



Summons to and
Agenda for a
Meeting on
Friday, 23rd July, 2021
at **10.00 am**



DEMOCRATIC SERVICES
SESSIONS HOUSE
MAIDSTONE

Thursday, 15 July 2021

To: All Members of the County Council

Please attend the meeting of the County Council in Mote Hall, Maidstone Leisure Centre, Maidstone, Kent ME15 7RN on Friday, 23 July 2021 at **10.00 am** to deal with the following business. **The meeting is scheduled to end no later than 4.30pm.**

Webcasting Notice

Please note: this meeting may be filmed for the live or subsequent broadcast via the council's internet site or by any member of the public or press present.

By entering into this room, you are consenting to being filmed. If you do not wish to have your image captured please let the clerk know immediately.

A G E N D A

1. Apologies for Absence
2. Declarations of Disclosable Pecuniary Interests or Other Significant Interests in items on the agenda
3. Minutes of the meeting held on 27 May 2021 **(Pages 1 - 8)**
4. Chairman's Announcements
5. Questions
6. Report by Leader of the Council (Oral)
7. End of Year Performance Report, 2020/21 **(Pages 9 - 62)**
8. Monitoring Officer's Section 5 report - UASC **(Pages 63 - 64)**

9. KCC's ambition for Health and Care Partnership Working with the NHS Integrated Care System **(Pages 65 - 84)**
10. Proportionality and Appointments to committees and other bodies **(Pages 85 - 92)**
11. Annual Report on Urgent Decisions taken by the Executive – 2020-21 **(Pages 93 - 112)**
12. Governance & Audit Committee - Terms of Reference amendment **(Pages 113 - 116)**

A handwritten signature in black ink, appearing to read 'B. Watts', with a stylized flourish extending to the right.

Benjamin Watts
General Counsel
03000 416814

KENT COUNTY COUNCIL

COUNTY COUNCIL

MINUTES of a meeting of the County Council held in the Mote Hall Leisure Centre, Maidstone, Kent ME15 7RN on Thursday, 27 May 2021.

PRESENT: Mr G K Gibbens (Chairman), Mr M J Northey (Vice-Chairman), Mrs A D Allen, MBE, Mr Baker, Mr M Baldock, Mr P V Barrington-King, Mr P Bartlett, Mr D Beaney, Mr C Beart, Mrs C Bell, Mrs R Binks, Mr T Bond, Mr A Booth, Mr A Brady, Mr D L Brazier, Mr C Broadley, Mrs B Bruneau, Mr S R Campkin, Mr T Cannon, Sir Paul Carter, CBE, Mrs S Chandler, Mr N J D Chard, Mr I S Chittenden, Mrs P T Cole, Mr P Cole, Mr N J Collor, Ms K Constantine, Mr G Cooke, Mr P C Cooper, Mr D Crow-Brown, Mr D S Daley, Mr M C Dance, Ms M Dawkins, Mrs T Dean, MBE, Mr M Dendor, Mrs L Game, Mr R W Gough, Ms K Grehan, Ms S Hamilton, Mr P M Harman, Mr P M Hill, OBE, Mr A R Hills, Mrs S V Hohler, Mr S Holden, Mr M A J Hood, Mr A J Hook, Mrs S Hudson, Mr D Jeffrey, Mr A Kennedy, Mr J A Kite, MBE, Mr Lehmann, Mr B H Lewis, Mr R C Love, OBE, Mr S C Manion, Mr R A Marsh, Ms M McArthur, Mr J P McInroy, Ms J Meade, Mr J Meade, Mr D Murphy, Mr P J Oakford, Mr J M Ozog, Mrs L Parfitt-Reid, Mrs S Prendergast, Mr H Rayner, Mr O Richardson, Mr A M Ridgers, Mr D Robey, Mr D Ross, Mr C Simkins, Mr M J Sole, Mr P Stepto, Mr R G Streatfeild, MBE, Dr L Sullivan, Mr B J Sweetland, Mr R J Thomas, Mr D Watkins, Mr A Weatherhead, Mr S Webb, Mr J Wright and Ms L Wright

IN ATTENDANCE: Mr D Cockburn (Corporate Director Strategic & Corporate Services) and Mr B Watts (General Counsel)

UNRESTRICTED ITEMS

1. Apologies for Absence
(Item 1)

The General Counsel reported apologies from Mr Shonk.

2. Election of Chairman
(Item 2)

(Mr Gibbens the present Chairman presided for this item)

- (1) Mr Kite proposed and Mr Brazier seconded that Mrs A Allen be appointed Chairman of the County Council.

Agreed unanimously

- (2) Thereupon Mrs Allen took the chair, made her Declaration of Acceptance of Office and returned thanks for her election.

- (3) Tributes were paid to Mr Gibbens with thanks for the manner in which he had carried out his duties as Chairman of the Council from May 2020 until the present day.
- (4) Mr Gibbens suitably replied.
- (5) Tributes were also paid to Mr Northey, the Vice-Chairman of the Council from May 2020 until the present day.

3. Election of Vice-Chairman
(Item 3)

(1) Mr Hills proposed and Mr Simkins seconded that Mrs L Game be appointed Vice-Chairman of the Council.

Agreed unanimously

(2) Mrs Game made her Declaration of Acceptance of Office and returned thanks for her appointment.

4. Declarations of Disclosable Pecuniary Interests or Other Significant Interests in items on the agenda
(Item 4)

There were no declarations of interest.

5. Minutes of the meeting held on 11 March 2021
(Item 5)

RESOLVED that the minutes of the meeting held on 11 March 2021 be approved as a correct record.

6. The Returning Officer to submit the returns of persons elected to be County Councillors until 2025
(Item 6)

- (1) The County Returning Officer for the County of Kent submitted the return of persons elected to be county councillors for the electoral divisions of the county as reproduced in the papers for this meeting.
- (2) The Returning Officer and the Chairman thanked the staff who had helped organise and run the 2021 elections, in what had been a challenging and unique year.
- (3) RESOLVED that the return of Councillors duly elected to the County Council for the period until May 2025 be noted.

7. Chairman's Announcements
(Item 7)

The Chairman welcomed all newly elected and returning members of the County Council.

8. Election of Leader
(Item 8)

Mr Oakford proposed and Mrs Cole seconded that Mr R Gough be elected Leader of the Council until the annual meeting of the council in 2025.

Carried without a formal vote

9. Appointment of Leader of the Opposition
(Item 9)

Mr Hook moved and Mrs Meade seconded that Dr L Sullivan be appointed Leader of the Opposition.

Carried without a formal vote

10. Corporate Parenting Panel - Notes of the meeting held on 16 February 2021
(Item 10)

RESOLVED that the minutes of the meeting of the Corporate Parenting Panel held on 16 February 2021 be noted.

11. Questions
(Item 11)

In accordance with Sections 14.15 to 14.22 of the Constitution, 11 questions were asked and replies given. A record of all questions put and answers given at the meeting is available [online](#) with the papers for this meeting.

12. Report by Leader of the Council (Oral)
(Item 12)

- (1) The Leader opened his update by thanking the County Council for electing him as Leader and thanking Mr Oakford and Mrs Cole for their kind words in proposing and seconding him. He thanked Ben Watts, his team, and the district and borough councils for their work delivering the recent elections in very challenging circumstances. He said he was delighted (and relieved) that the election had resulted in a significant Conservative victory and acknowledged the impact of national factors on elections to Kent County Council. He said that the vaccination programme had played a part in the recent elections but the record of the administration and its plans for the future were also important factors. The Leader said he would divide his remarks into four sections: recovery, quality of life, responding to government initiatives and policies, and events.

Economic, social, and environmental recovery of the county.

- (2) The Leader said the administration would support the economic recovery of the county and that his remarks were predicated on the anticipated relaxation of restrictions imposed to combat Covid-19. He said the county could benefit from the increasing numbers of businesses looking to re-locate in areas around London and that work was underway through the employment taskforce to address Kent's structural issues as a low skill and low wage economy. He said the taskforce was an excellent example of KCC using its strategic role to set out a policy and bring together a range of people and organisations who could address these issues. He went on to say that as the authority emerged from the pandemic, decisions would have to be made quickly on ways of working, the shape of the authority's estate, and the delivery of services, and these decisions would take into account the changes brought about by Covid-19 and lockdown. He said it was important to continue to work with others, particularly colleagues in district and borough councils, as many decisions made by KCC and other organisations would have an impact on the shape of new communities and town centres.
- (3) The Leader said that a key element of social recovery was the Reconnect programme for young people which would be a major theme over the coming months. In addition, the authority had supported the county's poorest residents during the pandemic through emergency grants, free school meals and other programmes. Much of this support had been provided using grants from government; however, as the grant regime was coming to an end, the authority was looking at more sustainable ways of supporting communities. This would be done, in part, by developing an extensive partnership with the voluntary and community sector through initiatives such as Crowdfund Kent, the use of member grants to support communities, and by targeted support in areas such as fuel poverty.
- (4) The Leader said tremendous work had been done to progress the environmental agenda under the leadership of Susan Carey and Tony Hills and he hoped to see Miss Carey back with the Council very soon. He said the authority had committed, during the last term, to being 'net zero' on its estates and operations by 2030 and significant progress had already been made including securing over £20.6 million from the Public Sector Decarbonisation Scheme. He said the authority controlled fewer of the levers to achieve the wider-ranging county target of 'net zero' by 2050; however, in addition to managing its own operations the authority had a role as a community leader in helping to achieve this target.

Quality of Life

- (5) The Leader said that many of the themes of the Council's five-year plan, which had been put on hold in March 2020 because of the pandemic, were still valid and merited attention. Some of the proposals in the plan addressed the sense of deteriorating amenity which had been raised in some of the questions to cabinet members and, while this was often a national issue, there were steps that could be taken locally by working with partner organisations and colleagues in district and borough councils. He said that Highways England was responsible for clearing litter and maintaining many of the roads that were the subject of complaints received by the authority. He went on to say, however, that the authority would continue to act as a community leader and seek ways to address these issues with Highways England as living in an attractive environment was important for the community's sense of wellbeing. In relation to housebuilding, he said the five-year plan emphasised the importance of providing services and the core infrastructure in tandem with housing developments and not after them.

Government Initiatives

- (6) The Leader referred to the all-member briefing, that had taken place the previous week, on changes taking place within the NHS as a result of the Health and Social Care White Paper. He said this was an important issue which would be considered more fully at the County Council meeting in July. He said working effectively in partnership with the health sector with a shared vision about population health, and an increasing understanding of the work of the public health team would be important in shaping how communities could support better health and better social care over the coming years. He said that social care reform was a continuing issue and the County Councils' Network had been driving some of the debate nationally. KCC, through its own operations and initiatives, such as the 'Making a Difference Everyday' initiative, was seeking to ensure it was able to deal with whatever system emerged from the national debate.
- (7) The Leader said that the National Bus Strategy was perhaps the biggest change in non-metropolitan bus services in a 35- year period and together with the Department of Transport's Active Travel initiative contained both perils and opportunities to which the authority was seeking to respond in the immediate term.

Events

- (8) The Leader said that many issues not within the direct control of the authority would continue to shape the future in Kent. He mentioned, in particular, the aftermath of the Brexit transition period. He said Kent had come through the end of transition better than had been feared, and better than the reasonable worst-case scenario. He also acknowledged that, before Christmas when the French government shut its border, there had been an unreasonable worst-case scenario which had a profound impact on Kent and particularly on East Kent. He went on to say that issues such as further changes in import controls and passenger traffic would continue to have an impact within the county and that the authority would continue to work closely with district councils, members of parliament and government to ensure that Kent's, particularly East Kent's, interests were protected.
- (9) The Leader then said that the number of unaccompanied children seeking asylum arriving in Kent was greater than it had been this time last year and reminded members of the way in which the authority was responding to this crisis. He said that the authority continued to argue the case with the government for a mandated national transfer system.
- (10) He then concluded his update by saying the administration had been returned by the electorate to deliver on the economic, social, and environmental recovery of the county, and to build for a better and long-term future. He thanked the Kent electors who had put their trust in the administration by voting for them and said the administration would seek to live up to that trust.
- (11) Dr Sullivan, Leader of the Labour Group responded to the Leader's update. She said she welcomed the appointment of Mrs Allen as Chairman of the County Council particularly because of her passion for young people and her desire to see them grow and develop. She congratulated Mrs Game on her appointment as Vice-Chairman of the Council and said her experiences of being chairman of the Children's Young People and Education Cabinet Committee would stand her in good stead.

- (12) Dr Sullivan thanked officers at KCC as well as in the district and borough councils for their efforts in the recent well-run elections and for their efforts in supporting meetings in challenging and usual circumstances over the last year. She acknowledged that a number of members present were also district or borough councillors and suggested that these twin-hatters had a role to play in developing the relationship between the County Council and the district and borough councils. She congratulated the new administration on their election victory and said she looked forward to participating in regular, robust, and thorough scrutiny of their proposed strategies and decisions.
- (13) She offered her commiserations to members who had lost their seats in the recent election. She paid tribute to Dara Farrell, who had been the youngest leader of the Labour group at KCC. She also paid tribute to John Burden, who had been elected to Kent County Council, in a by-election, two-years ago. She said he had enjoyed serving on the Adult Social Care and Health Cabinet Committee and on the Planning Applications Committee. She thanked them for their service to Kent County Council. She then welcomed new and returning members of the Labour group including, Karen Constantine who was the new deputy Leader of the group, as well as Kelly Grehan, Jackie Meade, Alistair Brady, Mel Dawkins and Barry Lewis.
- (14) She acknowledged the significant challenges facing the Council which the Leader had outlined and said her group would play its part in facilitating Kent to bounce back stronger after the pandemic. She hoped that discussion and debate in areas where her group disagreed with the administration could be conducted maturely and that a wide range of experiences, qualifications and backgrounds could be brought to bear on every issue. She said she was looking forward to a direction being set and bold new ways forward being agreed to make Kent the best place in which to live, grow up and grow old.
- (15) Mr Hook, Leader of Liberal Democratic Group, congratulated all 80 members who had been elected to Kent Council and, in particular, those who were elected for the first time. He said members had a great array of skills and experience that would be of value to the Council. He referred in particular to Mike Sole, who had decades of experience as a grassroots community campaigner in East Kent, and Richard Streatfeild who, in addition to his experiences in business and on the frontline in Afghanistan, had spent many years championing the mental health of those who had served in armed conflicts.
- (16) Mr Hook said that at the end of April 2021, 4,742 residents of Kent had died from Covid-19. He said his group recognised the burden the pandemic had placed on the Leader and on officers. He also said there was huge task ahead to help people survive any further waves of Covid-19 and to support the recovery of physical health, livelihoods and jobs, and mental health and emotional wellbeing.
- (17) While congratulating Mr Gough and his group on their return to control, he said that there was a gap between the votes cast by people in the election and number of seats allocated by the system. In Kent fewer than 5 in 10 votes had been converted to almost 8 in 10 seats. He invited the Leader and the Cabinet to work with the Liberal Democrats to find common ground on many issues that brought more people in Kent together than the number who supported one party or another. He said the Liberal Democrat group would take its role of opposition seriously by scrutinising proposals and offering alternative or additional plans and ideas. He also said the group would fight hard for the towns and villages of Kent and for liberal values in the Council's work. He went on to say that his group wanted a council that strove for excellence, was relentlessly outward looking, measured its performance against other counties and looked at local government

across the world with a view to adopting good ideas and practice from elsewhere. He said that over the last 15 years, technology had changed every aspect of life and anticipated that artificial intelligence would have an even bigger impact over the next 15 years. He asked that the Council scope, on a cross-party basis, the opportunities presented by such new technologies and to become the leading council in the UK in their adoption.

- (18) He concluded by congratulating all members on their success in the election and extended his best wishes to all former members.
- (19) Mr Stepto, Leader of the Green and Independent Group, started by thanking officers and members for making the four new Green and Independent members welcome, and for helping them to understand how the Council functioned. He said his group awaited with interest the authority's strategic plan and shared the Leader's concerns regarding the balance of housing and infrastructure. He said new ways of working implemented in response to the pandemic had created opportunities for a review of the use of the council's assets and an examination of ways of improving employees' quality of life. He also said that KCC should collaborate with district councils to find new ways of revitalising high streets which had been badly affected by the pandemic.
- (20) Mr Stepto said his group would monitor KCC's progress in fulfilling its 2030 and 2050 climate targets and would continue to make the case for divestment from fossil fuels begun by Mr Whybrow, the previous Green Party leader. He referred to legal judgements in the Netherlands against Shell and Exxon which had profound implications for fossil fuel companies' profitability and financial performance. He also said that his group wanted to see more frequent and affordable bus services and improved facilities for cyclists and pedestrians. He welcomed the Bus Back Better programme linked to the national bus strategy as it would encourage a modal shift from the car.
- (21) He concluded by saying that his group looked forward to working constructively with members of all political parties and with officers.
- (22) Mr Gough thanked the leaders of the opposition groups for their remarks and congratulated Dr Sullivan and Mr Hook on becoming leaders of their groups and welcomed Mr Stepto to the role. He hoped that the virtual meeting of group leaders held on the previous day was the beginning of a good dialogue and constructive working between the groups. He acknowledged that there would always be points of disagreement, but that it was possible to work together or to disagree in ways that maintained a respectful and constructive relationship particularly as all members had a common interest in the welfare of the people of Kent.
- (23) Mr Gough welcomed all new members and said he looked forward to getting to know them. He said the prospects for the next four years were bright given the wealth and range of experiences among members. He also agreed with the sentiments that had been expressed by the group leaders about former members from across all parties who had not been returned in the election.
- (24) He reiterated his previous comments about the proposed five-year strategic plan which had been shelved in March 2020 because of the Covid-19 crisis and referred to the Interim Strategic Plan which had been approved by the County Council in December 2020. He said he would like to draw on the points of view and skills of all members and hoped he had set out the key issues and challenges as well as the emerging opportunities during his update.

- (25) The Leader noted with interest Mr Hook's comments about technology and said he too thought the authority did and should continue to be outward looking and seek comparisons both with its peer group of councils and more widely, and that KCC should never become an organisation that took a 'not invented here' attitude to innovation.
- (26) He concluded by re-stating his welcome to all members and in particular to the group leaders.
- (27) RESOLVED that the Leader's update be noted.

13. Proportionality and Appointment to Committees and other bodies
(Item 13)

- (1) Mr Gough proposed and Mr Oakford seconded the following motion:
"The County Council is asked to
 - (a) DETERMINE the total number of committee places; the allocation of those places between the political groups; and the allocation of places on certain bodies;
 - (b) AGREE that the proportionality and committee seat allocation will be reviewed at the next County Council meeting following the Elham Valley Division election.
 - (c) AGREE that Selection and Member Services Committee will make appointments to outside bodies, except for those which fall to be made by the Leader of the Council; and
 - (d) AGREE to give delegated authority to the Democratic Services Manager, in consultation with the four Group leaders to adjust the allocation of committee places in order to conform to overall proportionality requirements."
- (2) The motion set out above was agreed without a formal vote.
- (3) RESOLVED that:
 - (a) the total number of committee places; the allocation of those places between the political groups; and the allocation of places on certain bodies as set out in the report be approved.
 - (b) the Selection and Member Services Committee make the appointments to outside bodies, except for those which fall to be made by the Leader of the Council; and
 - (c) delegated authority be given to the Democratic Services Manager, in consultation with the four Group leaders to adjust the allocation of committee places in order to conform to overall proportionality requirements.

From: Roger Gough – Leader of the Council
David Cockburn – Corporate Director, Strategic and Corporate Services

To: County Council – 23 July 2021

Subject: **End of Year Performance Report, 2020/21**

Classification: Unrestricted

Summary: This is the Performance Report for Kent County Council covering the financial year ending 31 March 2021. The report presents information for Key Performance Indicators (KPIs) and activity measures across the Council Directorates, and a summary of the Corporate Risk Register.

KCC has performed well across its services in 2021, despite the considerable challenges presented by the Coronavirus pandemic throughout the year.

Of the 35 Key Performance Indicators (KPIs) presented in the Quarterly Performance Report, in the final quarter of 2020/21, 22 achieved target (Green) and 10 achieved and exceeded the floor standard but did not reach target (Amber). 3 KPIs did not meet the floor standard (Red). All 3 Red KPIs are under close scrutiny from the relevant Directorates and Teams.

Recommendation(s): The County Council is asked to NOTE the Performance Report.

1. Introduction

- 1.1. This is the end of year 2020/21 KCC Performance Report based on the Quarterly Performance Report (QPR) which is reported to Cabinet on a quarterly basis and is published on the KCC website under “Council performance”. The QPR is a key mechanism within the Performance Management Framework for the Council and has been delivered on a consistent basis for the last eight years.
- 1.2. This report presents the Key Performance Indicators (KPIs) and their associated targets which were agreed at the start of the year. The report includes trend data for activity levels relating to service demand, updates on programme delivery, and a summary of the Corporate Risk Register.
- 1.3. The selection of KPIs has remained largely consistent over time, ensuring that long-term as well as short-term trends are being tracked in relation to priority areas for the council. The report is supported by more detailed reporting and monitoring of Performance and Activity indicators provided to and discussed at Cabinet Committees.

2. Performance Report

- 2.1. The QPR reported to Cabinet on 24 June 2021 is attached as Appendix 1.
- 2.2. Results for KPIs compared to Target are assessed using a Red/Amber/Green (RAG) status.
- 2.3. Of the 35 KPIs included in the report, the latest RAG status are as follows:
 - 22 are rated Green - Target was achieved or exceeded.
 - 10 are rated Amber - Performance achieved or exceeded the expected floor standard but did not meet the target for Green.
 - 3 are rated Red - Performance did not meet the expected floor standard.
- 2.4. All KPIs are assessed for Direction of Travelⁱ, with 8 indicators having improved results, 20 with no change and 7 showing a fall in performance.
- 2.5. The report shows that KCC performed well across the services despite the considerable challenges presented by the Coronavirus pandemic throughout the year.

3. Recommendation(s)

- 3.1. The County Council is asked to NOTE the Performance Report.

4. Contact details

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ⁱ Calculated using a regression-based approach agreed by Cabinet in July 2020.

Kent County Council

Quarterly Performance Report

Quarter 4

2020/21

Produced by: Kent Analytics
E-mail: performance@kent.gov.uk
Phone: 03000 415501



Key to KPI Ratings used

This report includes 35 Key Performance Indicators (KPIs), where progress is assessed against Targets which are set at the start of the financial year. Progress against Target is assessed by RAG (Red/Amber/Green) ratings. Progress is also assessed in terms of Direction of Travel (DoT) through the use of arrows. Direction of Travel is now based on regression analysis across the whole timeframe shown in the graphs, and not, as previously the case, on the movement from the last quarter.

GREEN	Target has been achieved
AMBER	Floor Standard* achieved but Target has not been met
RED	Floor Standard* has not been achieved
↑	Performance is improving (positive trend)
↓	Performance is worsening (negative trend)
⇒	Performance has remained stable or shows no clear trend

*Floor Standards are the minimum performance expected and if not achieved must result in management action.

Key to Activity Indicator Graphs

Alongside the Key Performance Indicators this report includes a number of Activity Indicators which present demand levels for services or other contextual information.

Graphs for activity indicators are shown either with national benchmarks or in many cases with Upper and Lower Thresholds which represent the range activity is expected to fall within. Thresholds are based on past trends and other benchmark information.

If activity falls outside of the Thresholds, this is an indication that demand has risen above or below expectations and this may have consequences for the council in terms of additional or reduced costs.

Activity is closely monitored as part of the overall management information to ensure the council reacts appropriately to changing levels of demand.

Executive Summary

22 of the 35 indicators are rated as Green, on or ahead of target, 2 more than the previous quarter. 10 indicators reached or exceeded the floor standard (Amber) with 3 indicators not achieving the floor standard (Red), 1 less than the previous quarter. 8 indicators were showing an improving trend, with 7 showing a worsening trend.

	G	A	R	↑	⇒	↓
Customer Services	2	1			3	
Economic Development & Communities	1		1		1	1
Environment and Transport	4	2		1	4	1
Children, Young People and Education	8	5	1	4	7	3
Adult Social Care	4	1		2	2	1
Public Health	3	1	1	1	3	1
TOTAL	22	10	3	8	20	7

Customer Services - Satisfaction with Contact Point advisors and the percentage of phone calls answered both improved in the Quarter 4 and met target. The percentage of complaints responded to within timescale also improved, but not enough to meet target. Visits to the KCC website increased significantly with many visits to new pages on Covid-19 testing.

Customer Services KPIs	RAG rating	DoT
% of callers to Contact Point who rated the advisor who dealt with their call as good	GREEN	⇒
% of phone calls to Contact Point which were answered	GREEN	⇒
% of complaints responded to within timescale	AMBER	⇒

Economic Development & Communities – The No Use Empty programme, which returns long term empty domestic properties into active use, continues to exceed its rolling 12 months target. The amount of Developer Contributions secured dropped below floor standard for the Quarter due to delays and unexpected costs on one project. Online contacts with libraries remain above pre-pandemic levels.

