directorates/communities/strategies-and-plans/communities-vision-250607.pdf>

(For other ways to access this document, please refer to the Appendix 2 at the back of this document)

Case study

YOS and KDAAT

J is a 15-year-old male who is currently completing a 12 month supervision order with the Youth Offending Service (YOS). J has been taken back to Court on numerous occasions for breaching the conditions of his supervision orders.

Three months ago J was placed with foster parents. The family which he is placed with are providing him with consistent support. J's attendance at his YOS appointments has increased significantly. He is playing sport on a regular basis. His physical health appears to have improved. He completed a course on substance awareness and has asked to be re-referred to child mental health services.

Kent County Council Directorates' Actions for Priority 4:

Action. KA2 Target		Directorate
Priority 4. More Adults Living Healthier Lives and Preventing More Disease		
NI 8	NI8 Adult Participation in Sport and Active Recreation	Communities
NI 141	Increase number of people achieving independent living	Kent Adult Social Services
NI 187	Tackling Fuel Poverty	Kent Adult Social Services
NI 155	Number of affordable homes delivered	Kent Adult Social Services

Further details about these actions are provided in the Action Plan summary on page

Priority 5. Enabling More Older People to Live at Home with Chronic Disease
Kent County Council Directorates' Actions for Priority 5:

Action. KA2 Target		Directorate
Priority 5. Enabling More Older People to Live at Home with Chronic Disease		
NI 125	Achieving independence for older people through intermediate care	Kent Adult Social Services
NI 141	Increase number of people achieving independent living	Kent Adult Social Services
NI 187	Tackling Fuel Poverty	Kent Adult Social Services

Further details about these actions are provided in the Action Plan summary on page 61.

The KASS Directorate has an established priority of developing preventative services for older people. This was recognised by CQC in the recent inspection. CQC graded Kent as Excellent in delivering preventative services to older people and stated

“There was a clear focus on promoting the independence of older people and a strong emphasis on enablement and rehabilitation. The council worked effectively with its partners to deliver a wide range of preventative services. There were some excellent initiatives between

the council and its health, housing, independent and voluntary sector partners to provide a holistic response to the needs of older people”.

Outlined are some examples of work being undertaken in tackling this important priority

TeleHealth and Telecare. These are preventative interventions which embrace new technology to enable people to remain in their own homes. As documented in detail in previous reports, Kent has been a Whole Systems Demonstrator (WSD) site (only 3 were selected by Department of Health). Kent were forerunners in the development of such interventions and the WSD project enabled Kent to offer the benefits of TeleHealth and Telecare to far more people. The outcome will be for 1,000 extra people to be offered Telecare and 1,000 extra people to be offered TeleHealth.

Intermediate Care - We continue to develop a range of intermediate, recuperative care and enablement services geared at preventing avoidable hospital admissions and delayed discharges. These services have been developed in partnership with Health. They are having a significant impact in reducing the rates of delayed hospital discharges across Kent.

Localised Community Based Prevention. KCC continues to invest in a wide range of innovative preventative schemes. These include:

- *Brighter Futures*, which encourages more able older people to support more needy people through volunteering. Originally piloted in West Kent this is now being expanded across the County, but ensuring each project is tailored for its local community.
- INVOKE³ (Independence through the Voluntary action of Kent Elders) is the project that has been developed out of the successful Partnerships for Older People bid. This project has introduced a range of initiatives, which have supported older people in the community. There are a range of outcomes, which have been drawn out through research and this includes reduction in overnight stays in hospital to ensuring people within the project have received all their benefits.
- A whole range of local projects often delivered by the Voluntary Sector focusing on a wide range of issues from dementia to ‘falls’ projects.

The outcome has been to enable more people to remain independent. Evidence of this can be seen in the recent Care Quality Commission Inspection of Kent Adult Social Services

Joint Commissioning with Health - Underpinned by Joint Strategic Needs Assessments and other specialist assessments, the Directorate is significantly developing its integrated commissioning arrangements with the NHS. There is a series of arrangements in place to support joint commissioning including jointly funded and appointed posts. These joint posts focus on key care pathways, such as dementia, strokes and supporting carers.

A key priority is developing services for people with Dementia. We have working with the NHS undertaken a Joint Strategic Needs Assessment of the needs of people with Dementia in Kent. From this action plans have been developed which are supported through the Dementia Collaborative. With the NHS we are commissioning and putting in place a range of projects which support people with dementia in the community

To support older people with long term conditions we must also support the legions of family and friend who offer care to older people. Often to provide such care can be very hard and stressful work and it is important that they feel supported to fulfil this important task. This has been recognised in Kent and is a major Target for T2010

³ More detail on this project have been provided in previous Annual Reports

Target 53: Strengthen the support provided to people caring for relatives and friends

A range of initiatives have been put in place which include

1. The development of a carers strategy with carers and carers support groups.

This has identified the following priorities

- Improving Information Advice and Guidance.
- Access to integrated and personalised services.
- Carers having a life of their own.
- Carers not being forced into financial hardship.
- Helping Carers to stay mentally and physically well

2. Kent Carers Emergency Card Scheme was launched in December 2008. The aim of the scheme is to:

- Provide carers with peace of mind when away from the person that they care for.
- Offer carers as much support as necessary to complete their emergency plan.
- Ensure that County Duty or the Out of Hours service will step in to arrange emergency support if the plan fails.
- Ensure that this support is available to all carers not just those carers of people receiving community care services.
- Increase levels of community based respite.

Currently there are over 1084 carers signed up to the scheme and the number is growing steadily and the feedback regarding the scheme has been positive

KASS provide a range of “short breaks” which benefit carers and the people they support. These include:

- Day care
- Support in the home
- Overnight care
- Adult placements
- Emergency breaks

Information about the number and range of carers services delivered and people support is presented in the Annual Report.