Economic Development & Communities KPIs	RAG rating	DoT
No. of homes brought back to market through No Use Empty (NUE)	GREEN	↓
Developer contributions secured as a percentage of amount sought	RED	⇒

Environment and Transport – Three of the four indicators for Highways and Transport remained above target. Emergency incidents attended within 2 hours of notification dropped one percentage point to 96%, missing the 98% target for the third quarter in a row. The percentage of Waste diverted from landfill was narrowly under target at 98.7% for the rolling 12 months, but for the last 3 months has been close to 100%. Greenhouse Gas emissions continue to trend downwards, ahead of target.

<u>Environment & Transport KPIs</u>	RAG rating	DoT
% of routine pothole repairs completed within 28 days	GREEN	↓
% of routine highway repairs reported by residents completed within 28 days	GREEN	⇒
Emergency highway incidents attended within 2 hours of notification	AMBER	⇒
% of satisfied callers for Kent Highways & Transportation, 100 call back survey	GREEN	⇒
% of municipal waste recycled or converted to energy and not taken to landfill – rolling 12 months	AMBER	⇒
Greenhouse Gas emissions from KCC estate (excluding schools) in tonnes – rolling 12 months	GREEN	↑

Education and Wider Early Help – Due to Ofsted suspending school inspections until the 2021 summer term, there is no update for State funded schools or Early Years settings which are rated Good or Outstanding, both were meeting target at the end of March 2020. Completion of Education, Health and Care Plans (EHCPs) in timescale saw a small improvement, but remained below the floor standard. Permanent pupil exclusions remains ahead of target. Number of first-time entrants to the youth justice system continues to trend upwards, and is now missing target.

<u>Education & Wider Early Help KPIs</u>	RAG rating	DoT
% of all schools with Good or Outstanding Ofsted inspection judgements (data to March 20)	GREEN	⇒
% of Early Years settings with Good or Outstanding Ofsted inspection judgements (childcare on non-domestic premises) (data to March 20)	GREEN	↑
% of Education, Health Care Plans (EHCPs) issued within 20 weeks – rolling 12 months	RED	⇒
% of pupils permanently excluded from school – rolling 12 months	GREEN	↑
No. of first-time entrants to youth justice system – rolling 12 months	AMBER	↓

Children’s Integrated Services – Five of the nine indicators met target, with the other four achieving the floor standard, which is an improvement on the previous Quarter. The number of children in care continued to decrease, but the number of care leavers maintained an upward trajectory.

<u>Children’s Integrated Services KPIs</u>	RAG rating	DoT
Percentage of front door contacts where the final decision is made within 3 working days	GREEN	↑
Percentage of Early Help cases closed with outcomes achieved that come back to Early Help / Social Work teams within 3 months	GREEN	⇒
% of case holding posts filled by permanent qualified social workers	GREEN	⇒
% of children social care referrals that were repeat referrals within 12 months	AMBER	⇒
Percentage of child protection plans that were repeat plans	GREEN	⇒
Average no. of days between becoming a child in care and moving in with an adoptive family – rolling 12 months	GREEN	↑
% of children in care with 3 or more placements in the last 12 months	AMBER	↓

<u>Children's Integrated Services KPIs</u>	RAG rating	DoT
% of foster care placements which are in-house or with relatives and friends (excluding UASC)	AMBER	⇒
% of care leavers in education, employment or training (of those KCC is in touch with)	AMBER	⇩

Adult Social Care – Four out of the five KPIs met or exceeded target, and were RAG rated Green. Proportion of clients receiving Direct Payments remained the same as the previous Quarter and did not meet target. Number of Deprivation of Liberty safeguards (DoLs) applications increased to over 2,000 for the Quarter.

<u>Adult Social Care KPIs</u>	RAG rating	DoT
Proportion of people who have received short term services for which the outcome was either support at a lower level or no ongoing support	GREEN	⇒
Proportion of clients receiving Direct Payments	AMBER	⇩
The proportion of adults with a learning disability who live in their own home or with their family	GREEN	⇩
Proportion of KCC clients in residential or nursing care where the CQC rating is Good or Outstanding	GREEN	⇩
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	GREEN	⇒

Public Health – NHS Health Check delivery continued to be affected by Coronavirus although a limited number of checks were possible in the last 2 Quarters. Health visiting for mandated checks continues to exceed target and maintained an upward trend. This is the first report to include the new sexual health indicator which monitors the percentage of new patients who are offered a full sexual health screen, and this was under target for Quarter 4. The other two indicators maintained above target performance.

<u>Public Health KPIs</u>	RAG rating	DoT
Number of eligible people receiving an NHS Health Check – rolling 12 months	RED	⇩
Number of mandated universal checks delivered by the health visiting service – rolling 12 months	GREEN	⇩
Percentage of first-time patients (at any sexual health clinics or telephone triage) who are offered a full sexual health screen	AMBER	⇒
Successful completion of drug and alcohol treatment	GREEN	⇒
% of Live Well clients who would recommend the service to family, friends or someone in a similar situation	GREEN	⇒

Customer Services	
Cabinet Member	Bryan Sweetland
Corporate Director	Amanda Beer

KPI Summary	GREEN	AMBER	RED	↑	⇒	↓
	2	1			3	

Customer contact through Contact Point (KCC's call centre) is provided via a strategic partnership, whilst Digital services are provided by KCC.

The percentage of callers who rated their advisor as good, improved on the previous quarter and met target. The percentage of calls answered improved by 2 percentage points and was above target. Advisors that were redeployed to the Kent Local Tracing partnership in December returned to answer incoming calls for January as new staff were employed to complete the tracing calls.

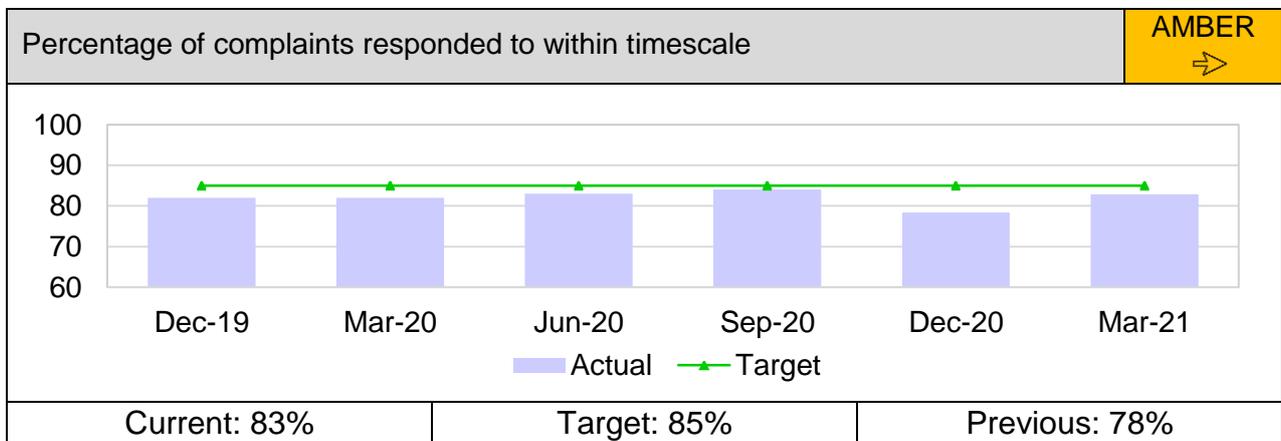
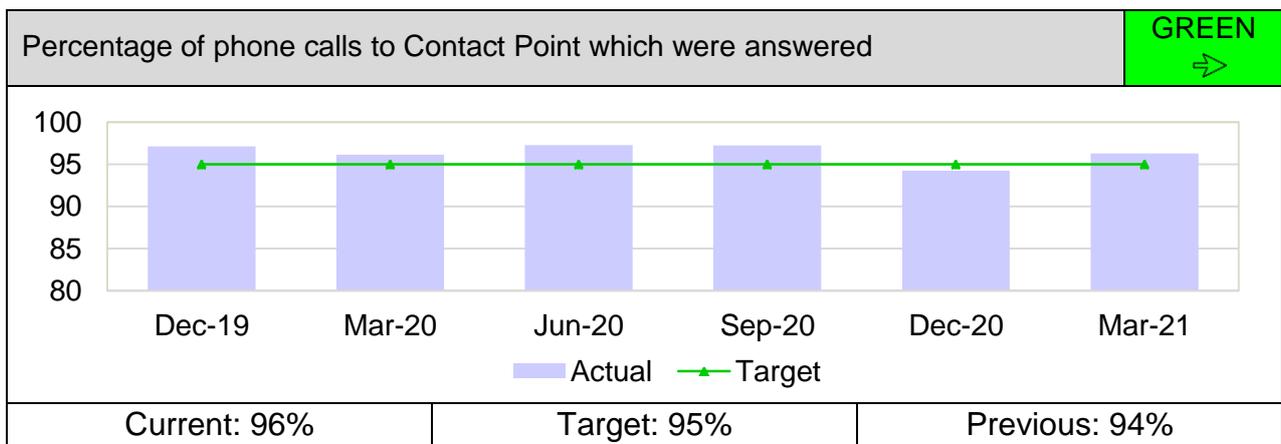
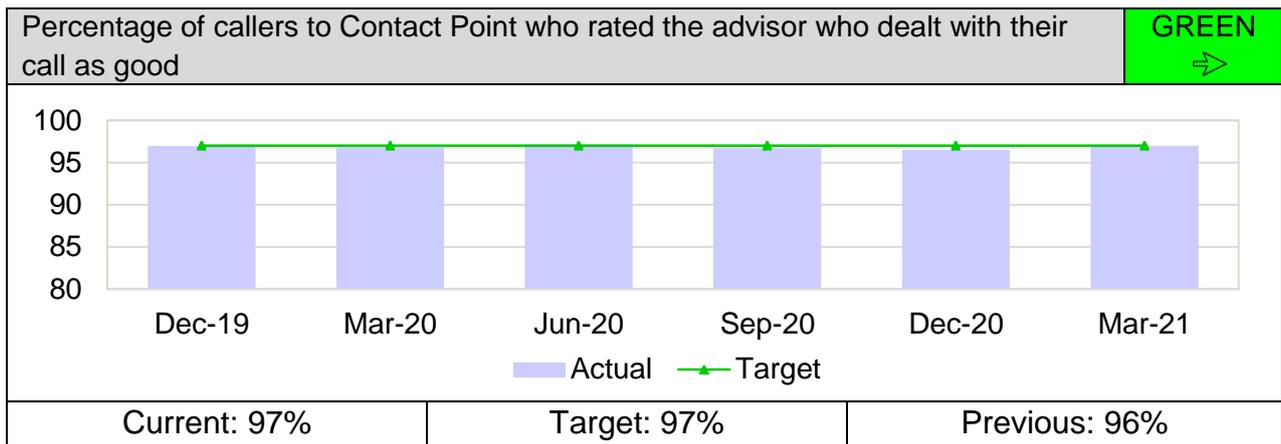
Contact Point received 1% more calls than the previous quarter but 18% fewer calls than the same period last year. The 12 months to March 2021 saw 15% fewer calls than in the 12 months to March 2020. The lockdown from January suppressed call demand to most services, with a key exception being Waste and Recycling which maintained a much higher volume of calls compared to last year.

Average call time increased to 5 minutes 42 seconds, remaining within the target of 5 minutes 45 seconds.

Visits to the KCC website increased well above normal levels. Pages relating to Coronavirus continued to see a high volume of visits, with new pages on symptom-free testing having over 900,000 visits in the Quarter, and pages on Coronavirus cases in Kent over 400,000 visits. House Waste Recycling Centre pages also continued to have high numbers of visits.

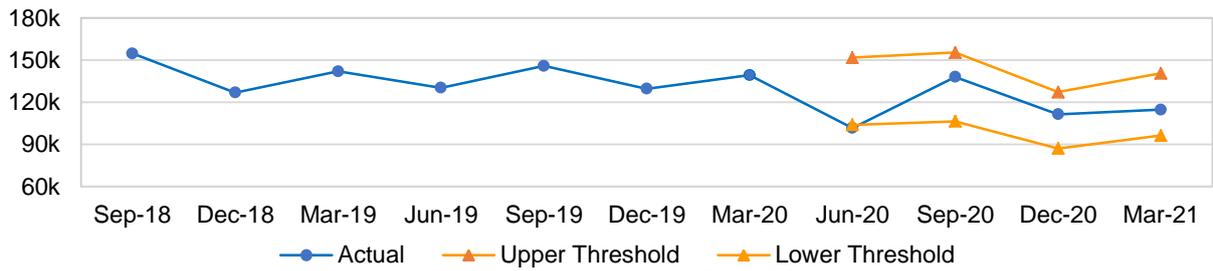
The Quarter to March saw a 11% increase in the volume of complaints received on the previous quarter, but a decrease of 1% on the same quarter in 2020. There was an improvement in responding to complaints within timescale from the previous quarter, with 83% responded to, however this remains under the target of 85%.

Key Performance Indicators

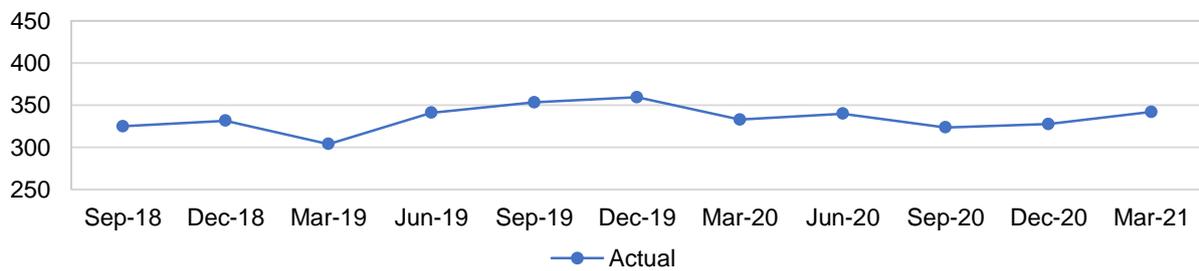


Activity indicators

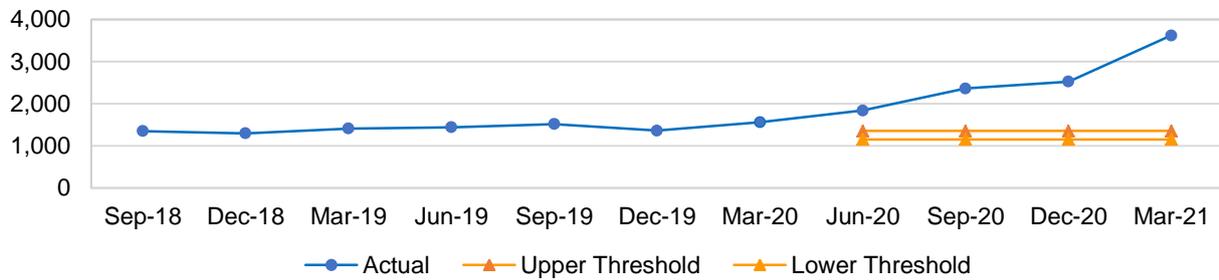
Number of phone calls responded to by Contact Point – by quarter



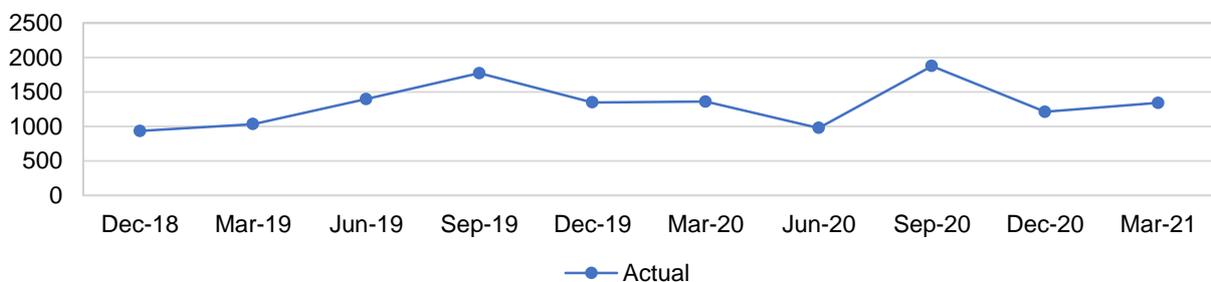
Average Contact Point call handling time in seconds – by quarter



Number of visits to the KCC website (in thousands) – by quarter



Number of complaints received each quarter



-

Customer Services – Call Activity

Number of phone calls to Contact Point (thousands)

Contact Point received 1% more calls than the previous quarter but 18% fewer calls than the same period last year. The 12 months to March 2021 saw 15% fewer calls than in the 12 months to March 2020.

Service area	Apr – Jun 20	Jul – Sep 20	Oct – Dec 20	Jan – Mar 21	Yr to Mar 21	Yr to Mar 20
Adult Social Care	28	31	27	30	117	125
Integrated Children's Services	17	16	18	18	68	82
Highways	8	20	14	16	57	75
Waste and Recycling	16	15	10	10	51	17
Blue Badges	8	9	8	8	33	52
Transport Services	3	15	7	6	32	49
Libraries and Archives	1	11	8	6	25	36
Registrations	5	6	5	6	21	30
KSAS*	2	2	4	5	13	10
Schools and Early Years	4	6	8	5	22	28
Main line	3	2	3	4	12	14
Speed Awareness	2	4	3	2	12	25
Other Services	1	3	1	2	8	7
Adult Education	1	2	1	1	6	21
Kent together	5	1	1	1	8	N/a
Total Calls (thousands)	105	142	119	120	486	569

* Kent Support and Assistance Service

Numbers are shown in the 1,000's and may not add exactly due to rounding. Calculations in commentary are based on unrounded numbers.

Customer Services – Complaints Monitoring

The number of complaints received in Quarter 4 were close to the number received last March, but did increase by 11% on the previous quarter.

Over the last 12 months there has been an 8% decrease in complaints received compared to the previous year.

In Quarter 4 there were a number of complaints following the snow in February, with regards to Highways related matters, such as issues with gritting and salt bins. In relation to complaints received outside expected topics, complaints were received for new services such as the asymptomatic testing centres and feedback relating to changes to the way services are delivered due to Covid, such as Household Waste and Recycling Centres and public transport including bus passes for those travelling to school.

Service	12 mths to Mar 20	12 mths to Mar 21	Quarter to Dec 20	Quarter to Mar 21
Highways, Transportation and Waste Management	3,134	3,114	661	725
Adult Social Services	1,092	759	193	186
Specialist Children's Services	595	711	169	226
Libraries, Registrations and Archives	326	230	71	40
Education & Young People's Services	375	141	42	17
Strategic and Corporate Services	118	166	38	71
Environment, Planning and Enforcement & Economic Development	137	242	34	73
Adult Education	77	21	2	2
Total Complaints	5,854	5,384	1,210	1,340

Customer Services – Digital Take-up

The table below shows the digital/online or automated transaction completions for Key Service Areas.

Transaction type	Online Apr 20 – Jun 20	Online Jul 20 – Sep 20	Online Oct 20 – Dec 20	Online Jan 21 – Mar 21	Total Transactions Last 12 Months
Report a Highways Fault	55%	52%	58%	63%	89,475
Renew a library book*	**	74%	79%	70%	68,982
Book a Speed Awareness Course	85%	85%	81%	86%	25,579
Report a Public Right of Way Fault	88%	84%	86%	88%	22,066
Apply for a KCC Travel Saver (Rolling 12 months)	70%	95%	98%	99%	20,757
Book a Birth Registration appointment	89%	87%	88%	88%	20,265
Apply for or renew a Blue Badge	81%	81%	76%	72%	8,493
Highways Licence applications	84%	97%	97%	98%	6,245
Apply for a Concessionary Bus Pass	71%	74%	65%	77%	6,065
Apply for a HWRC recycling voucher	100%	99%	99%	98%	5,024

* Library issue renewals transaction data is based on individual loan items and not count of borrowers.

** No data available due to lockdown

Economic Development & Communities	
Cabinet Members	Derek Murphy, Mike Hill
Interim Corporate Director	Simon Jones

KPI Summary	GREEN	AMBER	RED	↑	⇒	↓
	1		1		1	1

Support for business

Kent's Regional Growth Fund (RGF) investments have continued to create and sustain employment opportunities throughout 2021. The full impact in terms of business failures and loss of jobs caused by the economic disruption from the Coronavirus pandemic on the Kent and Medway Business Fund (KMBF) loan recipients has still not fully emerged. This, in part, appears to be due to the positive impact of the continued government support schemes in reducing business failures and protecting jobs (CBIL, BBLs, Coronavirus Job Retention Scheme). KCC also sought to mitigate the impact of the Coronavirus pandemic by offering all loan recipients a one-year repayment holiday (April 2020 - March 2021) and this has been extended for a further 6 months (to September 2021).

Since 2017 to the end of Quarter 4 2020-21, the KMBF had provided funding of £14.4 million to 101 Kent and Medway businesses, creating 225 new jobs and safeguarding 63 further jobs.

A further funding round was launched at the end of Quarter 2 consisting of three strands: Recovery Loans (£50k-£100k), Capital Investment Loans (£50k-£100k) and Large Loans (£101k-£500k). Applications were received in Quarter 3 and those which were approved received funding by Quarter 4.

Economic Development continues to work with its equity partner, NCL Technology Ventures, to ensure that the innovative companies in which the KMBF has an equity stake receive specialist support and assistance.

The South East Local Enterprise Partnership (SELEP) provides funding for the Innovation Investment Loan scheme over the period 2015-2018; KCC manages this scheme for Kent and Medway and has so far committed £6.2 million to 19 businesses in Kent and Medway, creating 59 new jobs (a deduction of 2 over previous figures as companies suffered the impact of Covid-19) in addition to safeguarding a further 70 jobs.

KCC's Economic Development team played a leading role establishing and financing the Kent & Medway Business Support Helpline which is operated by the Kent Invicta Chamber of Commerce. Most Kent districts also provided finance. During Quarter 4 2020-21 the Helpline provided 103 Business Support Network Sessions and delivered 512 one-to-one sessions with businesses. 30% of businesses confirmed an improvement in confidence as a result and over 98% expressed satisfaction with the service.

Converting derelict buildings for new housing and commercial space

In Quarter 4, 126 long term empty properties were made fit for occupation through the No Use Empty (NUE) Programme, bringing the total to 6,924 since the programme began in 2005. NUE had processed 40 loan applications in Quarter 4 increasing the

total NUE investment in converting derelict properties to £71 million (£38 million from KCC recycled loans and £33 million from private sector leverage).

In February 2021 SELEP approved a £2 million allocation to NUE for a Commercial Phase II from the Growing Places Fund (GPF) Round 3. The contract is now being sealed with a view to projects starting in the first quarter of the new financial year.

Following the approval of £12m from KCC Treasury, NUE has processed a further 3 loans (21 to date) with a cumulative total value of £11.2 million to bring forward empty/derelict sites which have planning permission to create new housing. A total of 91 new units are currently supported, an increase of 20 since Quarter 3. NUE is evaluating 12 more potential projects with an indicative value of £6 million.

The first NUE project in Dover completed in January 2021, with the supporting loan from KCC Treasury now repaid. The property has 8 new residential units and was acquired by Dover District Council to provide affordable housing. A second project in Ramsgate will complete in May 2021 with all apartments sold subject to contract, and the KCC loan already partially repaid.

In Quarter 4, KCC's Treasury Investment Management Team approved further £4m of additional investment.

Infrastructure projects

In Quarter 4, the following new capital funding awards in Kent were made by the South East Local Enterprise Partnership's (SELEP) Accountability Board:

- The award of £323,204 of Getting Building Funding (GBF) to support the St George's Creative Hub project. St George's is a retail centre, owned by Gravesham Borough Council, located in the heart of Gravesend town centre. The St George's Creative Hub project will convert two vacant retail units into a new 2,000 sq.ft. arts facility/gallery space, a café, and a new workspace for the creative sector.
- The award of £3,500,000 of Growing Places (loan) Funding (GPF) to support the delivery of the Herne Relief Road project, noting that the funding will be transferred in two tranches, with the second tranche (£1.4m) dependent upon a successful outcome of the ongoing planning appeal. The project seeks to bring forward improvements to Bullockstone Road, which will reduce congestion and traffic volumes in the village of Herne and will provide the transport infrastructure required to support the construction of approximately 2,500 new homes in the area.
- The award of a further £1m of Local Growth Funding (LGF) to support the delivery of the Kent & Medway Medical School. This brings the total LGF funding award for this project to £9m. The project has established a new medical school, which is jointly run by the University of Kent and Canterbury Christ Church University. The medical school, when fully operational, will offer 200 places per year.
- The award of a further £100,000 of Local Growth Funding (LGF) to support the Dover TAP project, which is part of the Kent Strategic Congestion Management Programme. This brings the total LGF funding award for the Programme to £4,800,000. The Dover TAP project aims to ease congestion in and around

Dover. This ambition is achieved through a series of measures, such as monitoring congestion along key routes using CCTV cameras, advising the public of congestion so they can make well-informed travel choices, and providing public infrastructure.

- The award of a further £315,000 of Local Growth Funding (LGF) to support the delivery of the Advanced Horticultural Zone at NIAB EMR (East Malling). This brings the total LGF funding award to just under £2m. The project supports the installation of new utility services to the NIAB EMR site and enables the construction of a low-carbon energy centre and 1,200m² of new state-of-the-art glasshouses. These glasshouses will be used to further research and development into how to improve horticultural yields and reduce waste, and secures the long-term delivery of world-class research, innovation and knowledge exchange for the UK horticultural industry.
- The award of a further £901,128 of Local Growth Funding (LGF) to support the delivery of the Kent & Medway Engineering, Design, Growth and Enterprise (EDGE) Hub. This brings the total LGF funding award to over £7m. The new EDGE hub will transform regional Science, Technology, Engineering and Maths (STEM) education by increasing diversity and the retention of highly skilled graduates in Kent and Medway. As well as a centre for industry collaboration and education that directly responds to employers' needs, it will also provide first-class facilities for current and future generations of students, supporting them into a wide range of careers. The EDGE Hub will support circa 1,250 new learners with higher level Engineering and Technology skills to enter the labour market by 2024.

For reference, Getting Building Funding (GBF) is capital grant funding. In total, £35m of GBF has been awarded to organisations in Kent. GBF awards are subject to sufficient GBF being received by SELEP from Central Government in 2021/22.

Growing Places Funding (GPF) is capital loan funding. In total, £18.7m of GPF has been awarded to projects in Kent. One GPF project (Javelin Way) sought approval during quarter 4 for a revised repayment schedule due to the impact of Covid-19, and this was agreed by the SELEP Accountability Board.

Local Growth Funding (LGF) is capital loan funding. In total, £129m of LGF has been awarded to projects (predominantly transport projects) in Kent.

Capital Skills Funding is capital grant funding. In total, £13m of Capital Skills Funding has been allocated to Kent between 2015-21 to support the further education sector. This has been invested into capital projects on college campuses (including the building and refurbishment of college facilities and the purchasing of new equipment).

Broadband

KCC has been working with the Government's broadband agency, Building Digital Delivery UK (BDUK), to improve broadband connectivity since 2012. As a result of this work, 96% of homes and businesses in Kent now have access to a superfast broadband service of at least 24mbps. The project has been extended with Openreach contracted to deliver full fibre (fibre-to-the-premise) connections to over 5,000 rural homes and businesses in Kent that currently have a sub-superfast broadband service (less than 24mbps). The infrastructure build for these new connections continues despite Coronavirus and over 140,000 homes and businesses have benefited from the Kent BDUK project to date. A further 2,000 homes and businesses are also receiving a

faster broadband connection as a result of the Government’s Rural Gigabit Voucher Scheme and the Kent Top Up Voucher pilot.

KCC is also working with BDUK to get the County ready for the Government’s new £5 billion ‘Project Gigabit’ programme. Whilst the delivery details of these new national programmes are currently being finalised by Government, we understand that the programme will comprise a mix of area-based procurements and new voucher schemes.

In the meantime, broadband network operators are continuing to invest in the next generation, gigabit-capable networks across Kent. The availability of gigabit capable connections doubled over 2020 and is currently at 20%. It is anticipated, given current build rates, that this market-led investment will reach over 40% of homes and businesses by the end of 2021.

Funding Kent’s Infrastructure

KCC has a statutory right to seek financial contributions for capital investment from developers of new housing sites. In Quarter 4, twenty-two Section 106 agreements were completed and a total of £11.09 million was secured. Quarter 4 was the first time this year that contributions did not exceed target. This was due to one project, namely the proposed housing development at Sturry/Broad Oak. The 78% secured is based on a worst-case scenario which includes potential loss of LEP funding due to project delays, and unexpected costs for Nitrate mitigation. At a minimum, the contributions would be used for the Sturry Relief Road and new primary school.

s.106 contributions secured £000s	Apr to Jun 2020	Jul to Sep 2020	Oct to Dec 2020	Jan to Mar 2021
Primary Education	1,006	5,249	8,073	7,064
Secondary Education	895	3,243	8,491	3,699
Adult Social Care	27	67	155	128
Libraries	21	69	398	120
Community Learning	8	38	55	29
Youth & Community	10	36	76	52
Total	1,966	8,702	17,248	11,092
Secured as % of Amount Sought	100%	100%	97%	78%

Kent Film Office

In 2020/21, the Film Office handled 905 enquiries. The Office logged 519 filming days bringing an estimated £3.4million direct spend into the Kent economy.

Libraries, Registration and Archives (LRA)

In accordance with the government’s lockdown guidelines announced in January 2021, 29 libraries continued to offer the Select and Collect service within reduced opening hours. Taking account of the very high level of Covid-19 cases in Kent at the time, PC and Wi-Fi provision were suspended for the lockdown period. A further three libraries were opened for Select and Collect during January and February, two of which were to ensure library provision in areas where libraries were assigned as Covid testing centres. The Archive Search Room remained closed, with staff both working at home and coming in to carry out collection work and research for enquiries. Birth registrations were suspended so that the team could focus on the high number of death

registrations. Ceremonies were also suspended, unless there were exceptional circumstances, as required by government, but Citizenship Ceremonies were able to continue on an individual basis.

The temporary KPIs the service has deployed this year were retained for Quarter 4 in order that LRA's output could be measured, particularly with regards to digital content and services tailored to be delivered during the Covid pandemic. Development of the online offer continued, and e-issues increased by 97.1% on the same reporting period last year, with March seeing the highest weekly issues to date. The online service offer was developed to include a YouTube channel, launched in February 2021, and a Podcast channel featuring On the Books author interviews. The number of customers joining online increased by 35.5% from Quarter 3, reflecting the increased online engagement during the lockdown period.

Mobile libraries continued to deliver the Select and Collect book offer throughout Quarter 4, and between 2nd March and 6th April, brand new mobile vehicles were deployed, carrying the new LRA branding. The vehicles are greener and although smaller, can hold more stock than the old mobile vehicles.

Other projects that were completed during this period included the refurbishment of Greenhithe Library, and the completion of the new multi-partner Southborough Hub building, in which the library will be housed. Both libraries are due to open at the end of April. In addition, Kent LRA joined the British Library's network of Business and Intellectual Property Centres (BIPC), which will enable the Service to support small businesses in the county through a host of different services. Plans have been drawn up for a BIPC hub at Kent History and Library Centre.

In line with the government's roadmap to recovery, a phased recovery programme has been developed for LRA, and during March, essential PC use and birth registrations were resumed in libraries. Staff have been working to clear the backlog of almost 3,000 birth registrations from the lockdown period alongside all the new births, and registering a total of 2,486 births during March, reducing the backlog in that time by just under 1,000. Although up by 29.3% from Quarter 4 last year, death registrations have been reducing month on month during this quarter. Customer satisfaction with registration overall is at 94.5% which is just 1.5 percentage points below the target that was set pre-Covid.

The results of the Library Survey indicate that satisfaction is at 83% which is 2 percentage points below the floor level. An examination of the comments revealed that the closure of smaller branch libraries due to the pandemic was the main reason for dissatisfaction. However, satisfaction with specific services was higher, with 88% satisfaction with the e-offer and 90% with the Select and Collect service.

LRA are now working towards the reopening of libraries in line with the government roadmap, with a view to reopening all 99 libraries by the summer.

The Coroner Service

The Coroner Service continued to manage service delivery despite an unprecedented workload arising from the pandemic.

Community Safety

The Kent Community Warden Service (KCWS) has continued to identify, support and reassure those vulnerable people most in need. Efforts have also been focused on supporting communities to adapt to the changing restrictions and providing support

during the national lockdown, with almost 7000 tasks undertaken in Quarter 4. The Kent Community Safety Team (KCST) is currently managing and coordinating 16 domestic homicide reviews (DHRs) on behalf of the Kent Community Safety Partnership (KCSP) with one new notification currently being considered. One DHR (Ann/2018) has recently been published and the full overview and executive summary reports can be found on the KCC and Medway Council websites. The KCST commissioned the Chartered Institute of Procurement and Supply (CIPS) to deliver a two-day training course on Modern Slavery in the Supply Chain to 15 people attending from a variety of agencies across Kent in Quarter 4.

Explore Kent

In Quarter 4, demand for information about local walking and cycling routes continued to be high, with the website pages achieving substantially more visits than the same period last year.

Kent Country Parks

The last quarter of the year is normally the quietest for parks but this has not been the case this year with Covid restrictions continuing. Parks have performed exceptionally well coming in on budget despite many areas of the business not being fully operational. It is anticipated that visitor numbers, and the associated car parking and café incomes, to fall back to nearer pre-covid levels as restrictions lift and the economy opens up.

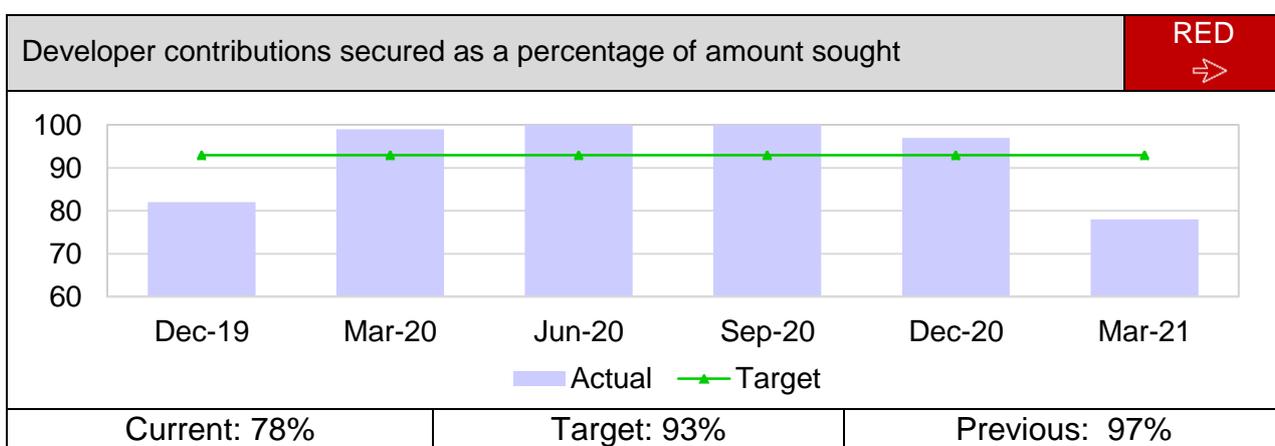
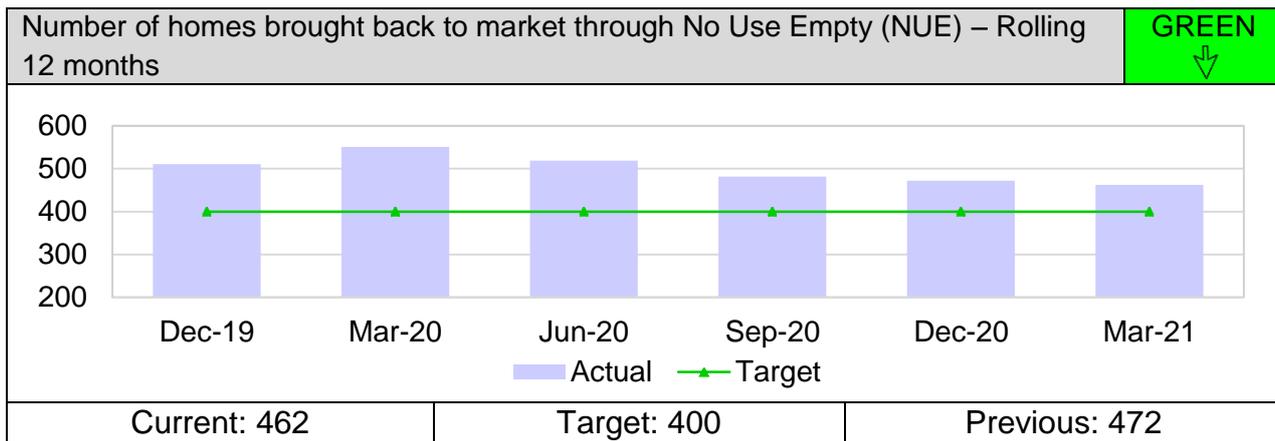
Public Rights of Way (PRoW)

Although the first quarter saw a significant impact on income due to Covid there was a strong financial recovery through the remainder of the year reflecting adaptation to the requirements of Covid, high levels of local authority searches, temporary closures and public path orders to enable development. By the end of the year income had almost completely recovered. Investment was largely as expected with an additional £136k funding secured through the Emergency Active Travel Fund. Despite measuring increased use of the PRoW network (110% - 483% on individual routes when compared to pre lockdown levels) the levels of fault reporting only increased by 4% overall.

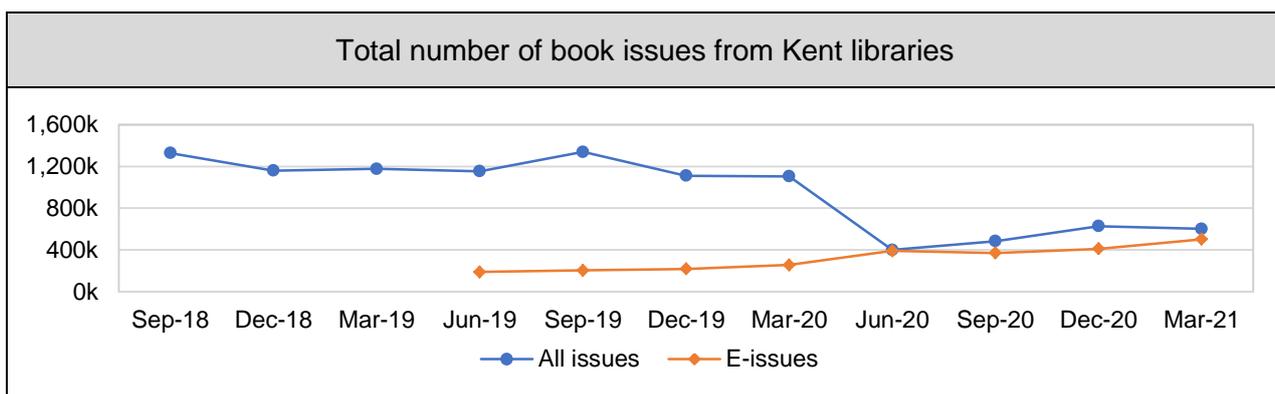
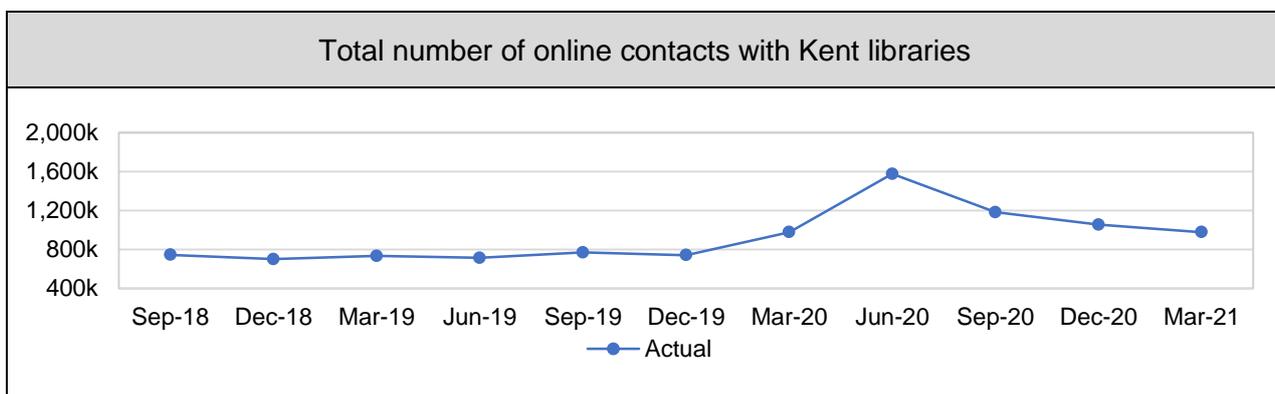
Resilience and Emergency Planning Service (REPS)

In Quarter 4, the 24/7 Duty Emergency Planning Officer received 200 alerts (less than the 240 for the same period last year). Notable incidents in this quarter, which coincided with a peak in Covid-19 infections, included intense, but very localised, rainfall events experienced overnight on 27th and 28th January. Residential and commercial addresses in Edenbridge, Paddock Wood, Thurnham, Sheerness and Smarden were most affected. Groundwater emergence impacts also began to be felt at around this time, including along the course of winterbournes such as the Drellingore at Alkham, and Nailbourne at Barham. Groundwater saturation also contributed to highway flooding at Quarry Road, Boughton Monchelsea, where KCC undertook proactive community liaison and site assessment, deploying pumps and tankers from 1st February. Storm Darcey brought persistent and occasionally heavy snow to the county on 7th and 8th February, with a maximum snow depth of 16 cm recorded at Manston in Thanet. Widespread disruption to both the strategic and local transport networks resulted, notably including the A229 at Bluebell Hill, A249 at Detling and Medway Valley Line.

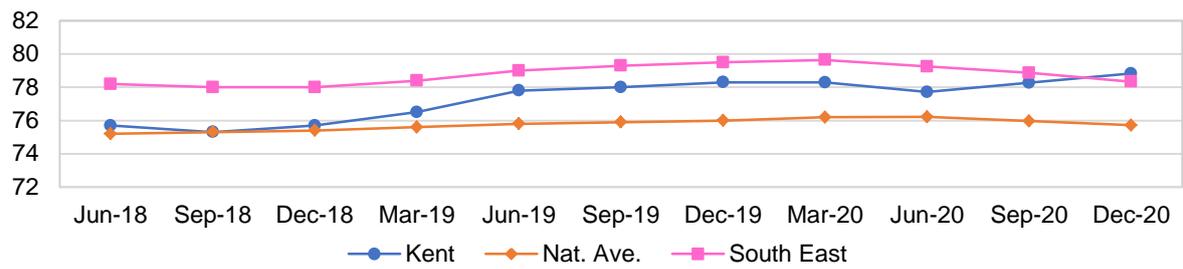
Key Performance Indicators



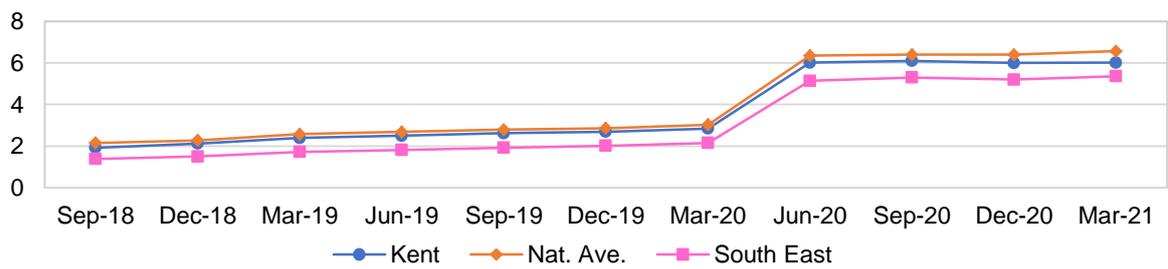
Activity indicators



Percentage of population aged 16 to 64 in employment (from the Annual Population Survey)



Percentage of population aged 16 to 64 claiming unemployment benefits



Environment and Transport	
Cabinet Members	David Brazier, Susan Carey
Interim Corporate Director	Simon Jones

KPI Summary	GREEN	AMBER	RED	↑	→	↓
	4	2		1	4	1

Highways

Performance has been maintained above target for all but one highway KPI. The attendance at Emergency Incidents within 2 hours of notification is at 96% compared to a target of 98%. Emergency callouts put pressure on both KCC Incident Response Officers and Amey crews during the working day as well as out of hours with over 1,300 incidents attended in this Quarter. The service was impacted by the weather event in February where continuous snow response led to a loss of over 2,000 productive hours due to stand-down periods whilst crews rested from winter salting. In addition, both Amey and their supply chain had staff and operatives self-isolating due to Covid symptoms. Over the year, impacted by Covid, 97% of almost 3,000 emergency incidents were attended within 2 hours. Whilst being above target, potholes repaired in 28 days measure has seen a slight drop in overall performance to 91% with the usual higher demand in the winter period, impact from Covid and winter salting resource pressures.

The total number of customer contacts for highway issues in the last financial year reached over 210,000 with almost 78,000 of these being faults requiring action by front line teams. The highest demands were for pothole repairs (14,000) and blocked drains (9,000). Following completion of the Streetlight LED project, customer enquiries regarding faulty lights has reduced to a third of what they used to be. The financial year closed with 6,681 open enquiries as 'work in progress' to be resolved, which is below expectations for an average year. Despite Covid, strong customer approval was maintained as measured through calling back 100 customers each month who had reported a problem.

Over 60% of enquiries were raised direct by customers via the KCC website in Quarter 4. This produces accurate location information and details of the fault, whilst also giving a unique reference number for customers to track progress if they wish to. Greater detail on Highways assets are going into the fault reporting tool to show which roads are maintained by KCC and the location of key assets such as streetlights, grass verges and traffic signals.

The demand from utility companies to access and open Kent roads this year has resulted in 138,868 permit requests, up on 125,350 for last year. This pressure for road space and managing the Kent network continues to put significant pressure on the team working remotely due to Covid.

The first tranche of Department for Transport active travel funding supported the installation of temporary projects for the Covid-19 pandemic, the second tranche is to enable and support the creation of permanent infrastructure to support walking and cycling and active travel, for which Kent has been awarded over £6m. This was the third highest settlement in the Country and covers the cost of five schemes across the County.

Approval has been given for KCC's Highway Civils Framework to enable the procurement and delivery of significant highway infrastructure development, civil engineering works and associated major value construction works. Currently, significant highway infrastructure development and civil engineering works are procured on an individual basis and this new delivery model will allow future schemes to be procured more quickly and efficiently.

The Trees Outside Woodlands (TOW) project, led by Defra, Natural England, and the Tree Council, is a £2.52 million investment over the next two and a half years with up to £500k being allocated to Kent County Council. It is aimed at supporting schemes that establish new ways of expanding tree cover in cities, towns, and countryside.

Asset Management

KCC's Highways Asset Management Plan is being developed to replace and update six existing documents. The new single document is forward-looking and amounts to an action plan and investment strategy for the next five years. It recognises the increasingly challenging environment with deteriorating assets, increasing traffic volumes, uncertainty around future funding and, more recently, Coronavirus impacts. The new document will be considered by the Environment and Transport Cabinet Committee in June, prior to a Cabinet Member key decision. In March, KCC published a five-year forward maintenance works programme.

Casualty Reduction.

'Vision Zero – The Road Safety Strategy for Kent' went to public consultation between January 26th and March 15th and received 780 complete responses of which over 100 were from organisations. Overall, 77% agree or strongly agree with Vision Zero.

Between January and March 2021 there were 8 fatal and 87 serious injuries, 481 collisions which resulted in 596 casualties of any severity, compared to 2 fatal and 166 serious injuries, 796 collisions and 1,079 casualties the same period last year. This shows a drop in collisions, although not all records have been received from the Police for this period.

Data for 2020 has now been finalised with 2,976 total Collisions (36 Fatal, 645 Serious and 2,295 Slight) resulting in 3,940 Casualties (39 Fatal, 712 Serious and 3,189 Slight). Compared to 2019 data there was an overall reduction across all severities of 830 and reduction in casualties by 1,015, there was an increase in fatal casualties of 2 and a drop in Killed and Serious Injury (KSI) collisions of 12. This shows an approximate 25% drop in casualties in 2020, but only a 1.5% drop in KSI casualties. All figures should be considered in context of an estimate 24% reduction in road traffic volumes in 2020,

Public Transport

Schools returned in early March and as a result, the bus network was restored to 100% of normal operation (with social distancing in force). 140 additional coaches/buses were hired with return of schools and all other school transport services restored. The Kent Travel Saver and 16+ refunds are being delivered.

The government published the new 'National Bus Strategy' in March which sets out a new framework for bus services and an ambitious roadmap of development. The Service will be working through its impact and how KCC responds over the coming weeks.

Crash Remedial Measures & Local Transport Plan (LTP)

Delivery of the 2020/21 Crash Remedial Measures (CRM) and Local Transport Plan (LTP) programme is complete with over 125 schemes successfully delivered in addition to the hundreds of 'smaller interventions' to improve safety.

There is now a focus on the detailed investigations of the latest 122 crash cluster sites across the County. Each will require detailed accident investigation to see if engineering interventions could help reduce crashes as well as working closely with the road safety team on behavioural change. Local Transport Plan schemes for 2021/22 are being programmed for delivery.

Local Growth Fund Transport Capital Projects

Through SELEP, KCC is managing £128 million of Government funding from rounds 1 to 3 of the LGF. There are currently 2 'Red' schemes causing concern, Sturry Link Road and Maidstone Integrated Transport Project.

For the Sturry Link Road project, SELEP Accountability Board agreed in February 2021 that the £4.791m remains ringfenced to allow planning consent to be secured. The Maidstone Integrated Transport Project has suffered numerous delays due to Covid, and as such, a request was approved at the Accountability Board on February 12th to release the remaining LGF (£4.1m) for the delivery of the Project beyond 31st March 2021. However, as a condition of this transfer of funds a further update will be required in September 2021.

With regards to the unspent LGF allocation to KCC, the SELEP Accountability Board agreed that a variation to the Service Level Agreements be made to enable this unspent LGF to be invested as an 'Option 4 Capital Swap' within the local authority's own capital programme. This equates to £25.216m of LGF funding, not inclusive of the monies held by the Accountable Body against the Sturry Project.