A further area of support for older people and their families is enabling them to maximise the benefits they are entitled to, to ensure that as much as possible they have the economic resources. This again has been highlighted in T2010 through the Target:

Target 56: Improve older people’s economic well-being by encouraging the take-up of benefits

Older people receiving social care services from KCC are offered information, advice and if necessary, assistance to claim all the benefits they are entitled to. We have increased the effectiveness of this work by creating specialist teams and by working with the Pension Service, District Councils and local voluntary organisations. In addition we have provided extra funding to the 12 Citizens Advice Bureau in Kent which will enable them to help more people claim the benefits to which they are entitled.

All of our partnership working is contributing to the increase in benefit take up for older people in Kent. We have been provided with the following information from the Pension Service (part of the DWP that deals with people over 60). As a direct result of joint working with the Pension Service between April 2007 and 31 March 2009 £2.1 million in additional benefits was raised for Kent residents. Broken down this is £885,000

in Pension Credit, £898,000 in Attendance Allowance, £98,000 in DLA, £127,000 in Housing Benefit and £93,000 in Council Tax Benefit. In addition to monetary gain, joint working leads to a better experience for our service users who receive a quicker and less time consuming service.

Further details of Kent Adult Social Services Plans are available on the website:

http://www.kent.gov.uk/your_council/how_the_council_works/council_spending/financial_publications/2009_10_business_plans.aspx

or from contacting Kent County Council on the telephone: 08458 247 100.

Trading Standards

Older people and/or people with disabilities are targets for rogue traders and specifically door step rogue traders. The Trading Standards department operate a Rapid Action Team working with Kent Police to respond to rogue trader activity to prevent economic loss. They also link with other agencies to provide follow up support with the aim of ensuring the victim feels safe in their own home.

Scams/fraud - those who are vulnerable can be more susceptible to attractive yet fraudulent marketing offers e.g. supposed large prize wins, but this will require an apparently small financial requirement from them with nothing or practically nothing in return. In the worst cases, victims get swamped with telephone calls, emails and particularly post and can lose several thousands of pounds over many years with the accompanying emotional effect. Trading Standards is committed to supporting victims, offering guidance and working with national and local partner agencies to try and track down those responsible (many of whom are based abroad).

Trading Standards provide consumer advice and support to vulnerable consumers to help them exercise their consumer rights. Operate Buy with Confidence scheme provides a database of reliable traders for consumers to access.

Priority 6.Reducing Substance Misuse and Excessive Alcohol Drinking

Much of this agenda is being led by the Communities Directorate contributing towards reducing health inequalities in the following ways:

Promotion of healthy lifestyles. This is achieved through the work of the Kent Drug & Alcohol Action Team (KDAAT), Libraries – through work such as hosting Smoking Cessation Clinics and Health Trainer surgeries on Library premises for example and the Sports Development Unit.

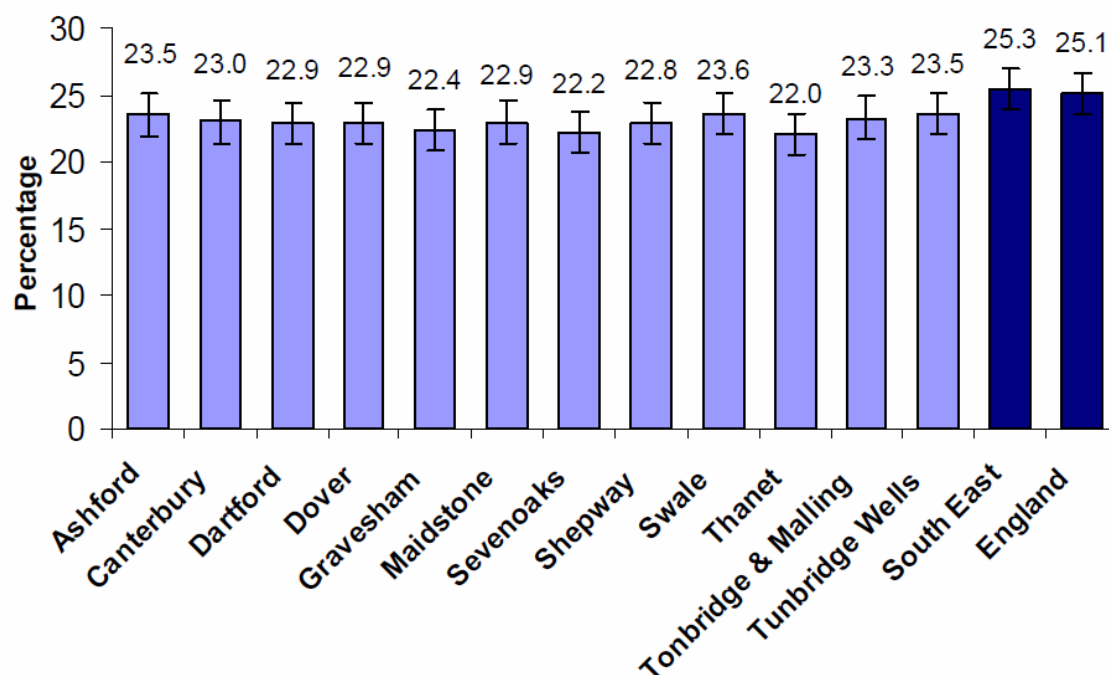
Harm reduction through the work of Kent Drug and Alcohol Action Team (KDAAT), YOS, Community Safety and through the work of Trading Standards and Emergency Planning.

Substance misuse and excessive alcohol consumption continues to present a significant public health risk for the people of Kent and the wider South East region. These issues are led by the Kent Drug and Alcohol Team located in the KCC Communities Directorate and working across partnerships.