Waste Management

The final quarter saw a welcome return to very low waste to landfill, at under 0.2%, this figure includes asbestos, with landfill being the only approved way to dispose of this material.

Waste converted to energy was 52% in 2021/22 the same as in 2019/20, this is largely due to a much lower volume of materials being taken to the Household Waste Recycling Centres (HWRCs) the majority of which are recycled. HWRC recycling rates for the year were 70%, however due to Covid restrictions, these sites received just under half of a normal year's volume at 73,000 tonnes. Latest data shows that the Collection Authorities recycled at a rate of 42%, a slight improvement of 1 percentage point when compared with the previous year. Cumulative recycling is recorded at just above 43% for the whole County.

January saw the implementation of the Business Continuity Plan with extended opening hours offered to East Kent Districts to support the anticipated disruption. In general terms that has been much larger quantities of kerbside waste due to the lockdown, typically around a 10% increase. In the last quarter, Canterbury has seen the introduction of a new collection service operated by Caneco, an in-house provider, flexibility has been provided by the County to support this service implementation. The Waste Management team have been nominated for a number of national awards for their work in responding to both waves of the pandemic and EU transition.

Natural Environment and Coast

The Ecological Advice Service has continued to grow and increase the service of ecological planning advice across the county during 2020/21. This has included two new planning authorities signing up to the service – Gravesham and, most recently, Tonbridge and Malling. The service now supports 12 of the county’s local planning authorities. In 2020/21, the service provided ecological advice on over 2,500 applications (an increase of 200 on the previous year) and across the year exceeded our response to deadline target, with 92% of requests for advice responded to within the deadline. Further the service generated over £110,000 of income.

Sustainable Business and Communities

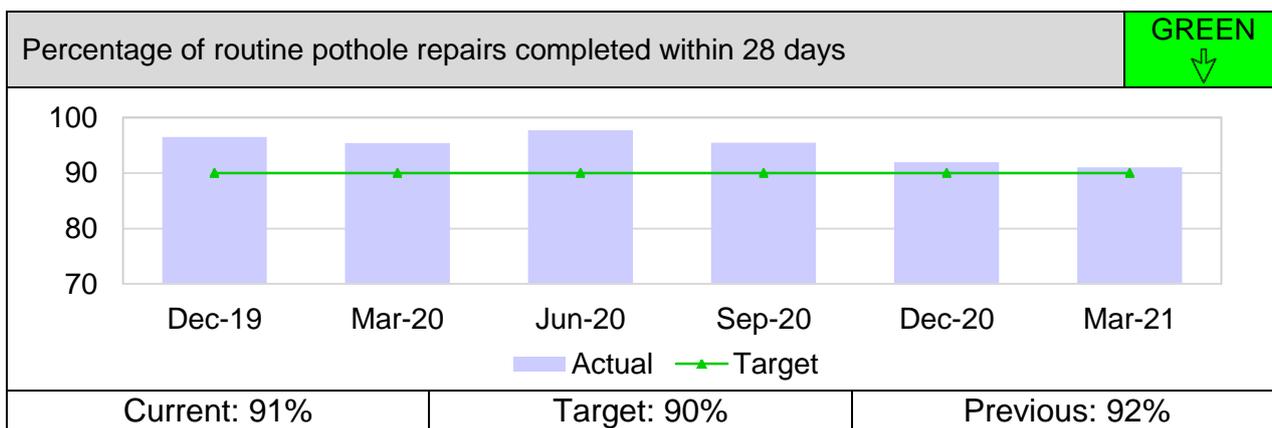
As expected, emissions have continued to reduce sharply, partly due to the impact of Covid-19 restrictions, resulting in a 44% reduction in emissions compared to the 2015 baseline. This exceeds the stretch target of 38% reduction to be achieved by March 2021. Net Zero monitoring commences from April 2021 with first quarter data due early Autumn.

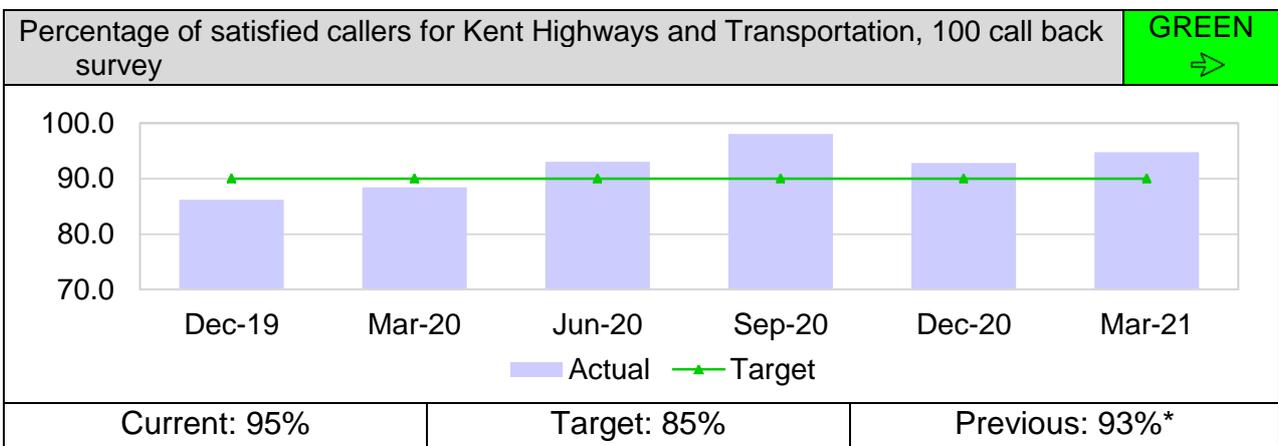
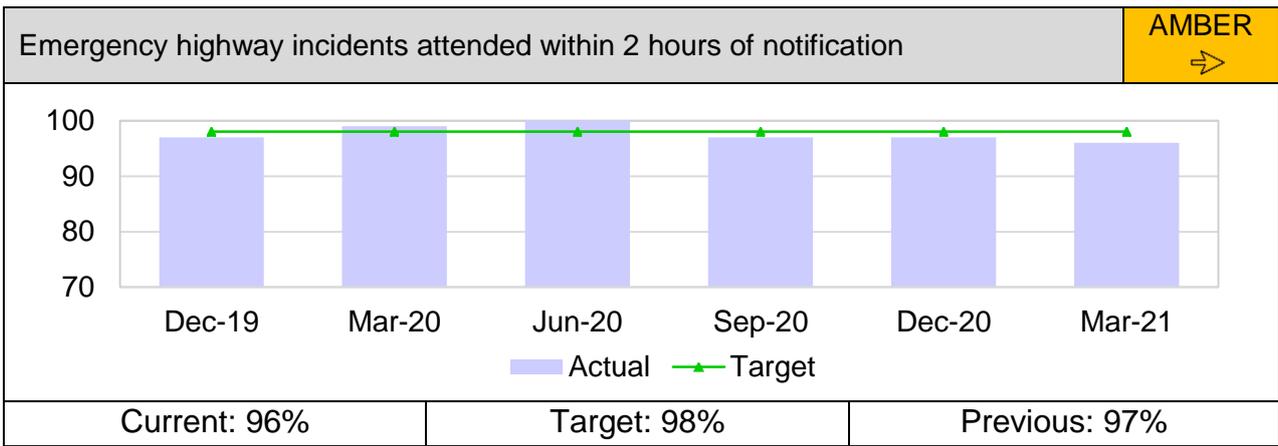
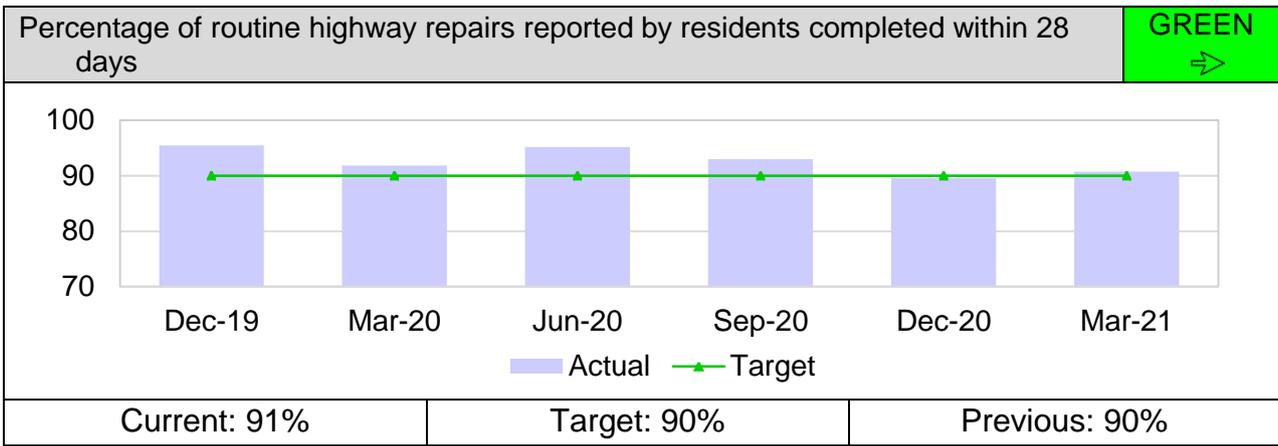
Of the 697 households who accepted quotes from Solar Together Kent, so far, 702 panels have been installed on 62 homes, of which 31 include battery storage, reducing carbon emissions by 59 tonnes per annum. The Low Carbon Across the South East (LoCASE) programme has completed recruitment with seven new job roles created. A further £21.6 million of grant funding was awarded for energy projects, including a large solar park, low carbon heat pumps, rooftop solar, LED lighting and other energy efficiency works. An additional £1.2 million is for schools, including several heat pumps to replace old boilers. The funding is from Salix Finance on behalf of the Department for Business, Energy and Industrial Strategy (BEIS) and will make a significant contribution towards achieving KCC’s Net Zero target by 2030.

Transport Strategy

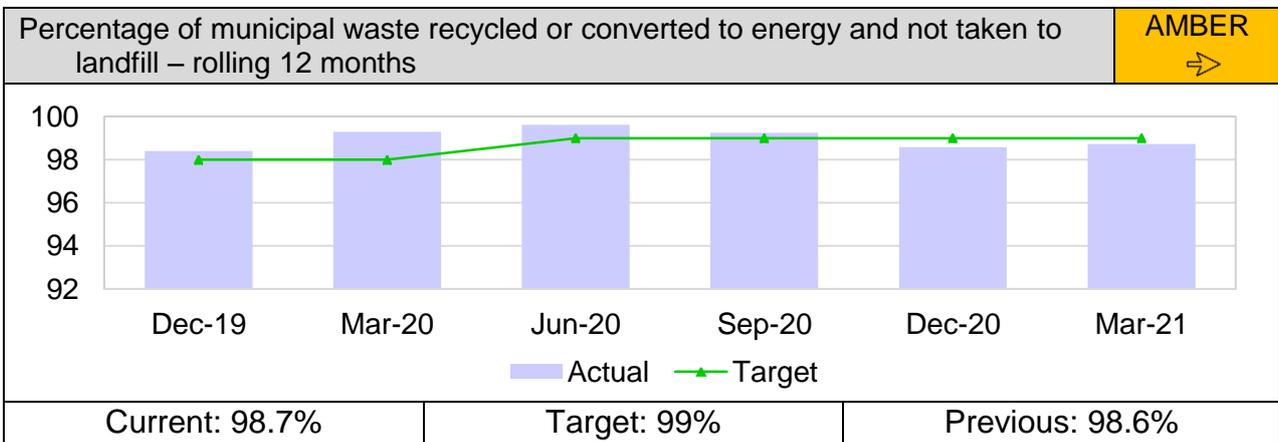
The Kent Rail Strategy 2021 was adopted by Cabinet in March following the Scrutiny Committee recommending an amendment to the version previously adopted by Cabinet in January. Works on the new Thanet Parkway railway station continue with discharge of planning conditions, including the continuation of the archaeological excavation of the site and the contract award for the road access junction. The Implementation Agreement with Network Rail was sealed in March so that main construction on the station can commence in the coming months. KCC’s response to the Department for Transport consultation on night flights at Gatwick Airport was also agreed at the Environment and Transport Cabinet Committee in March and has been submitted to government.

Key Performance Indicators



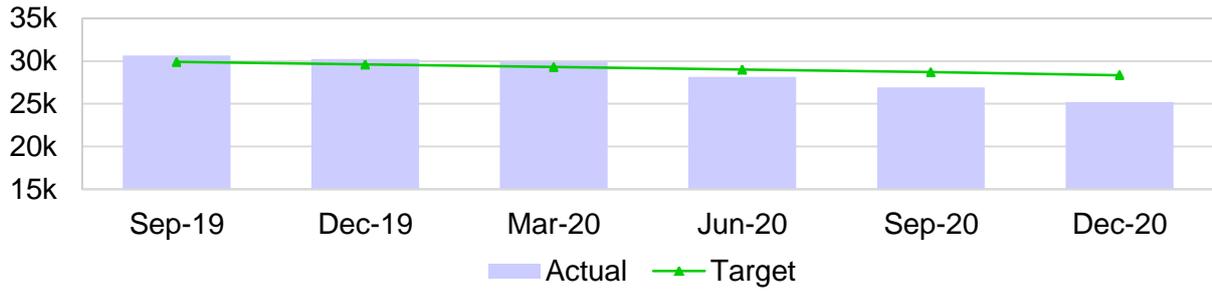


*October and December figures only



Greenhouse Gas emissions from KCC estate (excluding schools) in tonnes – rolling 12 months

GREEN
↑



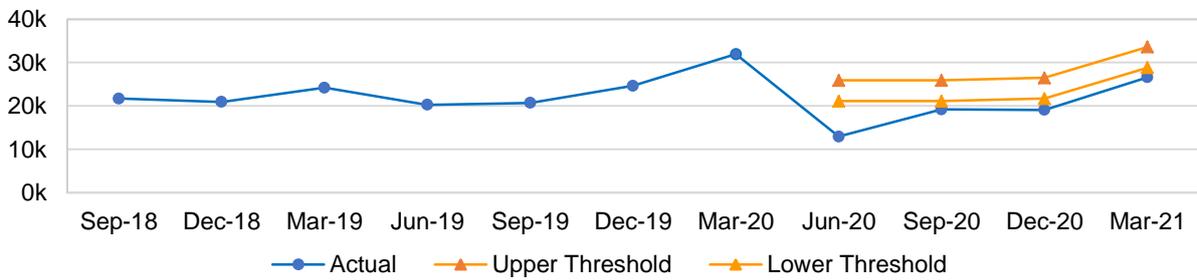
Current: 25,187

Target: 28,400

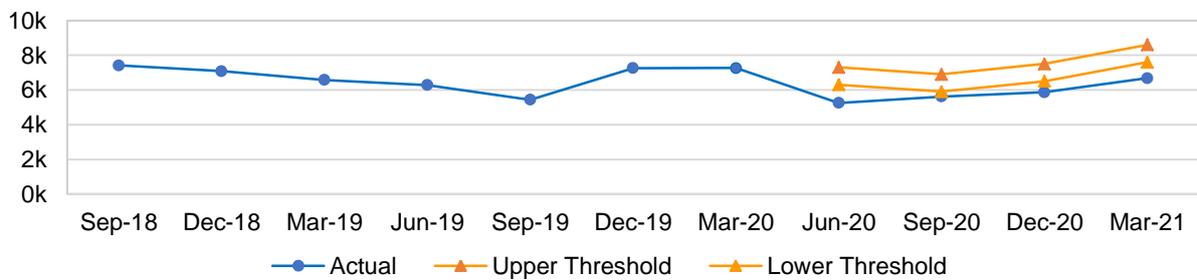
Previous: 26,908

Activity indicators

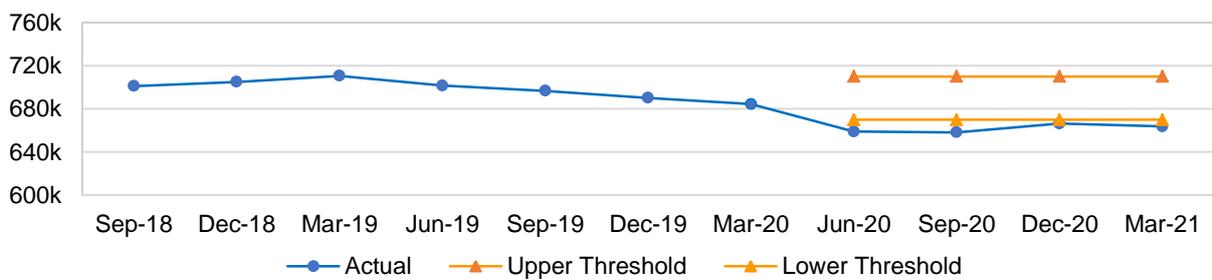
Number of Highways enquiries raised for action – by quarter



Highways enquiries Work in Progress (Routine and Programmed works)



Total municipal tonnage collected – rolling 12 months



Children, Young People and Education	
Cabinet Member	Shellina Prendergast, Sue Chandler
Corporate Director	Matt Dunkley

KPI	GREEN	AMBER	RED	↑	⇒	↓
Summary	8	5	1	4	7	3

Schools

Schools were closed from 8th January 2021 and reopened to all pupils from 8th March 2021 following the partial easing of Covid-19 restrictions. Attendance at primary and secondary schools as of 31st March was 91% based on the 343 schools (out of 560) submitting their data to the Department for Education (DfE). For the second year there will be no statutory tests and assessments for primary schools. Key Stage 4 (GCSE and equivalents) and Post-16 (A Level and equivalents) students will be awarded grades based on teacher assessments.

Ofsted ceased their full programme of graded inspections in March 2020. They will inspect schools and further education & skills (FES) providers in the summer 2021 term to provide reassurance about how well children and learners are catching up, but full inspections will not commence until September 2021. Based on the last inspection data, 91% of schools in Kent (530 of the 580) were Good or Outstanding, compared to the national figure of 86%. The percentage of Primary schools judged as Good or Outstanding at 92% compares favourably to the national figure of 88%. 87% of Secondary schools were judged to be Good or Outstanding compared to 76% nationally. The percentage for Special schools at 96% was six percentage points higher than the national position.

The overarching priority of The Education People (TEP) is to continue to support schools in mitigating the impact of the Covid-19 pandemic. It has been a fundamental part of the school improvement strategy to ensure schools received systematic support and advice throughout lockdown. This includes focussed support on the recovery curriculum, closing learning gaps, and wellbeing. For some school leaders, the pandemic has had a significant impact on the wellbeing of school staff. In addition to the DfE funded wellbeing support directed through the Kent resilience forum, TEP continues to provide access to weekly or daily wellbeing calls for schools and a funded program of coaching support for headteachers. The second lockdown required primary schools to rapidly develop their remote learning offer, through the development of digital learning platforms and use of live and pre-recorded lessons. Compared to the secondary sector, this had previously been a significant gap in provision. Recruitment in maintained schools continued with School Improvement (SI) support and visits continued virtually with on-site visits recommencing immediately after schools reopened on 8th March. Special Educational Needs Co-Ordinator (SENCO) briefings are now an established part of the SI calendar and have attendance of 350+ SENCO's.

School Places and Admissions

For primary schools admissions in September 2021, 97.7% of applicants were offered a place at one of their three named schools with 89.2% securing their first preference. 95.4% of Kent families were offered a place at one of the secondary schools they selected. As parents/carers selected their six secondary schools before knowing their child's Kent Test results, for some, their child did not end up being eligible for their first

preference and as a result, the percentage of pupils offered a place at their first preference school at 69.7% of the Kent cohort was significantly lower than last year's 77.7%.

Early Years

Unlike schools, all Early Years settings were advised to remain open during the last coronavirus lockdown. Ofsted has not carried out any new inspections since March 2020, and the latest inspection data for the percentage of Early Years settings rated Good or Outstanding at 99% is one percentage point above the target.

3,080 two-year olds have been funded through the Free for Two scheme equating to a 58.1% take up. This is a decrease of 7.4 percentage points compared to the same period last year.

Supply and demand have been regularly monitored throughout (with supply having been steadily meeting demand). In January, the interim scenario based Childcare Sufficiency Assessment for 2020/21 was updated. During the period January to March the Childcare Market in Kent presented as recovering and coping reasonably well, however longer-term financial viability and sustainability are being closely observed. There have been ongoing regular communications with the Early Years and Childcare Sector as a whole, including a weekly 'Early Years and Childcare COVID-19 Blog', a monthly generic Early Years and Childcare Bulletin and ongoing supportive contact with individual providers. The Early Years and Childcare Service's Threads of Success training offer continues to be delivered on virtual platforms. These ways of working will continue moving forward.

Skills and Employability

Despite schools being closed to most students the Service's Engagement Officers continued their work with schools. 68 Kent schools have an action plan to support their learners who are at risk of becoming NEET. A number of online resources have also been created for schools to use with their learners. Following meetings and conversations which started in February with the DfE's Senior Policy Adviser for NEETs and Participation, to raise the concerns regarding the lack of NEET re-engagement provision in the county, the NEET deep dive has been completed which has informed the re-writing of the provision gap analysis. This will drive negotiations with external bodies and form the basis of an influencing strategy to bring more provision into the county.

The County NEET Action plan was agreed and finalised in January, with the sign up of VSK, SEND, Youth Justice, Management Information, Elective Home Educated and Open Access. The action plan's new monthly NEET review processes began in January. It includes a monthly review meeting with SEND which focuses on young people who have an EHCP and are NEET. The changes have been well received by the services involved as they are streamlined and more focused on case reviews. In response to the challenges faced by young people not being in school during the critical months after Christmas when much of the post 16 transition work is usually done, the team have targeted parents/carers to ensure that the momentum is maintained and to support schools in this work. In March a letter was sent to the parent/carers of every Year 11 learner in Kent, advising on the next step in the KentChoices online application process. Their children need to put offer/applications in order of preference to assist providers planning for the next academic year. The letter also acts as a trigger to encourage those without finalised September plans to act. The letter includes advice, information and where to get support.

SEND (Special Educational Need and Disability)

Based on the rolling 12-month average, 33% of EHCPs were issued within 20 weeks (772 out of 2,363). In the single month of March this increased to 40.3% with 177 of plans out of 439 being issued within timescale. This percentage increase is in the context of an overall increase in the number of EHC plans issued each month. This is the result of using an outside contractor to draft EHC plans where assessments have extended beyond 20 weeks (those in the 'backlog') and an increase in the number of SEN Assessment and Placement Officers (Interim positions) who issue the draft and final EHC plans.

The activity of the Educational Psychology (EP) Service has increased significantly over the last quarter (averaging at around 270 pieces of advice each month). However, the SEND Service continue to receive the majority of reports from the EP Service after the six-week timescale; this is in part due to the EP service using a proportion of their additional capacity to assess CYP who have been waiting for assessment the longest. The Service has revised its target of completing all overtime EHC needs assessment from April to the end of August 2021.

Work continues to improve the quality of EHC plans issued. A quality assurance framework has been developed and implemented to ensure that the Service monitors the quality of EHC plans issued and drives continuous improvement through analysis of data and moderation. To enable the Service to extend its Quality Assurance activity, an online platform (Innovate Invision) has been purchased. This platform uses a quality assurance framework which is very similar to the framework developed in Kent but has a more sophisticated weighting system and allows for faster and more complex analysis of areas of strength and areas requiring further improvement. In addition, the platform allows representatives from SEN, health, parent groups and social care to QA plans remotely during an auditing cycle, with nominated 'auditors' given access to the system. The first round of auditing using the portal is taking place during May.

There was a significant increase in requests for Statutory Assessment (EHC needs assessment) in March (444). As before, this may be linked to the difficulties that some children and young people experienced when returning to education following the national lockdown.

Wider Early Help

Two pupils were permanently excluded for the rolling 12-month period to March 2021, one primary phase and one secondary phase pupil. The percentage of pupils excluded from school equates to less than 0.01%. 31 pupils were excluded in the previous 12 months. The reduction is due to the Covid-19 pandemic. School closures during the first National Lockdown resulted in 34 school days lost to all pupils with the exception of 'key worker' and 'vulnerable' children from 23 March 2020 to 31 May 2020. Select 'primary' and 'secondary' year groups returned to school from 1 June 2020 and 15 June 2020 respectively. Closures during the third National Lockdown resulted in 39 school days lost to all pupils with exception to 'Key worker' and 'Vulnerable' children from 5 January 2021 to 5 March 2021.

The number of first-time entrants (FTE) in Kent has been increasing over the last four quarters and the rolling 12-month figure for the end of March 2021 at 271 means Kent has just missed the target by one young person. While still performing strongly compared with our youth justice neighbours, as well as regional and national rates, we have implemented several approaches to improve preventative outcomes.

Improvements include: increased restorative justice and victim-informed intervention, which, as an evidence based approach should, reduce overall re-offending rates; agreement with 'We Are With You', provider of the Kent Youth Drug Intervention Scheme (KYDIS) diversion scheme, to consider Early Help (prevention) referrals for young people. In time, this should see young people's needs being met at the early stage of criminal justice involvement and thus reduce FTEs. We continue to collaborate with Police to implement Outcome 22 (which is not yet operational). This will see more young people referred to prevention rather than given 'no further action' – and thus increase early intervention before entry into the criminal justice system.