Estimates of harmful and hazardous drinking behaviour vary between districts:

KENT COUNTY COUNCIL HEALTH INEQUALITIES STRATEGY 2009-14

Synthetic estimate of the percentage of the population aged 16 years and over who report engaging in harmful/hazardous drinking, by local authority, 2005



Source: North West Public Health Observatory

Tackling the harms from alcohol misuse within our communities is a key priority for the health, social care and criminal justice agencies across Kent. The need to inform the public of the risks to health and society and change attitudes in a positive way is a complex task.

The Kent Action on Alcohol Steering Group (KAASG) has developed a Kent Alcohol Strategy to be launched in 2010. The strategy aims to reduce the harms associated with alcohol, in order to ensure that alcohol can be enjoyed safely and responsibly, as part of a vibrant and inclusive community. The KAASG will co-ordinate action to inform, highlight and raise the profile of issues relating to the harms associated with alcohol misuse and promote positive attitudes to alcohol within the framework of the 2008 National Alcohol Strategy: Safe, Sensible, Social.

It is clear that tackling the harms from alcohol misuse within our communities is a key priority for the health, social care and criminal justice agencies across Kent. The need to inform the public of the risks to health and society and change attitudes in a positive way is a complex task.

The Kent Alcohol Strategy will out a series of priorities for action including:

- Communication and awareness raising
- Alcohol Treatment
- Community Safety
- Licensing
- Children and Young People

Examples of activities which help address health inequalities

Kent Community Alcohol Partnership (KCAP) is the largest partnership of its kind in the UK.– It uses a combination of training for retailers, patrols by police and community wardens, and activities for young people to reduce the amount of under-age drinking and anti-social behaviour in those areas.

The scheme was originally piloted in Edenbridge, Canterbury and Thanet. In November 2009 an extension of the pilot areas was announced and the KCAP accreditation scheme launched. A KCAP accreditation will provide traders with support and training. If they commit to stringent checks for alcohol sales that include asking anyone who looks under 25 for proof of identification. KCAP is run by Kent County Council's Kent Trading Standards, Kent Police, the Retail of Alcohol Standards Group, Thanet District Council, Canterbury City Council and Sevenoaks District Council.

It is acknowledged that drug as well as alcohol misuse within the county also continues to cause harm to families and communities as well as individuals.

“There are a large number of risk factors, some related to health inequalities, which may promote drug misuse, such as extreme economic deprivation, lack of community cohesion, behavioural problems, lack of family support, lack of educational attainment, alienation, and early peer rejection.”

The National Collaborating Centre for Drug Prevention (NCCDP)

The Kent Drug and Alcohol Action Team (KDAAT) partnership is responsible for commissioning a wide range of treatment services across three key client groups: children, young people and adults. These services work together to form a cohesive treatment system for Kent whose primary focus is to tackle personal, family, social and community issues arising from illicit drug use and alcohol abuse.

The Local Area Agreement target to increase the number of problem drug users⁴ in effective treatment (NI 40) demonstrates the commitment in Kent to improve provision for those affected by problematic drug use. Partners across Kent are committed to improving outcomes for those affected by substance misuse by increasing the treatment system's focus on recovery and social re-integration of those who receive treatment.

The treatment system in Kent also contributes to reducing the rate of alcohol-related admissions per 1,000 population (NI 39) and several Towards 2010 targets, including reducing the risk of young people offending (Target 60) reducing the frequency of young people's use of drugs and alcohol (NI 115) and raising awareness of the damaging effects of smoking, alcohol, drugs and unprotected sex (Target 50) and the current Children and Young People Plan for Kent (2B and 3C).

Within the treatment system, there is an emphasis on targeting resources towards evidence based treatment interventions working across institutional boundaries. There is also a key

⁴ **Problem drug users are those who use heroin or crack cocaine**

responsibility to deliver services to children and young people and this increases the requirement for effective prevention and treatment and seeing the family as a whole.

Examples of activities which help address health inequalities

KDAAT commissions a Targeted Early Intervention service which aims to raise awareness and reduce harmful substance misuse among vulnerable groups of young people including young offenders, looked after young people, those young people who are not in mainstream schools, refugees and asylum seekers.

The plight of families and children of drug users has to a large extent been hidden from view. In 2003 the Advisory Council for the Misuse of Drugs (ACMD) highlighted the needs of these families in *Hidden Harm – Responding to the needs of children of problem drug users*, and issued updated findings in 2006. The ACMD report identifies that nationally, there are approximately 250,000 to 350,000 children in England and Wales where one or both parents have serious drug problems. This represents about 2–3% of children under the age of 16.

KDAAT's three year Hidden Harm Strategy for Kent aims to set out the actions that partner agencies across the county will take to understand the problem more clearly and reduce the harm caused to children of substance misusing parents.

Examples of activities which help address health inequalities

KCA's Substance Misusing Parent's Service is a joint initiative between Thanet and Dover's Children's Children and Families Teams, and Kent Drug and Alcohol Action Team. The project works with

- Parents with a child or children on the CP register where parental substance misuse is a factor
- Parents with a child at risk of becoming looked after, where substance misuse is a characteristic
- Parents who are using drugs or alcohol in a way that is affecting their ability to parent adequately
- Women who are pregnant and whose substance misuse may be harmful to the unborn child.

The project aims to improve outcomes for children and their families by supporting parents.

National and local priorities require that young person's drug and alcohol services are embedded within universal, preventative and specialist services for children and young people and that there is a partnership response to children, young people and their families. This family approach is expected to help address health inequalities by addressing the wider impact of drug and alcohol misuse.