Front Door

The performance measure for the 'Percentage of front door contacts where the final decision is made within 3 working days', has been set to ensure robust timeliness in this initial stage of decision making. Performance as of 31st March 2021 was 93.9% which is above the Target of 90.0% but a slight reduction in performance from the end of Quarter 3 when it was 94.8%.

Early Help

At the end of March 2021, 2,646 families were open to Early Help units, providing support for 5,591 children and young people under the age of 18. This is a 4.2% reduction in the number of families supported compared to the end of the previous quarter (2,761 families) but a 3.6% increase compared to March 2020 (2,554).

The performance measure for 'Percentage of Early Help cases closed with outcomes achieved that come back to Early Help / Social Work teams within 3 months', was 13.6% for the rolling 12 months to March 2021, achieving the Target of below 15.0%.

Children's Social Care - Staffing and Caseloads

The number of open cases (including those for care leavers above the age of 18) was 11,327 as at 31st March 2021, an increase of 176 children and young people when compared to the number of cases open on 31st December 2020 (11,151).

There were 4,637 referrals to children's social care services in the quarter, a decrease of 6.5% when compared to the previous quarter (4,961). The rate of re-referrals within 12 months for the 12 months to March 2021 was 28.0% compared to 29.0% at the end of Quarter 3. The reductions in re-referrals are more evident when looking at the re-referral rates for a 3-month period, which for March 2021 was 24.9% compared to 29.9% for April 2020.

The percentage of case-holding social worker posts held by permanent qualified social workers decreased slightly in the quarter, from 93.5% in December 2020 to 92.5% in March 2021 but has continued to remain above the target of 85.0%. The number of case-holding social work posts filled by agency staff decreased in the quarter, from 14.1% at the end of Quarter 3 to 13.0% at the end of Quarter 4. There has been no change in the average caseload for Social Workers in Children's Social Work Teams; this remains at an average of 21 cases.

Child Protection

On 31st March 2021 there were 1,199 children subject to a child protection plan, an increase of 56 from the end of the previous quarter (1,143). The rate per 10,000 children (aged 0-17) was 34.9, which remains below the last published rate for England of 43.8, as at 31st March 2020. The percentage of children who were subject to a Child

Protection Plan for a second or subsequent time was 22.4% at the end of Quarter 4, which is reduction from the previous Quarter (23.3%) bringing it within the target range of between 17.5% and 22.5%. This compares to an average for England of 21.9%, and an average for Kent's Statistical Neighbours of 22.7% (for those becoming subject to a repeat plan during April 2019 – March 2020).

Children in Care

The number of citizen children in care increased by 3 in the last quarter, to 1,373. The number of unaccompanied asylum seeker children (UASC) in care decreased by 134 to 277. The number of children in care placed in Kent by other local authorities (OLA) decreased by 42 during the quarter, from 1,266 to 1,224.

Status	Jun 20	Sep 20	Dec 20	Mar 21
Citizen	1,389	1,378	1,370	1,373
UASC	497	474	411	277
Total	1,886	1,852	1,781	1,650
Gender				
Male	1,250	1,215	1,157	1,039
Female	636	637	624	611
Age Group				
0 to 4	193	187	203	219
5 to 9	199	205	188	188
10 to 15	714	706	676	651
16 to 17	780	754	714	592
Ethnicity				
White	1,245	1,228	1,201	1,212
Mixed	94	99	102	90
Asian	101	98	88	66
Black	120	124	109	71
Other	326	303	281	211

The percentage of Kent's children placed in KCC in-house foster care or with family/friends is now 79.3%, compared to 80.2% at the end of the previous Quarter, remaining below the 85.0% target. Performance against placement stability of 3 or more placements in a 12-month period has improved, reducing from 12.2% from 11.9% in the Quarter and for Citizen CIC only was 10.9%. This compares to the latest published England average (including UASC) of 11.0% (2019/20).

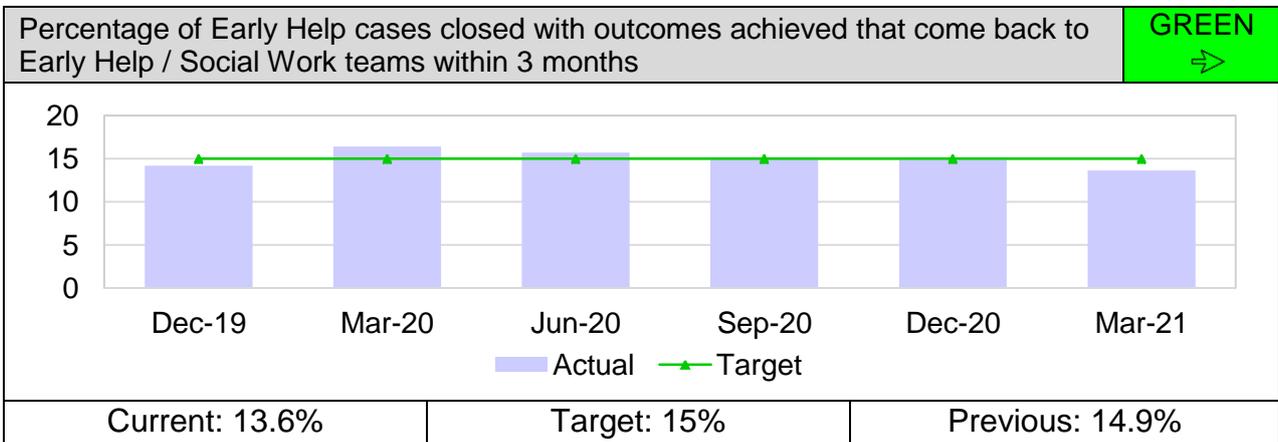
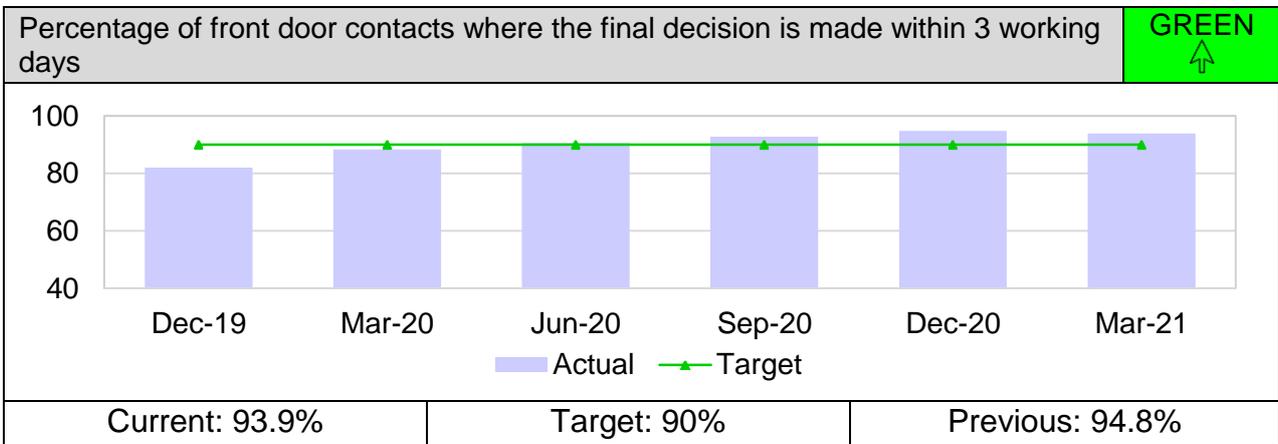
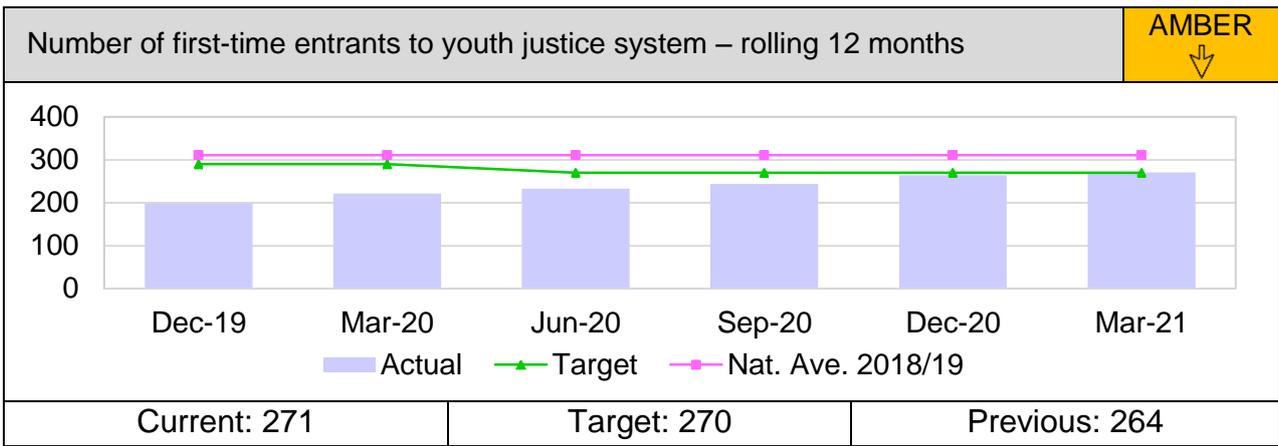
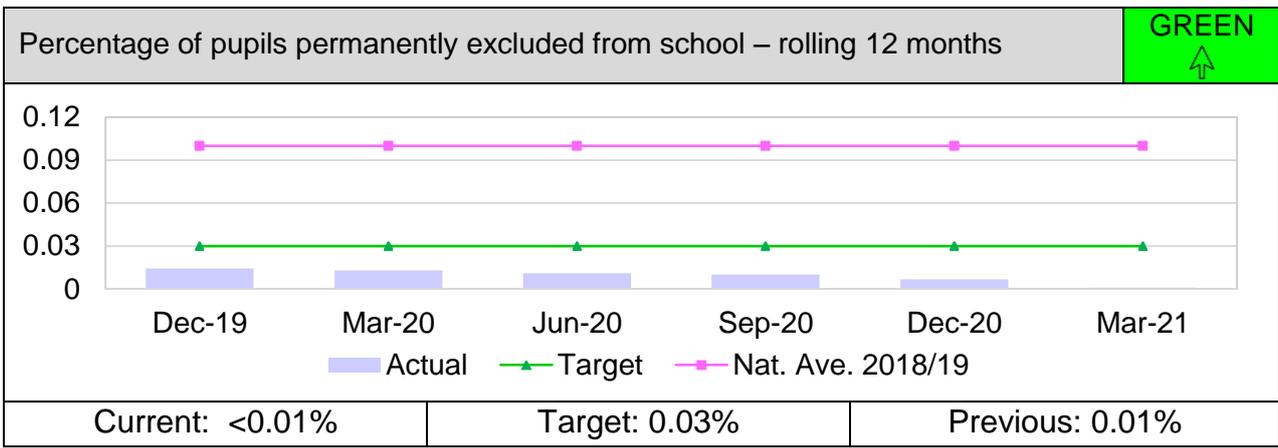
For children who were adopted in the last 12 months the average number of days between coming into care and moving in with their adoptive family continues to outperform the nationally set target of 426 days. The average number of days for Kent's children at the end of March 2021 was 316 days, compared to 306 at the end December 2020.

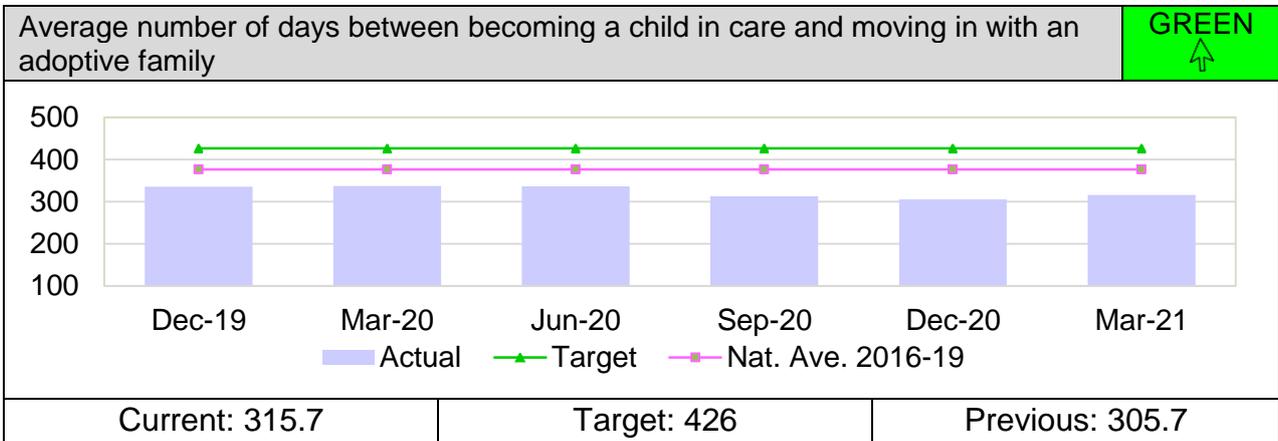
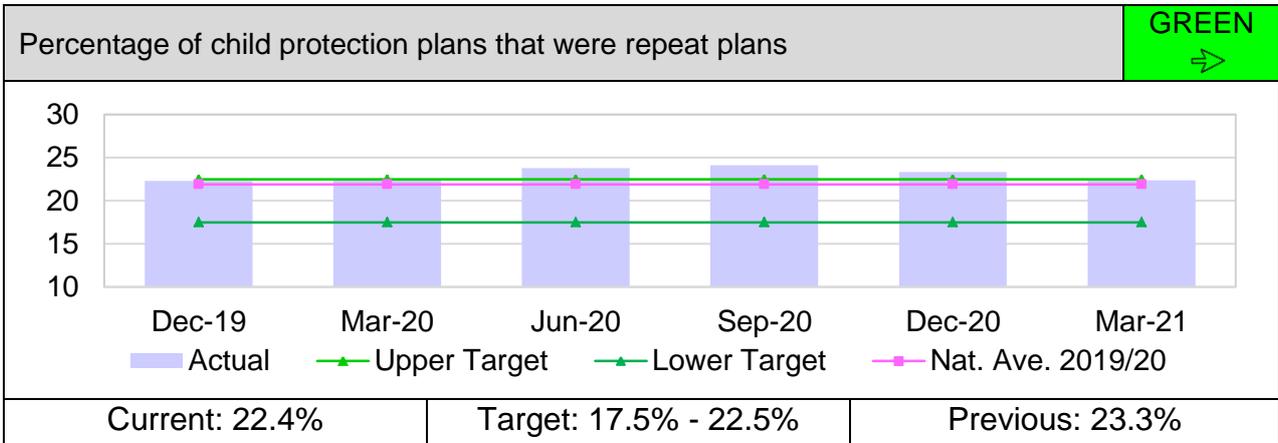
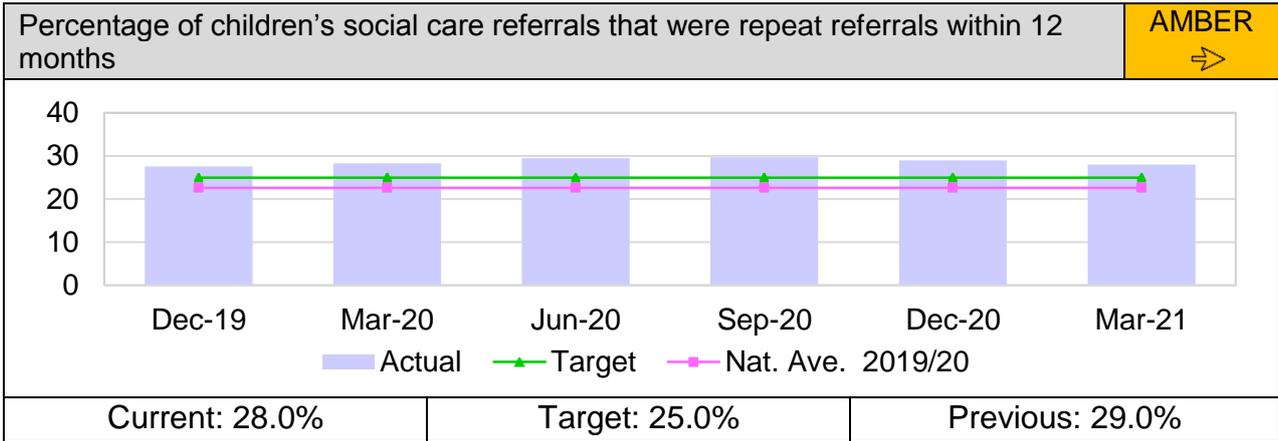
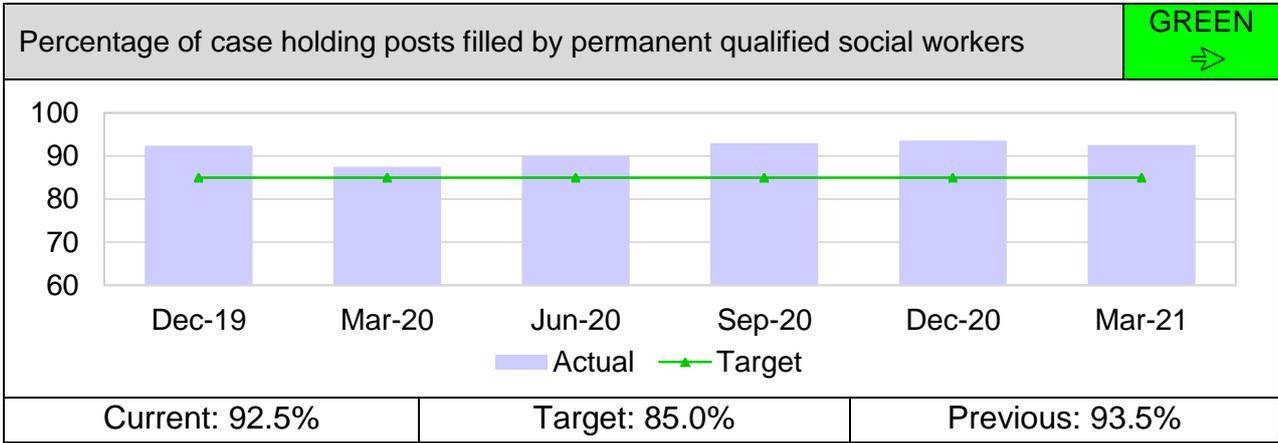
Care Leavers

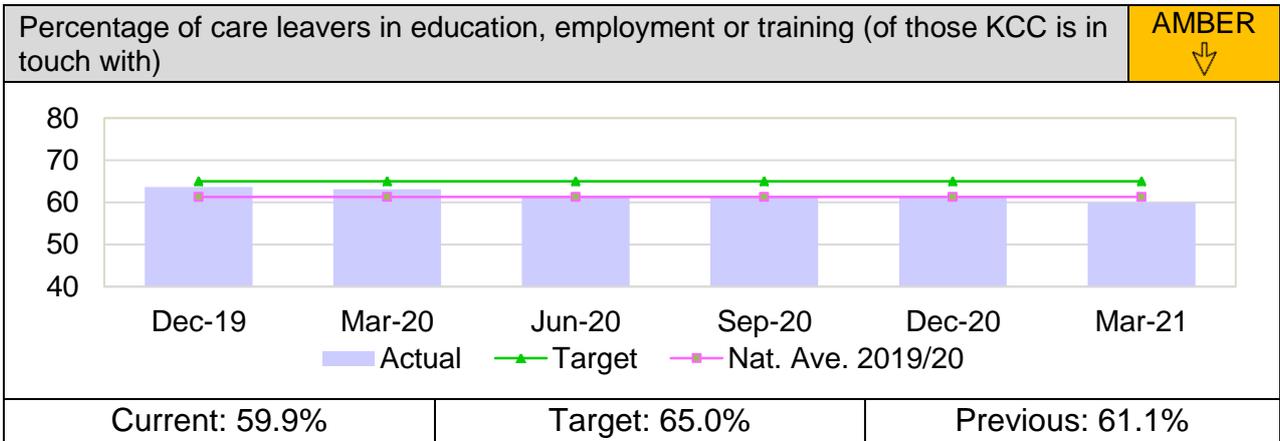
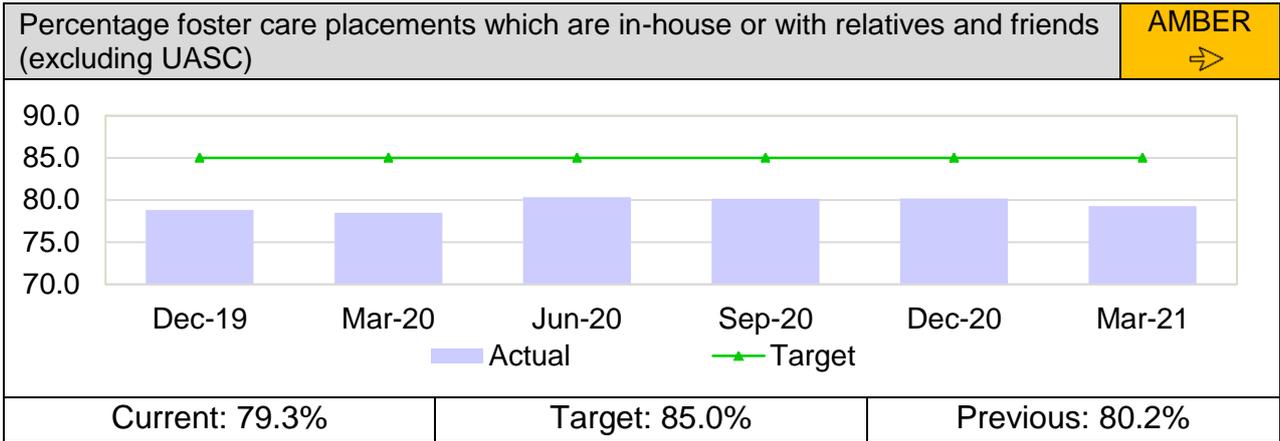
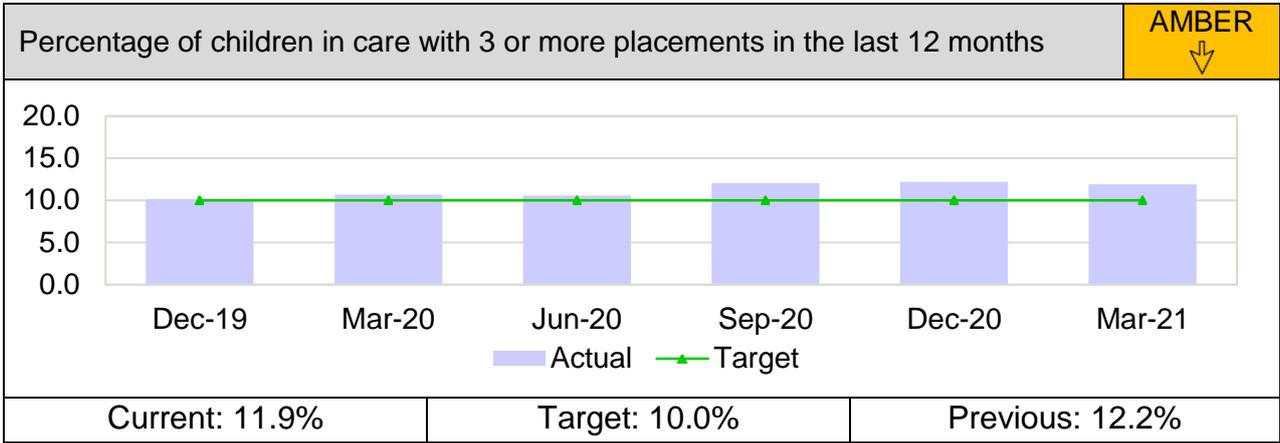
The number of care leavers at the end of March 2021 was 2,021 which is an increase of 53 from the previous quarter and an increase of 12.4% from April 2020. Of the 2,021 Care leavers 941 (47%) were citizen care leavers and 1,080 (53%) were unaccompanied asylum-seeking young people. The percentage of care leavers in education, employment or training reduced in the Quarter, from 61.1% in December 2020 to 59.9% in March 2021, remaining below the 65.0% target.