KDAAT's new approach to drug treatment has been piloted in two areas within Kent with a clearer focus on assertive outreach to engage 'hard to reach' problem drug users who may not have engaged with treatment services before. The treatment system in the pilot areas have a stronger focus on recovery and social re-integration as outlined in the government's 2008 Strategy, *Drugs: protecting families and communities*. The pilot provides the KDAAT partnership with valuable insights to help improve treatment services to help reduce health

inequalities and enable people affected by drugs to sustain the longer term benefits of treatment.

Examples of activities which help address Health Inequalities

Dual Diagnosis (KDAAT, YOS and CAMHS)

A multi-agency pilot addressing the needs of young offenders with both substance misuse and mental health problems. This follows the support model of the 'team around the child'.

KENT AGREEMENT 2 Indicators for this priority which the Communities Directorate are also responsible or contribute which also impact on health inequalities:

Indicators for which the directorate is responsible

- NI 40 - Drug Users in effective treatment;

.

Indicators to which the directorate contribute

- NI 39 - Alcohol related hospital admissions (KDAAT)

Trading Standards in the Communities Directorate are also involved in sensible drinking issues as members of the Kent Community Alcohol Partnership.

KCC Libraries and Archives address the alcohol agenda by working with KDAAT (Kent Drugs and Alcohol Team) to promote alcohol awareness- e.g. posters in libraries during alcohol awareness week. Oct 2009.

6.1 In Mental Health

Target 2 (*Kent Agreement 2 NI39: Alcohol harm related hospital admission rates*)

The link between hazardous drinking/alcohol dependency and poor mental health means that a significant number of harm related admissions are related to mental health problems and poor health outcomes.

- 1 People with a common mental disorder are twice as likely to have a dependency on alcohol than those without an mental health problem, and people with a severe and enduring mental illness are at least three times as likely to be alcohol dependent than the general population (Cornah 2006).
- 2 Alcohol is also associated with the perpetration of violent and abusive behaviour which in turn can lead to poor mental health in the victim.
- 3 A third of suicides in young people are linked to alcohol intoxication and 65% of suicides in the adult population are associated with excessive drinking. (Cornah 2006).
- 4 In adulthood, another study showed that, especially for women, the risk of hazardous drinking increased following two or more stressful life events. (Singleton, 2003).

Mental Health Services prioritise interventions that aim to reduce alcohol harm related hospital admissions and aim to address this in the proposed Kent Dual Diagnosis Strategy. In addition,

appropriate support is being made available in the event of significant life crises which will reduce the onset of alcohol dependency and thus harm related alcohol admissions.

http://www.kent.gov.uk/your_council/how_the_council_works/council_spending/financial_publications/200910_business_plans.aspx

(For other ways to access these documents, please refer to the Appendix 2 at the back of this document)

Kent County Council Directorates' Actions for Priority 6:

Action. KA2 Target		Directorate
Priority 6. Reducing Substance Misuse and Excessive Alcohol Drinking		
NI 40	No. of drug users recorded as being in effective treatment	Communities

Further details about these actions are provided in the Action Plan summary on page 38.

The Way Forward

The government set national target:
‘by 2010 to reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth’.
Although statistically infant mortality rates have decreased and life expectancy at birth has increased across the whole population, most areas have seen greater health outcomes across the most affluent areas and smaller health outcomes in the most deprived areas and most vulnerable groups of people. Clearly more needs to be done to successfully reduce the gap in inequalities, demanding further national guidance and support to identify effective ways to tackle these challenges. A post-2010 national review conducted by Sir Michael Marmot will be released in the Autumn of 2009 to advise on national direction to recommend where efforts should be concentrated to maximise potential and effect. The Kent Health Inequalities Working Group intend to implement the recommended outcomes of this report to influence, inform and progress the Health Inequalities Strategy.

Health Inequalities will continue to be addressed and tackled at a strategic and local level, in partnership with others and in conjunction with Kent’s Local Area Agreement. Local Strategic Partnerships and Health and Well-being subgroups remain in a strong position to oversee the delivery of initiatives that tackle health inequalities at a local level and will be a key to engagement and partnership working to ensure that the Health Inequalities Strategy 2009 is deliverable at both strategic and local levels.

Kent Department of Public Health continues to work with County Council colleagues and other partners to promote and develop the importance of the public health and wellbeing

agenda across Kent. All partners are committed to working towards the 6 main priority areas highlighted in Live Life to the Full.

- 1 Reducing health inequalities significantly
- 2 Improving children's mental health and wellbeing
- 3 Improving sexual health and reducing teenage pregnancies
- 4 More adults living healthier lives and preventing more disease
- 5 Enabling more older people to live at home with chronic disease
- 6 Reducing substance misuse and excessive alcohol drinking

In addition, there are some national resources that assist in targeting health inequalities both at local levels, such as:

- Community Health Profiles

http://www.apho.org.uk/default.aspx?QN=HP_FINDSEARCH

And at strategic and local levels, ensuring multi-agency commitment by being embedded in Public Service Agreement (PSA) targets and Local Area Agreement Indicators. The Department of Health's 12 key indicators are a good example:

- The 12 key indicators are:
 - 1a: Age-standardised death rates per 100,000 population for the major killer diseases ages under 75 – Cancer
 - 1b: Age-standardised death rates per 100,000 population for the major killer diseases ages under 75 – Circulatory Diseases
 - 2: Rate of under-18 conceptions
 - 3: Road Accident casualties
 - 4: Number of primary care professionals per 100,000 population
 - 5: Percentage uptake of flu vaccinations by older people (aged 65+)
 - 6: Prevalence of smoking among people in manual social groups
 - 6b: Prevalence of smoking among pregnant women
 - 7: Proportion of those aged 16 who get qualifications equivalent to 5 GCSEs at grades A*-C
 - 8: Proportion of people consuming 5 or more portions of fruit & vegetables per day in the lowest quintile of household income distribution
 - 9: Proportion of households living in non-decent housing
 - 10: Percentage of schoolchildren who spend a minimum of 3 hours each week on high-quality PE and school sport within and beyond the curriculum.
 - 11: Proportion of children living in low – income households
 - 12: Number of homeless families with children in temporary accommodation.