Key Performance Indicators

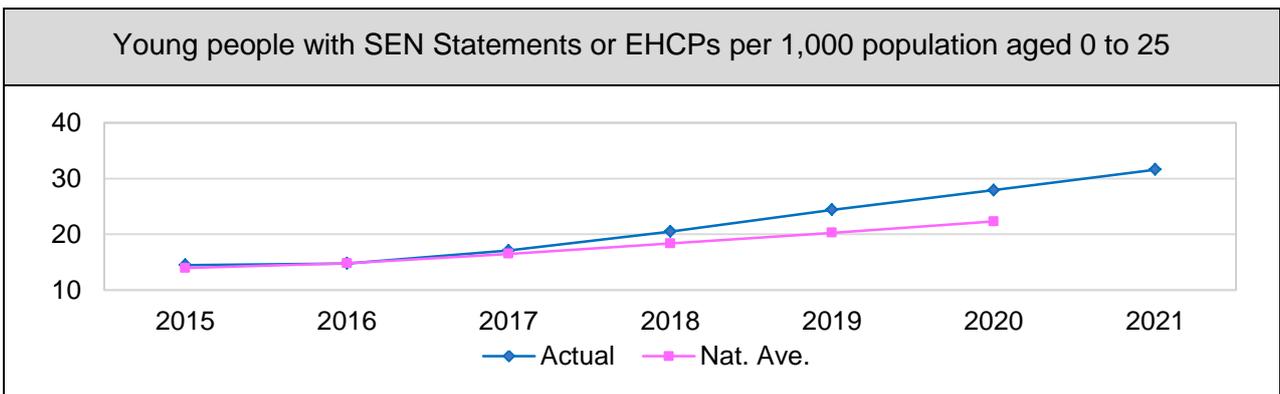
Percentage of all schools with Good or Outstanding Ofsted inspection judgements		GREEN ➔																												
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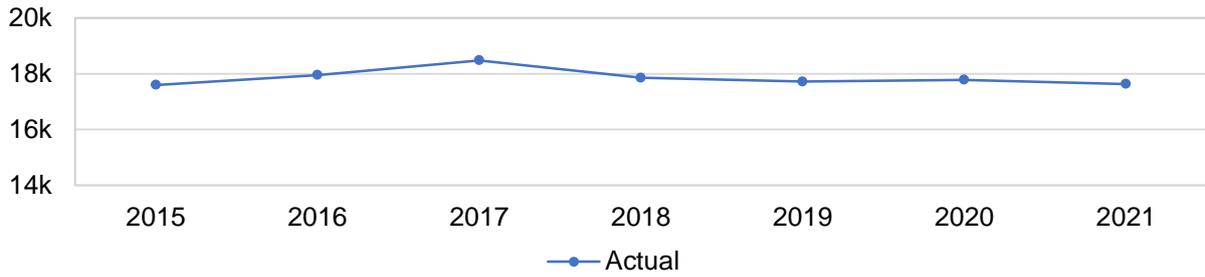




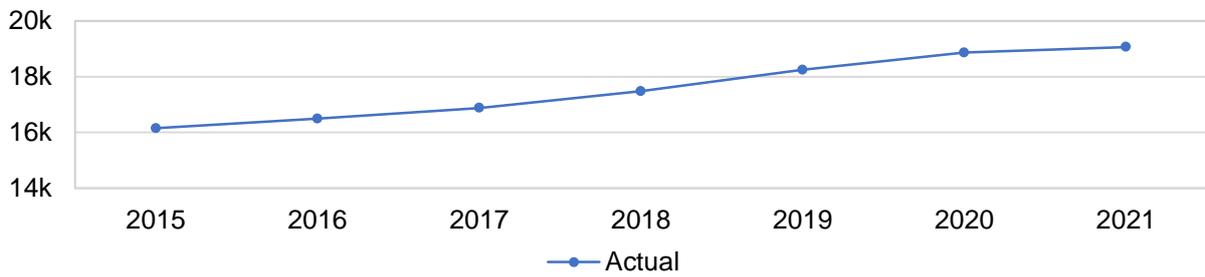
Activity indicators



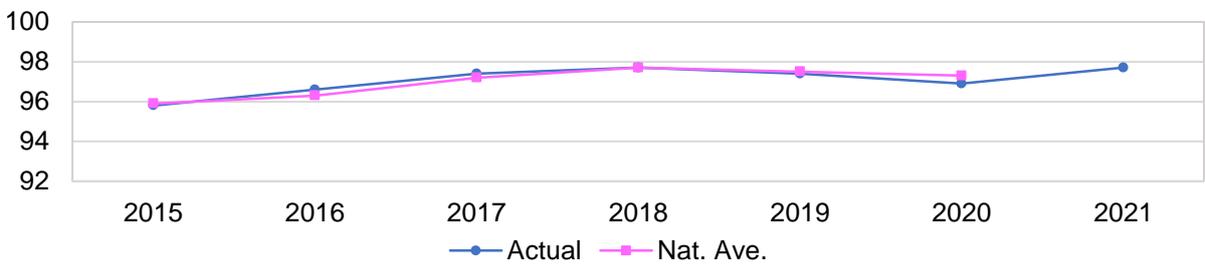
Number of pupils in Reception year (Kent state funded schools)



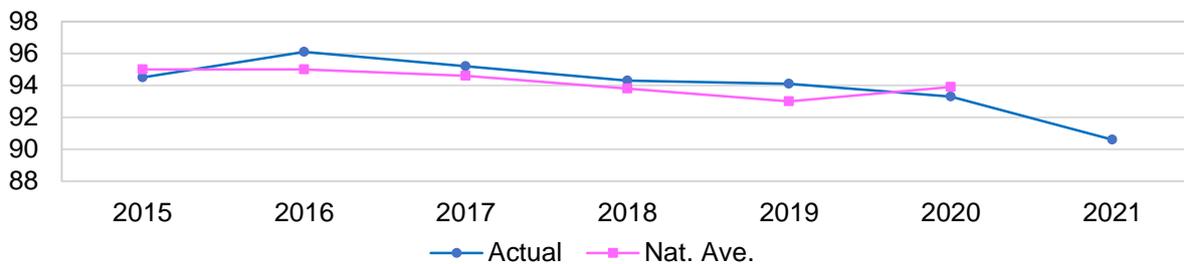
Number of pupils in Year 7 (Kent state funded schools)



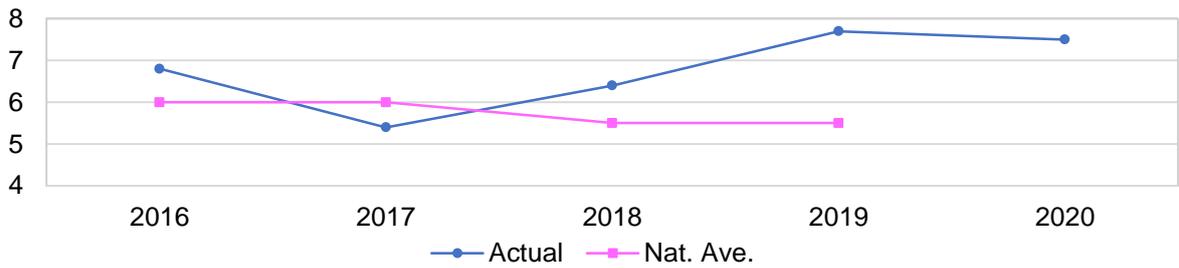
Percentage of Primary school applicants offered one of top three preferences



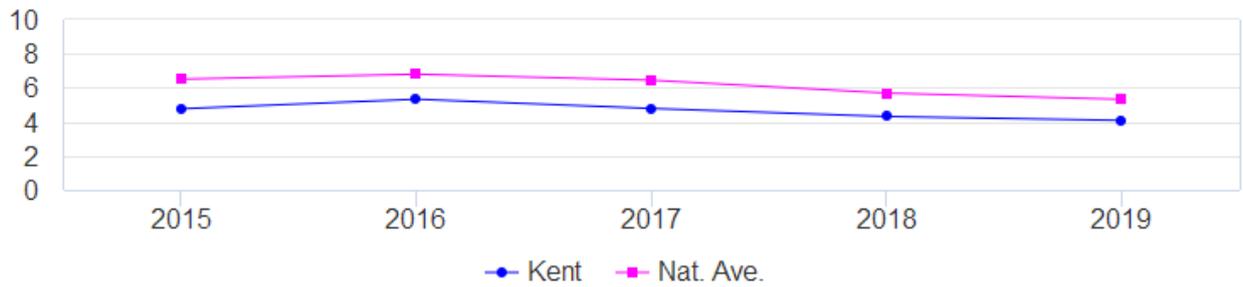
Percentage of Secondary school applicants offered one of top three preferences



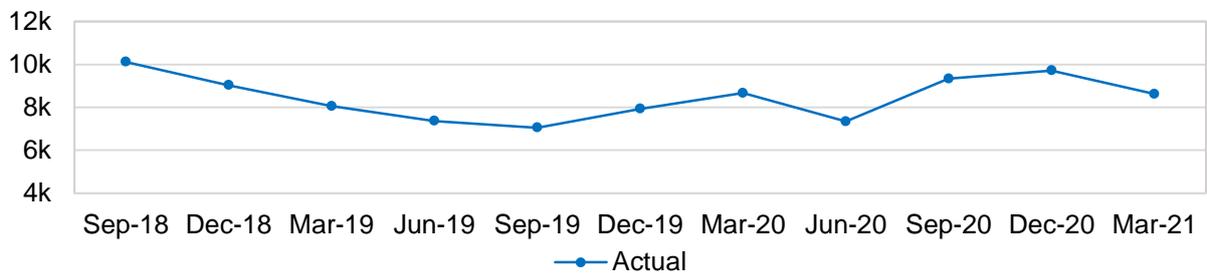
Percentage of 16-17 years olds Not in Education, Employment or Training (NEETs) or whose activity is Not Known



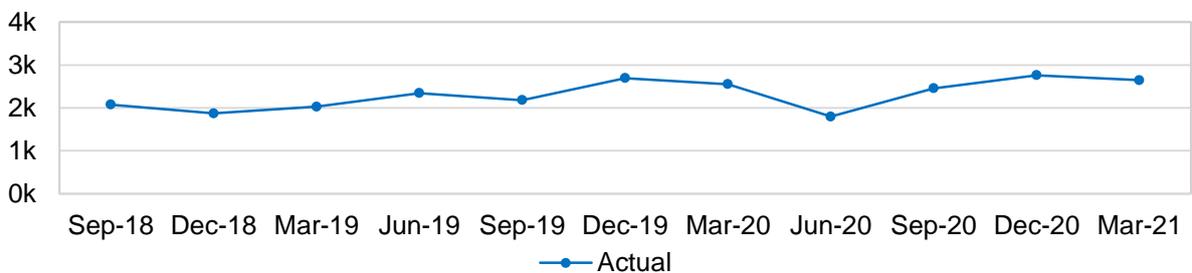
Percentage of 16-18 year olds who start an apprenticeship



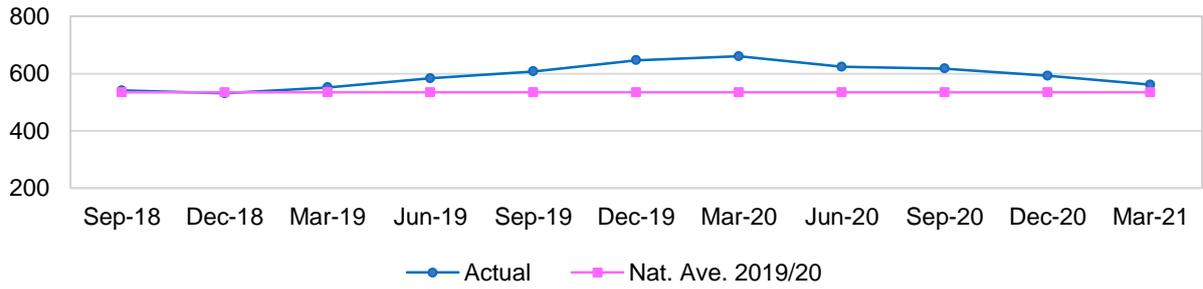
Number of contacts processed in the Front Door which proceeded to Early Help – rolling 12 months



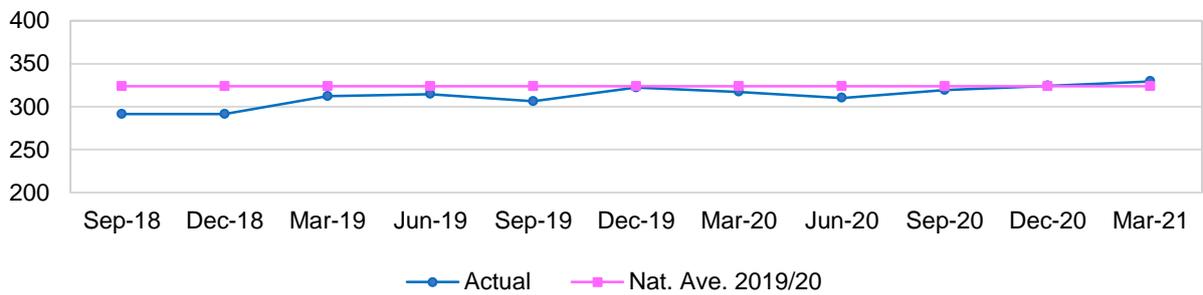
Number of open Early Help cases managed by Units



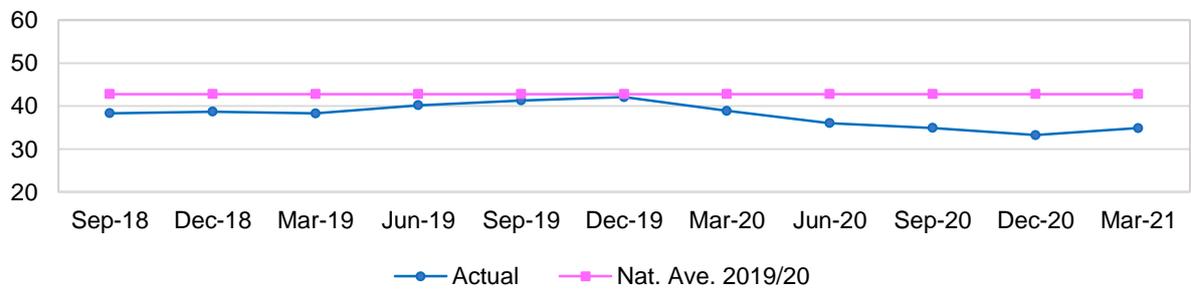
Rate of CSW referrals per 10,000 population aged under 18 – rolling 12 months



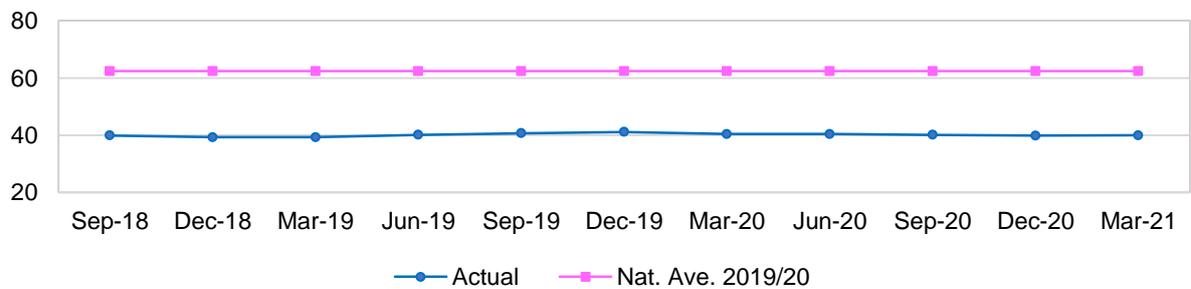
CSW caseload per 10,000 child population – snapshot at quarter end



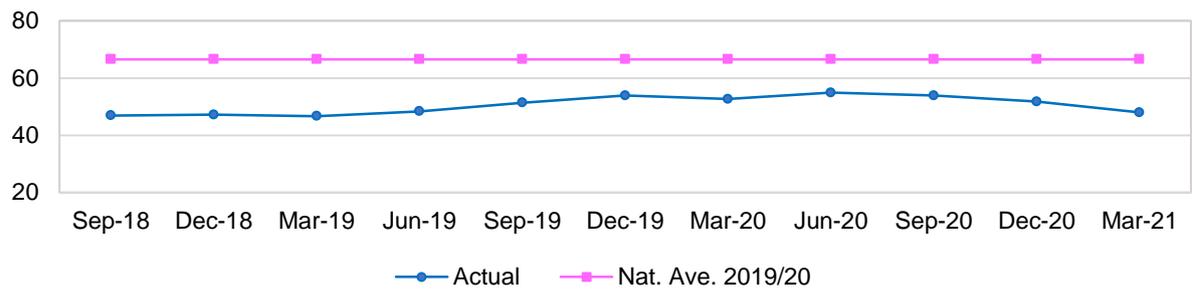
Rate of children with Child Protection Plans per 10,000 child population – snapshot at quarter end



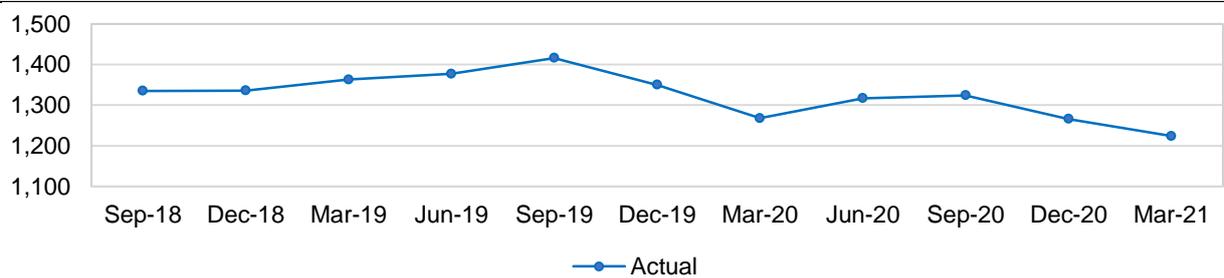
Rate of Children in Care (excluding UASC) per 10,000 child population – snapshot at quarter end



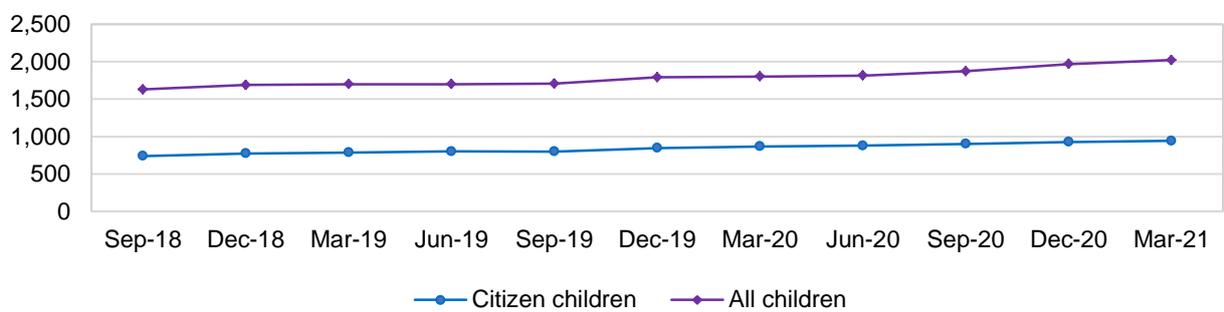
Rate of Children in Care (including UASC) per 10,000 child population – snapshot at quarter end



Number of other local authority children in care placed into Kent – snapshot at quarter end



Number of care leavers as at quarter end



Adult Social Care	
Cabinet Member	Clair Bell
Corporate Director	Richard Smith

KPI Summary	GREEN	AMBER	RED	↑	⇒	↓
	4	1		2	2	1

Key Performance Indicators

Adult Social Care continues to work in an evolving environment during the Pandemic, with variances in activity across 2020/21 mirroring the series of lockdowns in Kent. In the final 3 months of the year there was an increase in the number of contacts, an increase of new contacts made, an increased number of residents identifying themselves as Carers, ongoing shifts in the long-term services profile from residential and nursing services to community based services, continuing increases in the number of people in receipt of services with a Mental Health need, and continuing increases in Deprivation of Liberty applications.

A peak in contact activity was seen specifically in March 2021 and this may reflect a number of factors and behaviour changes following the announcements of shielding being ended, increased vaccinations and lockdown easement dates, alongside the ability for one person to visit people in care homes. Adult Social Care saw increases in hospital discharges and referrals from Primary Care during the Quarter.

The proportion of people who have received short-term services for which the outcomes were either support at a lower level or no ongoing support has been affected by both the winter pressures experienced early in 2020 and the Coronavirus Pandemic throughout the rest of the year, with increasing numbers of people accessing short-term services with a wider range of needs. In the final 3 months of 2020/21, 1,401 people received short term support with 910 people requiring less or no ongoing support (65%). This is an increase on the previous quarter, where 62% required less or no support.

The proportion of people receiving a Direct Payment has been on a downward trend and remains below the target of 28%, however during the last 3 months the proportion held at 24%. Direct Payments have been affected by the Pandemic where people have needed or chosen to self-isolate and have not wanted Personal Assistants or other workers in their home. In addition, the flexibilities for using a Direct Payment to access alternative services are not available as many options were closed due to lockdown.

Following research and analysis to understand all the causes for the decline in Direct Payments, a number of actions have been identified which will be implemented as part of the Making a Difference Everyday approach. The aim will be to simplify the process of receiving a Direct Payment, to increase the options in terms of what Direct Payments can be used to purchase and raise awareness of the benefits. The Making a Difference Everyday approach will also involve people in the redesign of the Direct Payment process to help ensure it meets the required outcomes.

The proportion of adults with a Learning Disability who are living in their own home or with their family has remained stable at 79% for the last 9 months of 2020/21, above the target of 77%.

The proportion of KCC clients in residential or nursing care where the CQC rating is Good or Outstanding was 80% in the last 3 months. This is an increase on the previous quarter and above the target of 75%.

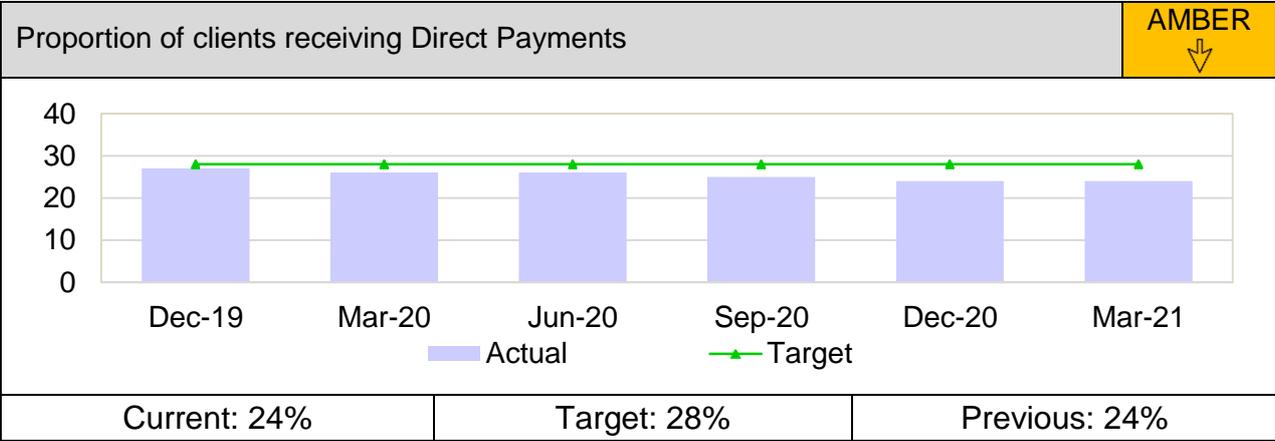
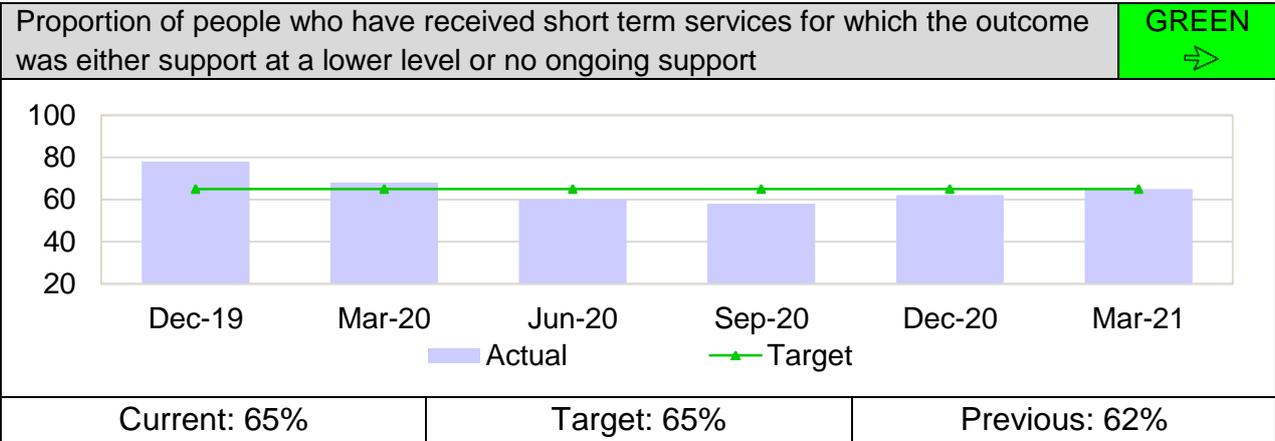
The impact of the Pandemic is reducing across the care home market and providers are starting to return to business as usual as much as possible. Face to face visits to homes with concerns are resuming but on a strict risk assessed basis.

CQC are restarting their focused visits to care homes, targeting those that are repeatedly rated as “requires improvement” and those that are “Inadequate”. As these visits resume with the focus on reassessing care homes rating statuses, it is expected that the Kent profile on ratings may change.

The most recently available figures for the proportion of older people (65+) who were still at home 91 days after discharge from hospital having received enablement services was 87% and remains above the target of 82%.