The strategies and plans identified in this strategy document demonstrate the commitment and wide range of initiatives across the County Council Directorates delivered collaboratively with key partners and agencies to reduce health inequalities. The newly formed Health Inequalities Working Group will take this to another level to ensure that the commitment and targeted approach remains vibrant and further but much needed elements of health inequalities can be progressed. This work will include:

- **Effective Targeting**

Ensure Kent adopts a targeted approach, essential to identify the needs of those who currently have the worse health outcomes.

- **Holistic and Partnership working: Housing and Employment**

Continue to work across public, private and voluntary sectors, engaging the public and to address the wider determinants of health, such as housing and employment – fundamental issues and concerns in people’s lives, especially those who are most vulnerable. If we are to make a difference, issues such as lifestyle behaviours, social capital, community cohesion and resilience are also crucial to developing a holistic and partnership approach to tackling health inequalities.

- **Stronger Partnerships**

By harnessing and aligning the efforts and priorities of other key partners in the NHS, district councils and the private and voluntary sectors the extent of health inequalities can be reduced to the benefit of our whole community.

Finally, to re-iterate the objectives of the Working Group:

- Maintain energy and commitment to tackling health inequalities across the County Council and to ensure that the essential principles of this agenda are mainstreamed into the thinking, policy planning and delivery of the County Council’s work.
- Address the key challenges of health inequalities with the aim to reduce inequalities where they are known to exist.
- Identify measurable indicators for each department to prioritise and incorporate in their mainstream activity
- Measure and evaluate progress on reducing inequalities on a regular quarterly basis
- Ensure that the Local Area Agreement outcomes are absorbed into the Health Inequality strategy so that all partners are working to a shared agenda
- Integrate the national framework into Kent’s strategic approach to tackle health inequalities
- Co-ordinate and promote a partnership approach to tackling inequalities at strategic and local delivery level
- Ensure that the Health Inequalities indicators and agenda are focused towards supporting communities.
- Share and learn from good practice identified locally and nationally

The outcomes of the Health Inequalities Working Group will progress, inform and influence the Health Inequalities Strategy for Kent.

KENT COUNTY COUNCIL

HEALTH INEQUALITIES STRATEGY 2009-14

Summary of Targeted Actions across Kent County Council working in partnership with others

Action. KA2 Target		Baseline	Target	Directorate
Priority 1. Reducing Health Inequalities Significantly				
NI 15	Serious violent crime rate			Communities
NI 21	Dealing with local concerns about anti-social behaviour			Communities
NI 152	Working age people on out of work benefits			Communities
NI 195	Improved street and environmental cleanliness			Environment, Highways Waste
NI 175	Access to services & facilities by public transport, walking & cycling			Environment, Highways Waste
Priority 2. Improving Childrens Mental Health and Wellbeing				
NI 21	Dealing with local concerns about anti-social behaviour			Communities
NI 111	First time entrants to the Youth Justice System aged 10-17			Communities
NI 163	Aged 19+ qualified to at least level 2			Children, Families & Education
NI 117	16-18 year olds not in education, employment or training			Children, Families & Education
NI 161	Learners achieving level 1 qualification in literacy			Children, Families & Education
NI 51	Improved street and environmental cleanliness			Children, Families & Education
NI 55	Obesity in primary school age children in reception			Children, Families & Education
NI 110	Young People's participation in positive activities			Children, Families & Education
Priority 3. Improving Sexual Health and Reducing Teenage Pregnancies				

Priority 4. More Adults Living Healthier Lives and Preventing More Disease				
NI 8	Adult Participation in sport and Active Recreation			
NI 141	Increase number of people achieving independent living			Kent Adult Social Services
NI 187	Tackling Fuel Poverty			Kent Adult Social Services
NI 155	Number of affordable homes delivered			Kent Adult Social Services
Priority 5. Enabling More Older People to Live at Home with Chronic Disease				
NI 125	Achieving independence for older people through intermediate care			Kent Adult Social Services
NI 141	Increase number of people achieving independent living			Kent Adult Social Services
NI 187	Tackling Fuel Poverty			Kent Adult Social Services
Priority 6. Reducing Substance Misuse and Excessive Alcohol Drinking				
NI 40	No. of drug users recorded as being in effective treatment			Communities

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Kent Director of Public Health's Annual Report 2007: Inequalities in Health in Kent. Summary Recommendations

Adult mental Health	Dementia	Disabilities	Alcohol	Drugs	Housing	Carers Health
Complete a comprehensive needs assessment; commissioned 2008	In line with national policy, emphasis needs to be placed on diagnosis and early intervention with a comprehensive strategy setting out training needs of GPs and a range of other health care professionals	Framework for Management of Health of People with Learning Disabilities in Primary Care (NHS Primary Care Contracting 2007)	Facilitate the implementation of the Select Committee Action Plan, which will identify measures to improve services for alcohol misusers.	Increase the number of GP shared-care places to ensure specialist prescribing services are accessible for those who require more intensive interventions	Improve information sharing between the partner agencies to ensure needs are identified and the right housing-related support is commissioned	Services should be developed to deliver the five point priority areas detailed in the report.
Ensure there is a clear mental health promotion strategy (agreed with local authorities for each PCT in Kent)	More emphasis will need to be placed on early interventions and greater investment must be put into preventative services	Develop a robust protocol for supporting people with Asperger's syndrome and high functioning autisms to ensure they access primary care appropriately. The select committee on autism should pave the way for this.		Continue to improve performance throughout the Drug Intervention Programme and ensure the service is fully integrated with the Integrated Drug Treatment System and the community treatment system to maximise benefits for offenders requiring access to drug treatment	Monitor the links between housing, health and social care in order to reduce inequalities and ensure that services are commissioned that enable vulnerable individuals to live in their own homes	Primary care to take an active role in health promotion for carers, including annual health checks and flu vaccinations
Complete an audit of provision of access to psychological therapies and primary care interventions to ensure equity of services	Early interventions that are known to be cost effective need to be commissioned across Kent to improve the wellbeing of our older people with dementia.	Develop and agree care pathways, where these are not yet in existence, for people with specific impairment.		Improve access to on-site hepatitis testing and vaccinations		Carers to be recognised as an 'at risk' group who experience significant health inequalities
Ensure that users and stakeholders are involved in development of services		Increase the numbers of disabled people to register with NHS dentists				A health and social care joint commissioning strategy for carers' services
		Strengthen mechanisms to see the views of disabled people about services				Better support for carers in paid employment
		Improve access to interpreting services for deaf people				Development of a multi-agency Kent adult carers' strategy and action plan
		Valuing people Better Health Action Plan				

Appendix 2

REFERENCE TO DOCUMENTS.

Communities Vision.

Copies of Communities Vision are available by contacting Hayley Rose,
Kent County Council, Communities Directorate, Invicta House, County Hall,
Maidstone, Kent ME14 1XX . Telephone: 01622 221149

Appendix 3

The Kent Agreement

The Kent Agreement 2 is the current Local Area Agreement for Kent. It represents key partners and stakeholders working together to achieve a common commitment to improve the wellbeing of the Kent population. For 2008-2011, the Kent Agreement Outcomes include 22 indicators which make positive contributions to tackling health inequalities. These are as follows:

Economic Success – Opportunities for All

- NI 152 Working age people on out of work benefits
- NI 163 Proportion of those aged 19+ qualified to at least level 2

Learning for Everyone

- NI 117 16-18 year olds who are not in education, employment or training
- NI 161 Learners achieving a Level 1 qualification in literacy

Improved health, care and wellbeing

- NI 39 Rates of Hospital Admissions per 100,000 for Alcohol related Harm
- NI 40 Number of drug users recorded as being in effective treatment
- NI 51 Effectiveness of child and adolescent mental health (CAMHs) Services
- NI 55 Obesity in primary school age children in Reception
- NI 120 All age all cause mortality rate (All persons)
- NI 125 Achieving independence for older people through rehabilitation/intermediate care

Stronger and Safer Communities

- NI 15 Serious violent crime rate
- NI 21 Dealing with local concerns about anti-social behaviour and crime by the local council and police
- NI 32 Repeat incidents of domestic abuse
- NI 111 First time entrants to the Youth Justice System aged 10-17
- NI 195 Improved street and environmental cleanliness (levels of litter, detritus, graffiti and fly posting)

Enjoying life

- NI 8 Adult participation in sport and active recreation
- NI 110 Young People's participation in positive activities

Keeping Kent Moving

- NI 175 Access to services and facilities by public transport, walking and cycling
- NI 47 People killed or seriously injured in road traffic accidents

High Quality Homes

- NI 187 Tackling fuel poverty
- NI 155 Number of affordable homes delivered
- NI 141 Percentage of vulnerable people achieving independent living

After 2011, the Kent Agreement will not continue in its current form and will be superseded by a Partnership Agreement that will agree the strategic outcomes of the Vision for Kent. These outcomes will be delivered within a framework of 3 ambitions:

- Create Fair Employment and Good Work for All
- Ensure Healthy Standards of Living for All
- Create and Develop Healthy and Sustainable Places and Communities.

To: Cabinet

From: Mike Hill, Cabinet Member for Communities
Amanda Honey, Managing Director Communities

Date: 13th September 2010

Subject: Supporting vulnerable learners into Apprenticeships

1. Introduction

In February the County Council made a commitment to back the development of a scheme to support marginalised young people accessing Apprenticeships. This paper outlines the target groups, outcomes and the proposed model and asks for confirmation of funding.

2. Background

KCC has a major role to play in tackling worklessness and is already managing the Future Jobs Fund enabling young people in long term unemployment to access work. Through the current apprenticeship programme we are providing new opportunities for young people to gain the right skills to enter full time employment. However, there is more that can be done. This scheme is specifically concerned with how KCC, as an employer, service provider and exemplar, can increase the employment potential of vulnerable young people by supporting them into Apprenticeships.

The following four groups have been chosen for this scheme due to the high possibility that they will become, or already are, NEET (not in education, employment or training). They are potentially disengaged from learning and skills and are currently finding it difficult to access Apprenticeship opportunities.

The target groups are;

- Teenage Parents
- Young Offenders
- Care Leavers
- Young people with learning or physical disabilities or mental health problems

We will work with 20 young people from each target group. Those taking part in the scheme will have a range of needs, for example young offenders may have committed low level offences others may be leaving Cookham Wood Young Offender Institution . The development of this Apprenticeship Scheme will link to KCC's Employment Strategy for Socially Excluded Adults.

The scheme will be closely evaluated from the start to ensure that we are able to evidence the value of employing these young people into Apprenticeships and to identify the barriers for them in participating in this type of training.

3. Outcomes

Although the young people from the four target groups have diverse needs, there are common outcomes that we hope will be achieved through this scheme. These include;

- Provide a transition into the world of work
- Increased self esteem and confidence
- Motivation
- Raised aspiration

This scheme will support young offenders to stop offending and move into sustainable employment, teenage parents to gain valuable experience that will help them choose a career pathway and significantly increase the employability of care leavers. For those young people with learning or physical disabilities or mental health problems there will be equality of opportunity in appropriate areas that will lead to permanent roles. Each young person will receive a personalised assessment of their skills and abilities to ensure that the Apprenticeship framework and placement they access are appropriate.