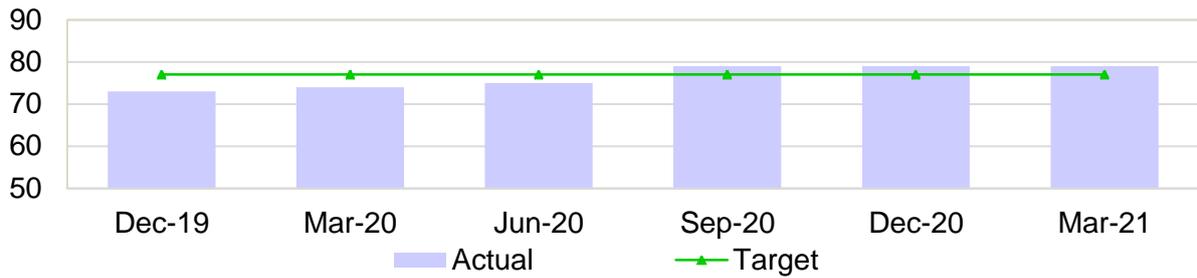
Adult Social Care’s Senior Management Team are currently looking at Carer involvement and support. National figures indicate that more people are recognising themselves as Carers as an outcome of the Pandemic, which is also true in Kent, with an increase in people identifying themselves as Carers in the last year.

Key Performance Indicators



The proportion of adults with a learning disability who live in their own home or with their family

GREEN
↑



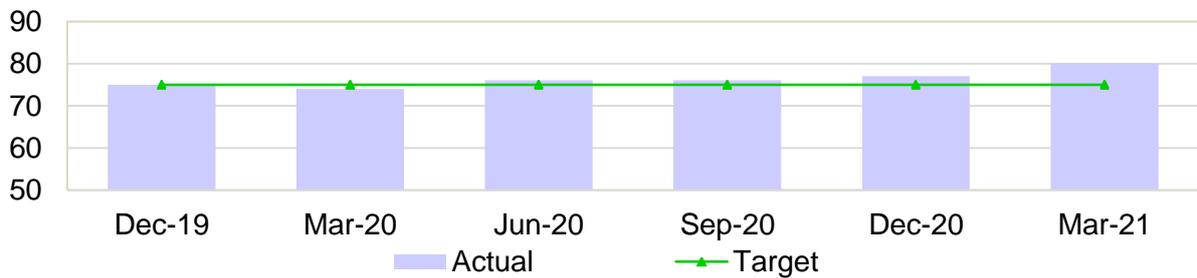
Current: 79%

Target: 77%

Previous: 79%

Proportion of KCC clients in residential or nursing care where the CQC rating is Good or Outstanding

GREEN
↑



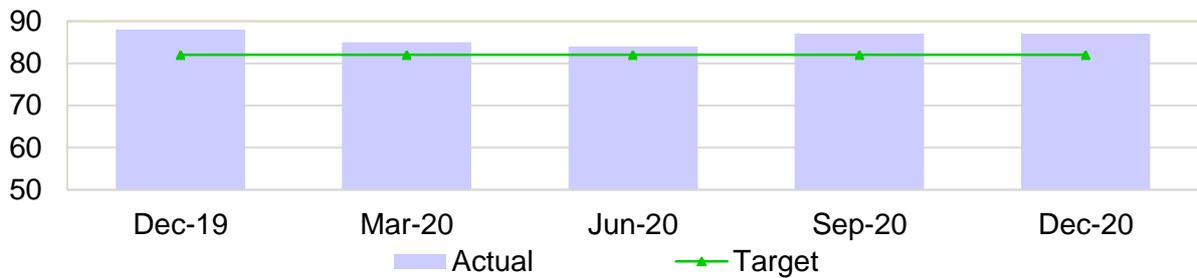
Current: 80%

Target: 75%

Previous: 77%

Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

GREEN
➡



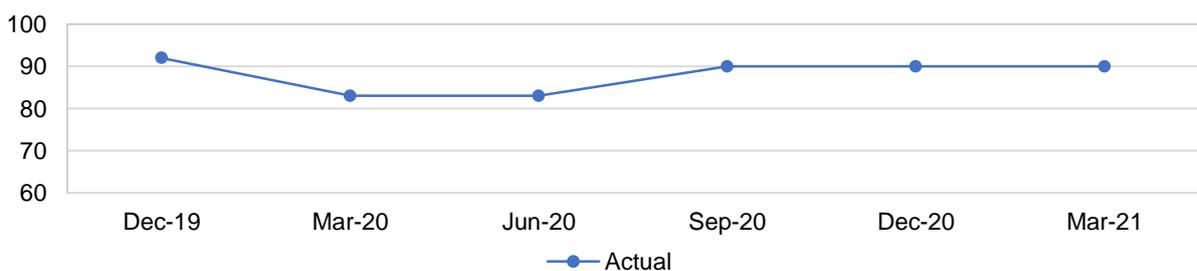
Current: 87%

Target: 82%

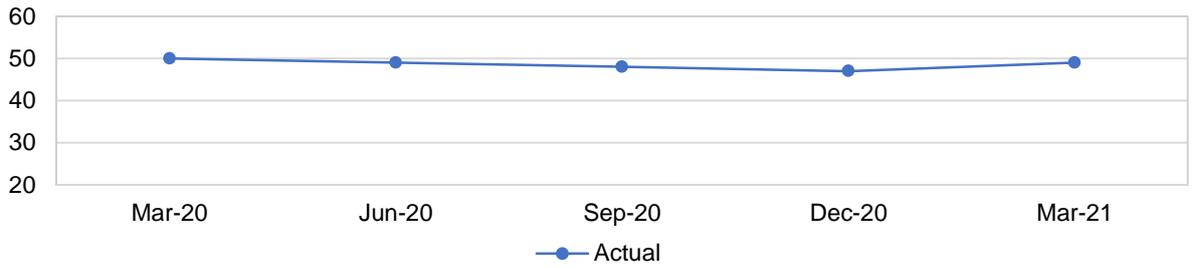
Previous: 87%

Activity indicators

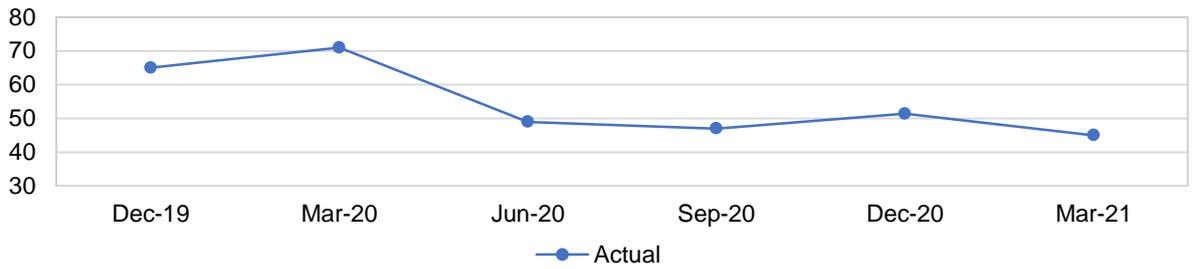
% of Safeguarding enquires where a risk was identified, and the risk was either removed or reduced



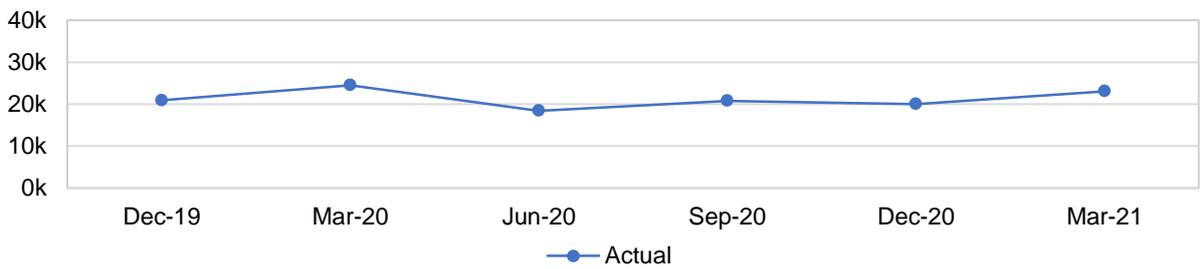
% of carers who are receiving services, and who had an assessment or review during the year



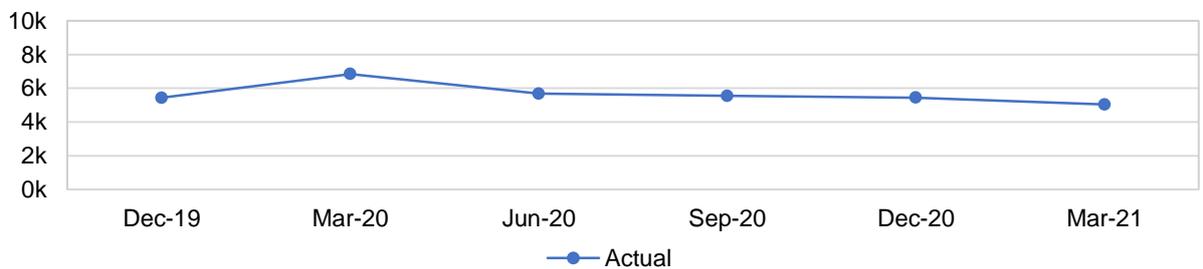
Proportion of complaints upheld (upheld and partially upheld)



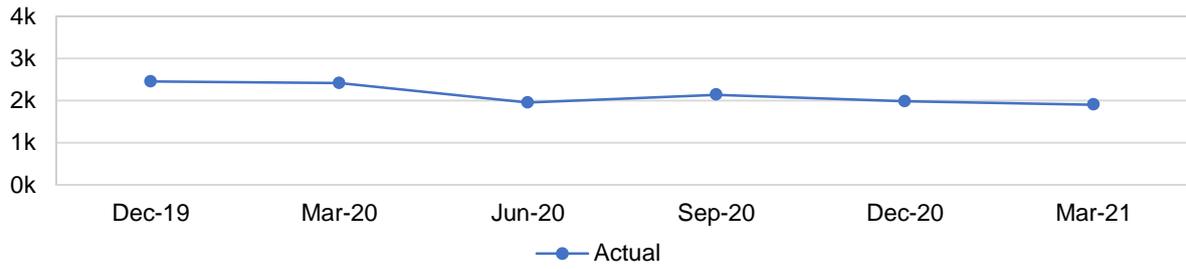
Number of people making contact with ASCH



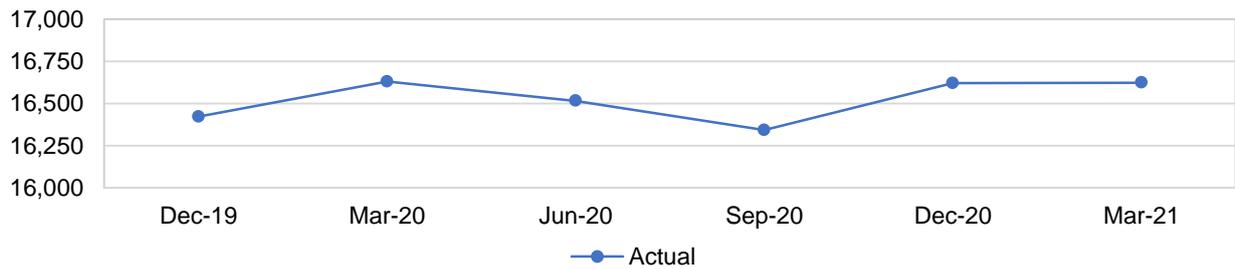
Number of assessments delivered (Care Needs Assessment)



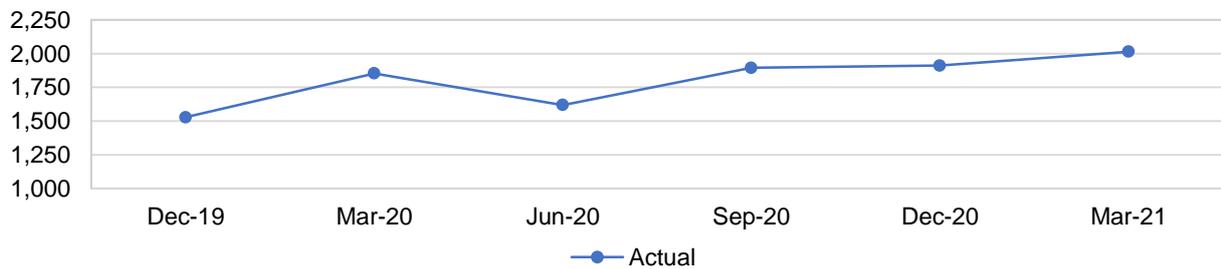
Number receiving enablement



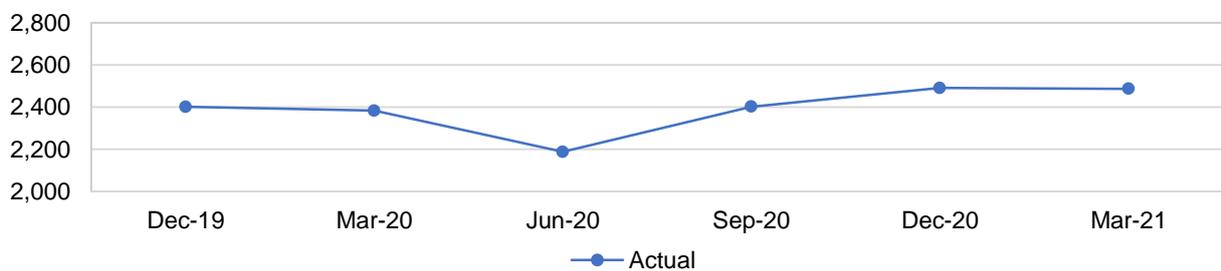
Number receiving Long Term Services



Number of Deprivation of Liberty safeguards (DoLs) applications received



Number of carers of service users



Public Health	
Cabinet Member	Clair Bell
Interim Director	Allison Duggal

KPI Summary	GREEN	AMBER	RED	↑	⇒	↓
	3	1	1	1	3	1

The NHS Health Check Programme was halted in March 2020 due to the Coronavirus pandemic following National guidance. The service was able to resume from Quarter 2 onwards and is on a careful and managed roll-out ensuring all Health Checks are delivered in a safe way. Around a third of contracted GP practices have come forward to confirm they are able to restart delivery or will be able to in the next few months, but the provider core team are continuing to run clinics. In order to reflect the efforts and performance of the core team, a new target has been agreed for 2021/22 which takes into account the reduced delivery from GP's. The new target will be based on a 20% increase quarter on quarter using Quarter 4 2020/21 as the baseline. This reflects the expected gradual recovery of the programme and is based on the capacity of the core team and GP's. There are plans in place to ensure that a targeted approach is taken to address the backlog from 2021/22 and the current 2021/22 eligible cohort. Performance is steadily improving and in Quarter 4 there were 1,482 Health Checks completed making a total of 3,490 for the year.

The Health Visiting Service has continued to increase the number of mandated universal contacts delivered during the year. Delivery of all five mandated contacts has remained above target during Quarter 4. Over the last 12 months, 71,932 checks were delivered against a target of 65,000 (up by 3% on the previous quarter). The service has continued to increase face to face delivery for mandated contacts throughout the year in line with national guidelines, but many contacts are still conducted virtually or by phone.

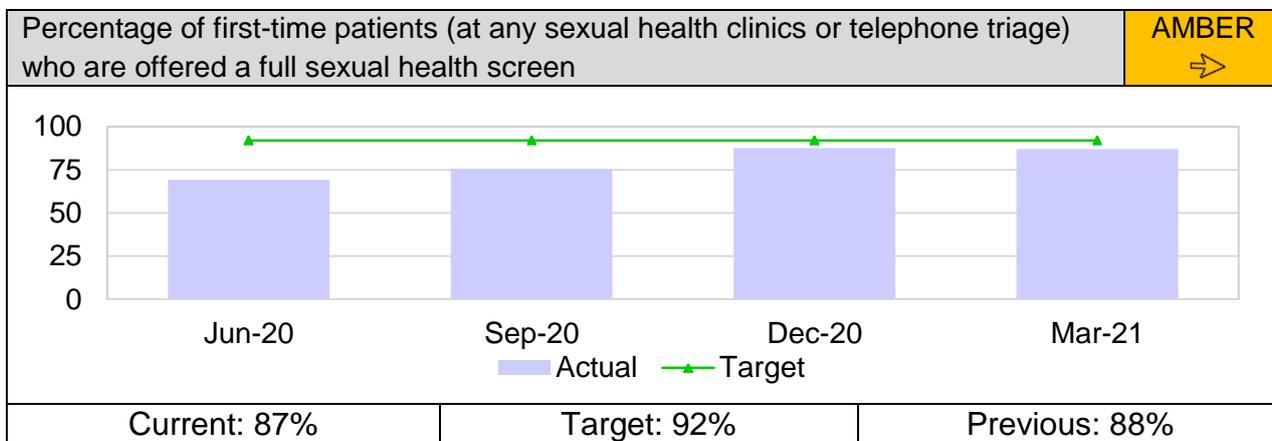
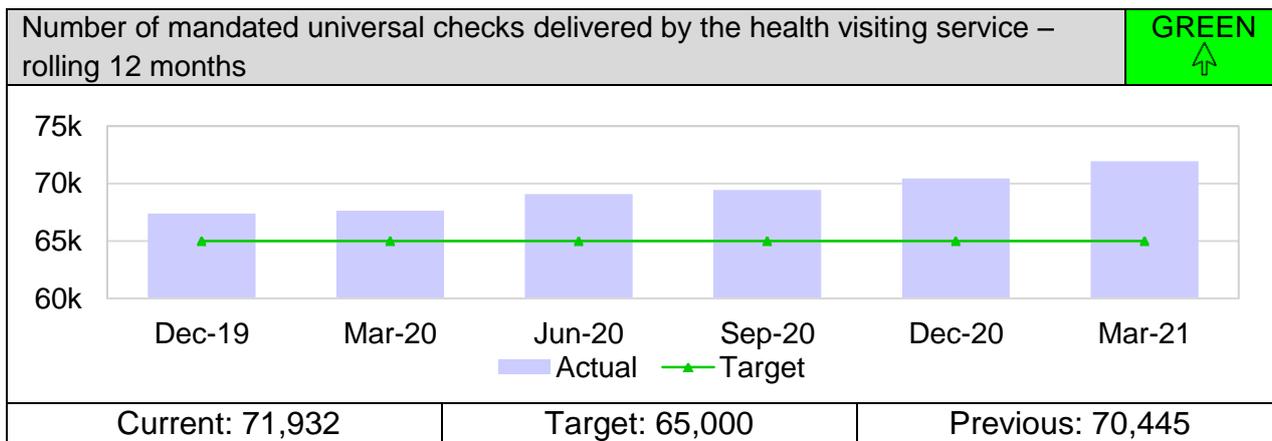
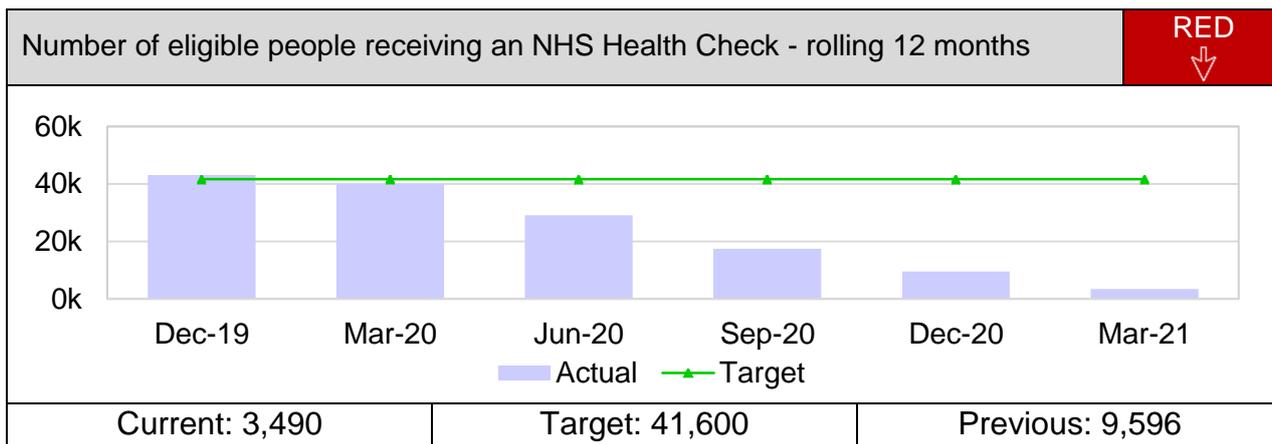
The sexual health service was unable to report accurately on the previous KPI due to changes in the pathway for testing in response to the Coronavirus pandemic. The available data only included clients who are seen face to face and not those clients who are directed to online testing. The latter now makes up a significant proportion of clients due to new ways of working. An agreement has been reached with the providers to deliver an alternative metric which demonstrates provider contribution to improving outcomes by ensuring patients are directed to testing either face to face or through the online service. The new sexual health indicator seeks to monitor the percentage of new patients who are offered a full sexual health screen, where it is appropriate to do so, with the purpose of improving detection rates. The screen will be offered to patients that visit specialist integrated sexual health services for both genitourinary reasons and/or contraceptive reasons to ensure staff are taking the opportunity to triage and offer a screen to patients. This new indicator is reported below, and was 87% in the Quarter 4, below the target of 92%.

The Adult Community Drug and Alcohol providers have continued to deliver treatment interventions throughout 2020/21. Due the Coronavirus pandemic, there has been a blend of virtual and face-to-face delivery based on service user risk, vulnerability, and clinical need. Community Drug and Alcohol services experienced a reduction in referrals and treatment starts during the early phase of both lockdowns (Quarter 1 and

Quarter 4); however, referrals in Quarter 2 and Quarter 3 rose to higher levels than before lockdown. Aside from the temporary lockdown-related decreases, the number of treatment starts has remained relatively stable throughout the year, highlighting that services have effectively facilitated access to treatment during the pandemic.

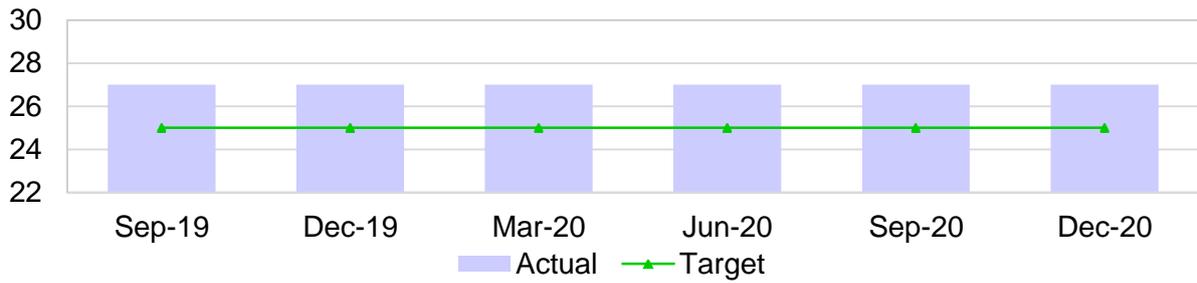
Due to the Coronavirus pandemic, more intensive support from Live Well Kent Services has been required for individuals and the service responded effectively to this need, with service user satisfaction rates remaining above target throughout the year. The service is following national guidance in offering face to face support when safe and appropriate to do so.