Specific outcomes will be developed with the lead officers from each target group and a robust model of evaluation developed.

4. Funding

The training element of the Apprenticeships for 16-18 year olds is fully funded by the Government and training providers may be able to draw down further funding for Additional Learning Needs (ALN) and Additional Social Needs (ASN). Support for the young people is currently available from KCC departments and partner agencies, such as the Attendance & Behaviour Service, Youth Offending Service, Connexions and Catch 22. However funding will be required for additional support mainly for employers and in particular cases, young people.

It is proposed that as part of this scheme, salary costs of the Apprentices are covered centrally by KCC. The minimum wage for Apprentices is £95 per week, however the proposal is that Apprentices within this scheme are paid £105 per week in line with KCC's own apprenticeship programme, Kent Success.

4.1 Funding implications for KCC

80 young people x annual salary cost of £5460	£436,800
Evaluation of the scheme	£25,000
Co-ordination of Scheme (to include support for employers and young people)	£35,000
Total	£496,800

4.2 Potential Savings

By investing in the vulnerable young people who will take part in this scheme at an early stage, there are potential savings for the public purse. For example, a NEET who has had regular contact with the Connexions Service, undertaken a variety of short term training courses but has still not entered further training or employment can cost up to £8000 per year. A young offender who is sentenced to a custodial sentence in a Young Offenders Institute can cost the public purse up to £60,000 per year. The cost of paying an Apprentice wage for a year is £5460 and this enables the young person to gain qualifications and

confidence to move forward into full time employment thus reducing their reliance on public services.

5. Model

We will utilise the mainstream model of Apprenticeships currently used and look at what extra support and reasonable adjustments will need to be made to enable accessibility. The model will be flexible in design but also sustainable and be replicated. It is important that the prior learning and skills of those young people involved are recognised.

Below is an outline of the model for the proposed scheme:

- 18 months
- 80 young people in total (20 from each group)
- Range of young people with a range of issues
- Range of employers (those who are sympathetic & those who need to be challenged)
- Place young people in skill areas that may lead to jobs
- Tailor programmes to meet the needs of individuals from the different groups
- Pre Apprenticeship work where necessary carried out by Units supporting groups
- Support for employers
- Robust evaluation from the start

20 young people will be placed on Apprenticeships within KCC itself as part of the development of the Kent Success Apprenticeship Pool.

There will be certain Apprenticeship frameworks that will be more appropriate for young people from these target groups to undertake although this needs to link to areas of employment growth to ensure that there are jobs available for those involved. Part time Apprenticeships and the length of time taken to do the qualification will also be explored to ensure that the young people have the best opportunity to succeed in their Apprenticeship.

There are models of increasing the employability of vulnerable people, particularly those with disabilities, such as Project Search that have enabled organisations to understand the value added by such groups and that have also saved organisations money in recruitment costs. Kent is a demonstration site for Project Search and this scheme will link in with the work done in East Kent and ensure that best practice is shared. The scheme will be developed to align with the sector skills strategies and social enterprise models will also be explored.

6. Sustainability

This scheme will be used to test the hypothesis that by supporting vulnerable young people and employers there is a financial dividend for the public purse including working age welfare benefits.

The evaluation will identify the system barriers that the target groups face when looking to take up an Apprenticeship and also the barriers that employers face when looking to take on a vulnerable learner as an Apprentice. These can be challenged both locally and nationally to ensure that young people from these groups in the future do not face the same difficulties. It will also evaluate the effectiveness of a bespoke scheme for vulnerable learners.

The learning from this scheme will be used to identify the best ways to support each of the target groups into employment. Kent County Council will be well placed to use the learning from this scheme when the Department of Work and Pensions restructure their Welfare to Work provision. KCC could potentially become a specialist provider, or an advisor to

providers, for those who tend to be disadvantaged within the employment market and those who need particular encouragement to engage with learning and training.

7. Recommendations

The Cabinet is asked:

- To approve the model for supporting vulnerable young people into employment
- To approve funding for the proposed scheme

Contact Officer: Des Crilley

Title: Director Community Cultural Services

Phone Number: 01622 696630

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Contact Officer: Lucy Ann Bett

Title: Project Manager - Supporting Independence Programme

Phone Number: 01622 646939

Email: lucyann.bett@kent.gov.uk

By: Peter Sass - Head of Democratic Services and Local Leadership

To: Cabinet – 13 September 2010

Subject: Follow up items and Decisions from Cabinet Scrutiny Committee –
21 July 2010

Classification: Unrestricted

Summary: This report sets out the decisions from the Cabinet Scrutiny Committee and items which the Committee has raised previously for follow up

Introduction

1. This is a rolling schedule of information requested previously by the Cabinet Scrutiny Committee.
2. If the information supplied is satisfactory it will be removed following the meeting, but if the Committee should find the information to be unsatisfactory it will remain on the schedule with a request for further information.
3. The decisions from the meeting of the Cabinet Scrutiny Committee on 21 July 2010 are set out in the table below along with the response of the relevant Cabinet Member.

Recommendation

4. That Cabinet agree responses to these decisions, which will be reported back to the Cabinet Scrutiny Committee.

Contact: Peter Sass
peter.sass@kent.gov.uk

01622 694002

Background Information: *Nil*

Title	Purpose of Consideration	Guests	Decisions / Follow up Items	Cabinet Member Response / Officer Response
Highways Business Plan IMG 10.12.08	To scrutinise the Highways Service Plan	Cabinet Member during 2008 – Mr Ferrin Managing Director – Mike Austerberry	Highways Business Plan IMG 02.12.08 - A list of gully schedules be supplied to all Members after the elections	21.07.10 – The gully emptying schedules would be issued to Members in the next few weeks.
Kent Design Guide 09.12.09		Mr N Chard Mr M Austerberry Mrs B Cooper Mr B White	Kent Design Guide Interim Guidance Note 3: Residential Parking	A report was presented to Environment Highways and Waste Policy and Overview Committee on this issue at its meeting on 29 July 2010. The following recommendations were agreed a) Endorse the testing of the robustness of IGN3 described in Section 4 and receive a report on the outcomes when they are available. b) Acknowledge the concerns of the Kent Developers' Group, and the work that is being undertaken to address these concerns, and encourage further dialogue at appropriate levels to understand the actual implications of and opportunities presented by IGN3, and its interpretation at local level. c) Note that public consultation on Ashford Borough Council's draft Residential Parking SPD offers developers and designers an opportunity to make further representations on the implications of 'IGN3 based guidance', having regard for the need to address the problems of

				<p>some past approaches.</p> <p>d) Acknowledge the widespread concern among residents concerning parking in recent residential developments, and the social and cost implications arising from the problems caused, and welcome collaborative working approaches that are seeking to avoid replication of these problems in future developments.</p>
<p>Learning and Skills Council Service 10.02.10</p>		<p>Mr Simmonds Ms McMullan</p>	<p>Mr Horne asked that when it became known, Members be informed of the level of funding package which the Government was offering to Kent County Council in relation to the transfer of the Learning and Skills Council Service.</p>	<p>When this information is known Members will be informed.</p>
<p>Integrated Transport Schemes 01.07.10</p> <p>(formed part of the Revenue and Capital Budget Monitoring Exception Report)</p>		<p>Mr N Chard Mr J Burr Mr D Hall Mr R Hallett</p>	<ol style="list-style-type: none"> 1. Thank Mr Chard, Mr Burr, Mr D Hall and Mr R Hallett for attending the meeting and answering Members' questions, 2. Welcome the assurance that the Community Liaison Officers would liaise with elected Members to ensure that Members are aware that unspent Member's Highways fund could be used to reinstate some of the smaller schemes that had been deleted from the Integrated Transport programme 3. Request further information relating to packages of Integrated Transport Schemes to enable clear understanding of the detail of any changes to the schemes, 4. Ask that in future the spreadsheet of schemes includes the comments of those that have responded, 5. Thank the Cabinet Member for Environment, Highways and Waste for his 	<ol style="list-style-type: none"> 1. – 2. The Community Liaison officers have all been given an up to date list of sums remaining in the member's highway fund. They have been tasked with contacting each member to suggest productive ways that this money could be spent if the member so wishes. Schemes not funded to be broken down to see if Member Highway Fund can be used to reinstate important local elements if whole scheme cannot be afforded. 3. (This relates to the point above) 4. Agreed and duly noted 5. –

			<p>offer to advise Members of any changes to the prioritisation scheme,</p> <p>6. Raise concerns about the unequal treatment of the Joint Transportation Boards across Kent because of the narrow consultation period.</p>	<p>6. Every effort was made to consult with the JTBs, but due to the very short timeline only a few coincided with the deadline.</p>
<p>Operation Find and Fix 21.07.10</p>		<p>Mr N Chard Mr J Burr</p>	<p>1. Thank Mr Chard and Mr Burr for attending the meeting and answering Members' questions,</p> <p>2. Congratulate officers and the Cabinet Member on the additional £1.5million for find and fix identified through the procurement process,</p> <p>3. Welcome the increase in surface dressing to prolong the life of existing roads</p> <p>4. Welcome the offer of the Director of Kent Highway Services to provide a basic guide for Members demonstrating how the Council assesses the quality of roads and ensures that the quality improves,</p> <p>5. Ask for an estimate of the spending required to slow down the backlog and improve the condition of the roads,</p> <p>6. Welcome the assurance of the Cabinet Member for Environment Highways and Waste that he would again investigate whether European funding was available to help with the repair and maintenance of Kent's roads,</p> <p>7. Ask that the DART-Tag be advertised as a time and cost effective scheme attached to the Dartford tunnel.</p>	<p>1. –</p> <p>2. –</p> <p>3. Duly noted</p> <p>4. This is currently being produced and should be available for distribution at the EH&W members session on 22nd September 2010.</p> <p>5. It is calculated through the highway asset management system that an annual maintenance budget of £94m is required to clear the backlog over a 10 year period.</p> <p>6. All opportunities will be explored</p> <p>7. Investigations are ongoing as to the most appropriate form of communication.</p>

**Increasing
the Number
of
Communities
Receiving
Warden
Services
21.07.10**

Mr M Hill
Mr S Beaumont

1. Thank Mr Hill and Mr Beaumont for attending the meeting and answering Members' questions
2. Request that any redeployment or service change to the Community Wardens be part of a formal Cabinet Member decision
3. Welcome the assurance given that there would be consultation with local Members and Parish and Town Council Members during the review process before any redeployment or service change is made,
4. Welcome the invitation for Members to request the deployment of a Community Warden to urban areas, subject to police advice,
5. Request that the Communities Policy Overview and Scrutiny Committee monitor the progress of the Community Warden Service following the redeployment of the wardens.

1. –
2. Policy decisions regarding changes to the wardens service will be in consultation with local Members and the communities served but **deployment** of individual wardens is an operational matter and will not be a formal Cabinet member decision.
3. –
4. –
5. Arrangements will be made for the Communities Policy Overview and Scrutiny Committee to monitor the progress of the Community Warden Service following the redeployment of the wardens.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Agenda Item 14

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