Performance Indicators



Successful completion of drug and alcohol treatment – rolling 12 months

GREEN
➔



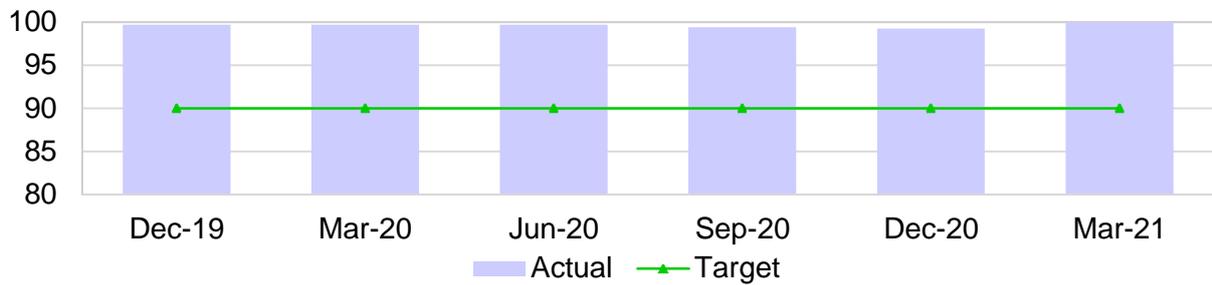
Current: 27%

Target: 25%

Previous: 27%

Percentage of Live Well clients who would recommend the service to family, friends, or someone in a similar situation

GREEN
➔



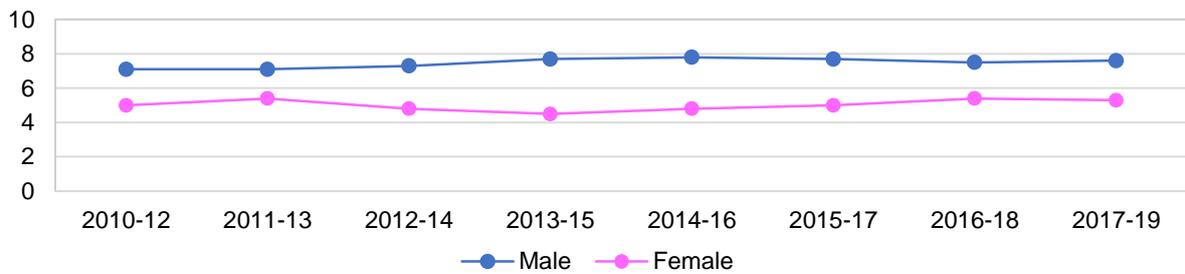
Current: 100%

Target: 90%

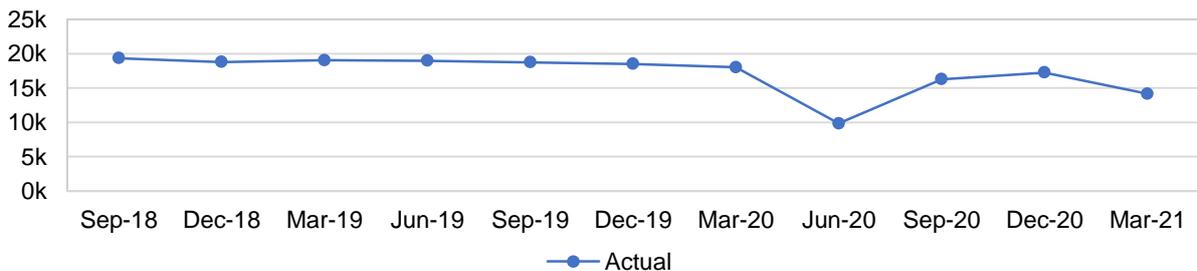
Previous: 99.3%

Activity indicators

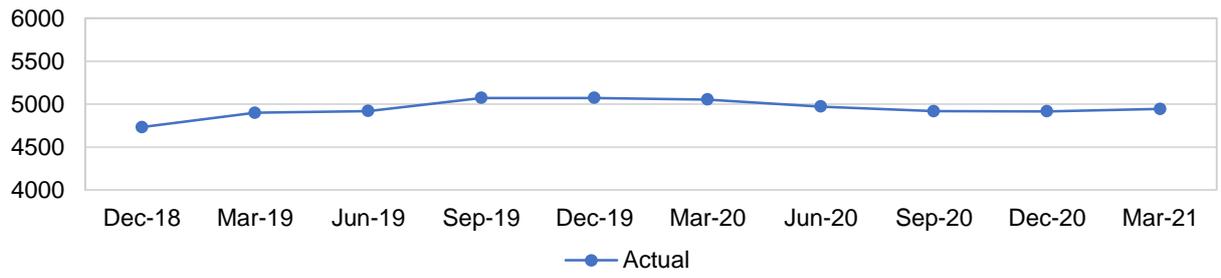
Life expectancy gap in years between least and most deprived areas



Number of attendances at KCC commissioned Sexual Health Clinics



Number of adults accessing structured Substance Misuse Treatment Services



Corporate Risk Register – Overview

The Authority continues to balance ongoing recovery from the Covid-19 emergency with delivery of more “business as usual” type activities, while also leading on the development of new ways of working and delivery of services. It remains clear that the pandemic, as well as introducing new risks, has compounded existing challenges.

The table below shows the number of corporate risks in each risk level (based on the risk score) in April 2021, compared with February 2021.

	Low Risk	Medium Risk	High Risk
Risk level February 2021	0	2	19
Risk level May 2021	0	2	19

CHANGES DURING LAST QUARTER

As the Authority continues to recover from the impact of the coronavirus, the risk profile has not changed greatly in the past few months. The Corporate Risk Register will be subject to its more formal annual refresh in the autumn to investigate if any Covid-related risks have decreased and what longer term risks remain.

DECREASING RISKS

One risk has a slightly decreased risk rating:

CRR0007: Resourcing implications arising from serious and complex Children’s Services demand (excludes SEND) – The Coronavirus pandemic has presented a number of challenges to delivering services and due to the ‘lockdown’ situations, KCC has not been able to provide the support to children in the usual way. As a consequence, there is a reduction in the spend of the revenue budget for the year which has driven the reduction in the rating of this risk. There are still many unknowns about future demand and impact and there is the potential for an increase in under 5’s coming into the care of the Authority as a result of the pandemic. This is a longer-term risk to be kept under review. The risk rating has reduced from 20 to 16, but still remains high.

MITIGATING ACTIONS

The Corporate Risk Register existing mitigations are regularly reviewed for their continued relevance and urgency, and new mitigations introduced as required.

Updates have been provided for 17 actions to mitigate elements of Corporate Risks that were due for completion or review up to the end of May 2021. These are summarised as follows:

Due Date for Completion	Actions Completed/ Closed	Actions Outstanding or Partially complete	Regular Review
Up to and including May 2021	5	9	3

The Corporate Risk Register mitigations are regularly reviewed for their continued relevance and urgency, and new mitigations introduced as required. Updates to risk mitigations can be summarised as follows:

CRR0009: Future Financial and Operating Environment:

Partially Complete

Business rate retention and fair funding arrangements for local government have been delayed again by central Government, due to the pandemic. KCC will respond to the Government Spending Review in the Autumn or sooner dependent on the Government timetable, which has yet to be produced.

Regular Review:

We continue to make representations to central Government in relation to 'High Needs' funding concerns.

CRR0050 - CBRNE incidents, communicable diseases and incidents with a public health implication – KCC response to and recovery from the impacts of the Coronavirus public health emergency.

Regular Review

KCC, with partners, and the local Public Health England team continue to work successfully to deliver the Test and Trace programme at a local level, ensuring that service delivery is aligned locally.

CRR0015 – Managing and working within the social care market:

Partially Complete

The Market Position Statement now consists of six statements. One has been published on Kent.gov. Going forward with a new approach, position statements will be kept up to date to present current position and therefore more useful for developers and providers.

Partially Complete

Analytical work has been completed focusing on client numbers and staffing levels within residential and nursing care environments. Further work on looking at indicators of sustainability of care homes is due to complete at the end of June.

We await the proposal on social care and health reform from the Government and will update this risk accordingly.

CRR0014: Cyber-threats and their implications:Partially complete

Further progress has been made on the implementation of Microsoft Security & Compliance suite of programs and features, with planned implementation dates for various projects by end of summer 2021. These features will further enhance the security of KCC's infrastructure. This is also a relevant mitigating action against KCC's Information Governance risk.

Partially complete

Progress is being made against the actions detailed within the Cyber Security and Resilience action plan. A detailed progress report was provided to Policy and Resources Cabinet Committee in March 2021.

CRR0044: High Needs Funding Shortfall:Partially Complete

A High Needs recovery plan is underway, although it is unlikely to show a full recovery without legislative reform. An update is due to go to the Schools Funding Forum in June 2021.

CRR0003 – Securing Access to Resources to aid economic recovery and enabling Infrastructure:Partially Complete

Kent and Medway Business Fund (KMBF), Recovery Fund and Capital Growth Fund (first round), has been concluded and the majority of funding (circa £3m) has been defrayed to the successful businesses. Discussions are taking place to agree the Guidance Notes for the second round to support the reopening of the KMBF Business Fund and the Innovation Loan.

CRR0002 - Safeguarding - Protecting Vulnerable Adults:Complete

A suite of performance data has been developed to provide practice intelligence. A competency framework is now in place.

Regular review

Safeguarding activity and practice is under review as a specific workstream within the Practice Pillar of the Make A Difference Everyday approach.

CRR0001 – Safeguarding Protecting Vulnerable Children:Complete

A Quality Assurance Framework has been rolled out and the Integrated Children's Services team has received mandatory training related to this. A new adolescent risk management process has been agreed and the approach has been approved.

CRR0047 – Adequacy of support for children with Special Educational Needs and Disabilities (SEND):Complete

A local area SEND Strategy has been developed in collaboration with partners, which goes beyond the Written Statement of Action to enable sustained improvement and transform Kent's SEND offer. In addition, the SEND Improvement Programme has been implemented, which includes delivery of requirements detailed in the Kent Written Statement of Action, covering five key workstreams.

CRR0048 – Maintenance and modernisation of the KCC Estate:Complete

A Lifecycle Programme Manager has been appointed and a 10-year Lifecycle programme has been commissioned and is underway.

Partially Complete

It is expected that the stock condition survey for KCC maintained schools and corporate buildings will be completed by the end of 2021/22. The survey allows KCC to collect valid data and information to understand forward maintenance liabilities and plan the expenditure of the maintenance budget.

CRR0051 - Maintaining or Improving workforce health, wellbeing and productivity throughout Coronavirus response and recovery:Complete

Work and wellbeing surveys and engagement with managers across the organisation has been conducted to capture current picture and inform future planning.

CRR0049 – Fraud and Error:Partially complete

The Counter Fraud Action plan is being progressed, with some delay due to the new ways of working. Fraud risks are being assessed, with the embedding of fraud risk assessments in new policies, strategies and initiatives a particular area of focus, to ensure services engage effectively at concept stage to properly assess the risks, in particular with the new initiatives to respond to the pandemic.

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By: Ben Watts, General Counsel (Monitoring Officer)
To: All Elected Members
Subject: Report
Date: County Council – 23rd July 2021
Classification: Unrestricted

Summary: This report is made under section 5 of the Local Government and Housing Act relating to a breach of statutory duties by Kent County Council.

Introduction

1. On 10th June 2021, I formally advised Members that I had been notified by the statutory Director for Children Services (DCS) of an imminent breach of the Council's legal duties arising from the significant pressure being placed on KCC by the arrivals of unaccompanied asylum seeking children.
2. The role of the Monitoring Officer in such circumstances is set out in section 5 of the Local Government and Housing Act 1989. I am required under section 5(2) to prepare a report in circumstances where an action, omission or decision leads to the Council operating outside its statutory duties. For completeness, I have determined that the current and continuing situation requires me to write a report which will then be considered by Members on 23rd July 2021.
3. Ultimately, the legislation is in place to ensure that all Members of the Council are sighted on such serious issues. However, the legislation does not entirely contemplate a set of circumstances such as this.
4. The Leader and Cabinet Member for Children's Services wrote separately to provide further details for Members in relation to the situation and the actions that were and are being taken politically and operationally on 10th June 2021 and this email is attached at Appendix 1 to this report.
5. The statutory DCS provided advice to the Leader and Cabinet Member for Children's Services by way of an email dated 10th June 2021 which is attached to this report at Appendix 2.
6. Any questions that Members may have politically or operationally are not for response by me and remain for the Leader and Cabinet Member supported and advised by the statutory Director of Children's Services and his deputies.

Breach of Statutory Duty

7. Kent County Council has a range of statutory duties in relation to vulnerable children. The majority of these are arranged within the Children Act 1989 and include dozens of separate duties that the Council is required to discharge

regarding vulnerable children. It is important to note that these duties are all mandatory and the responsibilities under the legislation is non-delegable.

8. Section 20 of the Children Act is a key duty to provide accommodation for children in need within the Kent County Council administrative area. This means that where children are lost, abandoned or have no appropriate carer/person with parental responsibility that the Council must step in.
9. The DCS has advised me that he no longer felt able to safely discharge the section 20 duty to receive children into our care at the port of Dover. Since 10th June 2021, the Council has continued to explore our legal options regarding steps that could be taken to support the urgent resumption of services.
10. In the circumstances, I regretfully accept that Kent County Council was unable to meet our statutory duty to accommodate these young people. At that moment, the DCS concluded that the competing interests of two sets of statutory duties meant that the Council would inevitably fall outside at least one of them.
11. In applying my mind to the breach of statutory duty, I am satisfied that the relevant Members and Officers were and remain committed to complying with the obligations under section 20 of the Children's Act at the earliest opportunity and further details in relation to the latest position can be provided by way of verbal update at the County Council meeting.

Ben Watts
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Background Information: none

From: Roger Gough, Leader of the Council
 David Cockburn, Head of Paid Service and Corporate Director for Strategic & Corporate Services

To: County Council, 23 July 2021

Subject: **KCC's ambition for Health and Care Partnership Working with the NHS Integrated Care System**

Classification: Unrestricted

Summary:

County Council is asked to consider and confirm its approach to joint working with the emerging NHS Integrated Care System in Kent and Medway.

Collaboration can lead to improved wellbeing of local people, contribute to prevention or delay of the development of needs and improve the quality of care and support that directly impacts on the lives of our residents.

As the County Council builds back better from COVID there is an appetite to extend our current collaborative approach and go further, faster to improve the health and wellbeing of our residents.

This paper has been written in response to the White Paper, "Integration and Innovation: working together to improve health and social care for all". It recommends the development of a partnership framework with the NHS to oversee joint working arrangements as the new NHS structures develop. It asks for agreement to accelerate the current policy shift towards community services by exploring our joint ambitions which will focus on community resilience, prevention, wellbeing and reablement. It also recommends the transition of the Joint Kent and Medway Health and Wellbeing Board into the Health and Care Partnership Board.

Recommendations

County Council is asked to:

- 1) Approve** the development of a partnership framework to underpin the County Council's continuing partnership with the Integrated Care System based on the requirements of the White Paper.
- 2) Endorse** further exploration with Health leaders to identify shared areas of ambition and opportunities for new ways of working as the Integrated Care System develops.
- 3) Agree** to the principles for partnership working with the emerging Integrated Care System as at section 7 the report.
- 4) Agree** to the transition of the Kent and Medway Joint Health and Wellbeing Board to the Health and Care Partnership Board subject to the agreement of all Partners.

1. Background

- 1.1 This paper aims to set out the vision and ambitions of the County Council to work with the new NHS structure, the Integrated Care System, as it develops across Kent and Medway.
- 1.2 Major changes are taking place in the way health and care is organised in England as the emphasis of national policy continues to shift towards promoting collaboration within local health and care systems. Integrated care systems (ICSs) are being established in all areas of the country to drive changes that are intended to lead to better, more joined-up care for patients and improvements in population health.
- 1.3 This is set out in “Integration and Innovation: working together to improve health and social care for all” (the White Paper). The Health and Social Care Bill was published on July 5th 2021 to enact the White Paper. Its tone accords with most councils’ vision for how services should work together, and it builds on local bodies and systems already in existence. This County Council Paper seeks Members’ approval for the development of strategic and operational partnership arrangements in light of both the White paper and our ambitions to do more together, building back better from COVID.
- 1.4 There is some development work for the local health and care system to do to align governance arrangements to the requirements of the White Paper and ensure effective partnership arrangements are in place in Kent. However, the legal mechanisms to enable joint working already exist and are widely used, and we are ambitious to do more. The aim of a partnership framework will be to reiterate our commitment to work together and to set out the general principles that underpin that commitment and enable and empower our staff to innovate and work collaboratively. There is no doubt that this paper could focus solely on strategic governance and structural arrangements, however the real focus of partnership working should continue to be on operational, person centred collaboration that improves outcomes for residents so that our partnership ambitions will always start from the perspective of benefits to the individuals and communities in Kent.
- 1.5 This focus reflects the experience of health and care staff who have worked so tirelessly together to support our residents throughout the COVID-19 pandemic. They have told us that they want to continue to work nimbly and flexibly together in the interests of the communities they serve. This paper will provide examples of some the excellent joint work that is happening and seek agreement for Service Directorates to explore how to align more closely with Health to deliver to a broader model of care that achieves better outcomes for people and, in turn, strengthens our local communities.

2. The White Paper- National Policy Context

- 2.1 On 11 February 2021, the Department of Health and Social Care published its legislative proposals in the White Paper. It promotes service integration, with each area being led through an integrated care system, bringing together

health bodies and local government to coordinate care. The plan is to implement these proposals in April 2022, placing the Integrated Care System on a statutory footing.

2.2 There is a commitment that the new legislation will create a flexible, enabling framework for local partners to build on existing partnerships at place and system levels. The legislation will support places and systems to agree their own arrangements that suit their particular circumstances and characteristics. The key factors are:

- a shared purpose within places and systems.
- the recognition of diversity and variation of forms and the balance of responsibilities between places and the systems that they are part of;
- and the realities of the different accountabilities for local government and the NHS.

2.3 Each ICS area will have two leadership bodies, firstly a partnership body, the ICS Health and Care Partnership which will be jointly established by the Local Authority(ies) and NHS to develop and assure delivery of a wider health and well-being strategy. This should then be followed by the establishment of the ICS NHS Body, which will be responsible for developing health care plans and securing and assuring services to deliver the Partnership's strategy. Clinical Commissioning Groups will be dissolved, and their primary functions will be subsumed into the ICS NHS Body.

2.4 A key premise of Integrated Care System policy is that much of the work to integrate care and improve population health will be driven by commissioners and providers collaborating over smaller geographies within ICSs (often referred to as 'places'). This means that most of the operational activity involved in joining up care and improving population health will happen more locally in the places where people live, work and access services. Therefore place-based partnerships within Integrated Care Systems will play a key role in driving forward change. There will be an expectation that ICS NHS Bodies delegate 'significantly' to place level. The development of place-based partnerships will be left to local determination, building on existing arrangements where this works well. They will need to involve a wide range of partners to act on the full range of factors that influence health and wellbeing. Overall, this is a far more place-based outlook than past reforms, which were rooted in the NHS's traditional command and control outlook, and the goal to support population health, suggests a more preventative ethos.

2.5 Members should note that even though there is no detail on the long-term reform of social care, the White Paper does contain a number of specific and targeted social care changes including:

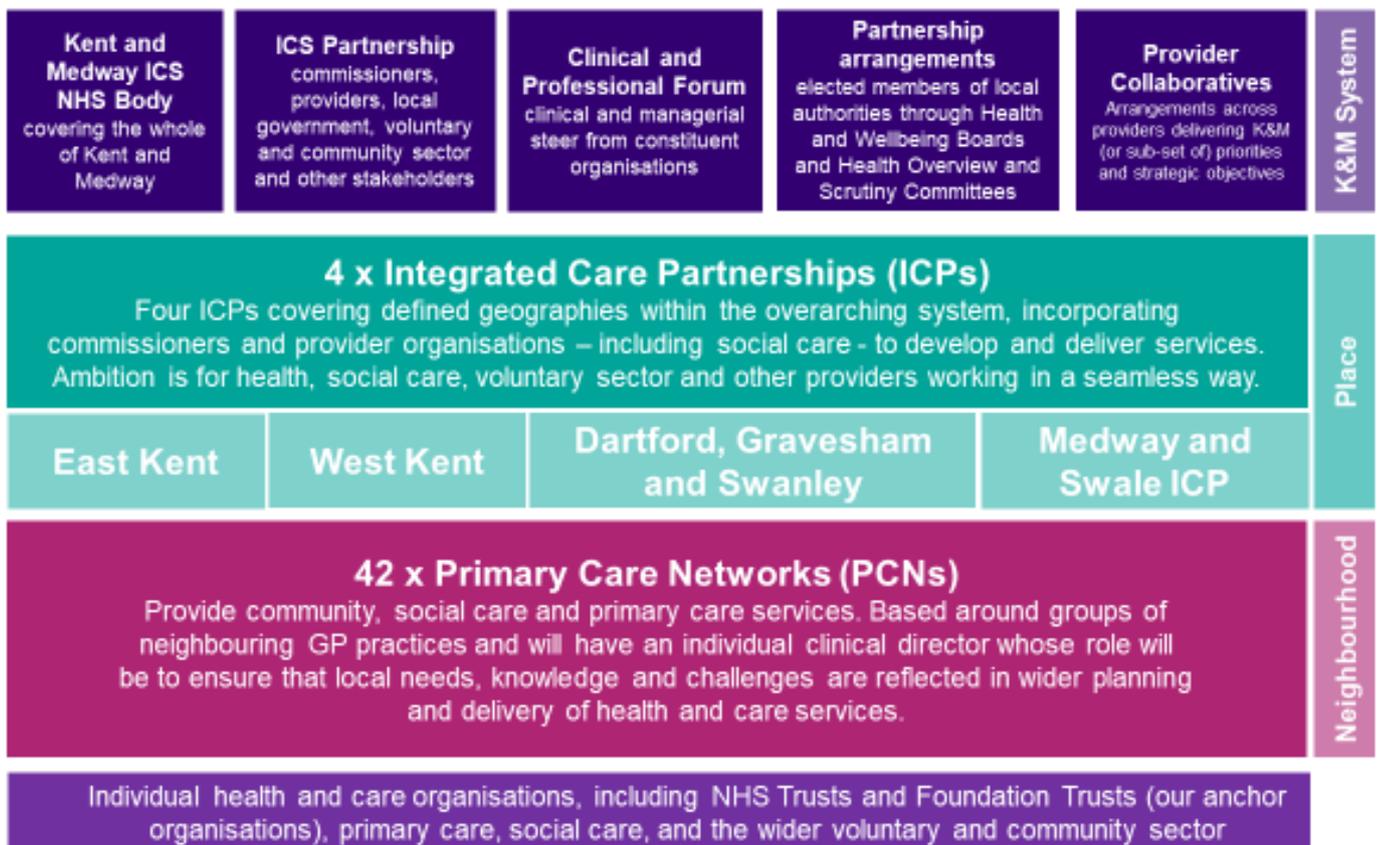
- The power for the Secretary of State to make payments directly to adult social care providers.

- Adult social care to be given a more clearly defined role within the structure of an ICS NHS Board.
 - The introduction of a new Assurance Framework for Social Care including a duty on the Care Quality Commission to assess local authorities' delivery of adult social care and a power for the Secretary of State to intervene where the Care Quality Commission finds that a local authority is failing to meet its duties. That is, an OFSTED-style rating of social care provision.
 - The introduction of a legal framework for Discharge to Assess to enable assessment to take place after an individual has been discharged from acute care.
- 2.6 The White paper also describes removing some of the competition and procurement rules which currently dictate how procurement happens in the NHS. This could give the NHS and its partners, including the local authority greater flexibility to deliver joined-up care to the increasing number of people who rely on multiple services. This only applies to NHS led procurement of health and care services. Services procured by the Local Authority will be subject to a separate procurement regime as set out by the recent Procurement Green Paper.

3. The emerging Integrated Care System across Kent and Medway

- 3.1 In Kent and Medway, the health system is required to set out its Integrated Care System operating framework with the structures and arrangements for local decision-making, financing, commissioning and delivery of health and care services by the autumn of 2021 for approval by NHS England. The Integrated Care System may operate in a shadow form prior to its formal establishment in Spring of 2022.
- 3.2 As the NHS transitions towards an Integrated Care System there has been significant changes in Kent and Medway NHS to date. The eight Clinical Commissioning Groups (CCG) that covered the County have merged into one CCG for the whole of Kent and Medway. The CCG is driving the local NHS Organisations towards readiness as an integrated care system from April 2022 as set out in the White Paper. It should be noted that the establishment of the statutory Integrated Care System in England will result in Clinical Commissioning Groups being abolished.
- 3.3 The structures of the Kent and Medway Integrated Care System are built around four Integrated Care Partnerships and 42 primary Care networks.

Likely high level K&M system architecture from April 2022



4. Current Partnership Operating Framework for the County Council

- 4.1 There are structural and governance issues which Members should be aware of as County Council considers how KCC and the emerging NHS structures will work together. The development of an enabling framework that addresses these issues will support staff working most closely with our residents by setting out the principles of joint working and the County Council's expectations on partnership behaviours and approach.
- 4.2 Any future accountability mechanisms will need to build on and enhance existing local democratic accountability, not bypass, or undermine it. It is imperative that as local government we remain directly accountable to our residents. Therefore, whilst KCC is fully committed to partnership working with the health and care system, it must also be able to discharge its own statutory duties and work within the established decision-making framework for the County Council. This is fully understood by our health partners in Kent and Medway.
- 4.3 There are many variations of what health and care integration means across the country, most include some delegation of workforce, joint decision-making and transfer of funding but not wholesale integration. So, whilst many councils and NHS bodies are working jointly and collaboratively, local authorities must continue to maintain their capacity to ensure that they are

able to discharge their separate and distinct statutory responsibilities, maintain internal control, deliver annually balanced budgets and manage financial risk accordingly. It is important to note that the White Paper does not propose changing the fundamental statutory responsibilities of local authorities, including those that relate to Kent County Council as set out in the following paragraph.

- 4.4 For example, there are a number of statutory requirements placed on local authorities and statutory officers to work in partnership with health services. The Director of Adult Social Services is responsible for system leadership, shaping social care and health services, ensuring the sufficiency and sustainability of the social care market through effective commissioning as well as ensuring compliance with the duties defined in the Care Act 2014. The Director of Public Health (DPH) is an independent advocate for the health of the population and system leadership for its improvement and protection. Local authorities must provide public health advice to NHS commissioners through the DPH. The Secretary of State for Health and Social Care has also recently suggested a review of the DPH role in light of the significant leadership and contribution that the local DPHs made during the Pandemic. Similarly, under Section 10 of the Children Act 2004 there is a duty on local authorities and named partners, including NHS partners, to cooperate to improve children's wellbeing. In addition to discharging the duties in the Children Act 1989, the Director for Children's Services is responsible for any agreements made under Section 75 of the National Health Service (NHS) Act 2006 between the local authority and NHS relating to children and young people.
- 4.5 It is also important to recognise the limitations of what legislation can achieve. It is not possible to legislate for collaboration and co-ordination of local services. This requires changes to the behaviours, attitudes and relationships of staff and leaders right across the health and care system. The joint response to the COVID emergency demonstrated what we can achieve together. This makes the enabling partnership framework for joint working very important, especially as the national policy leaves so much to local discretion. To that end, it is the County Council view that the criteria for our successful partnership working must be based on trust, transparency, and shared ambition, rather than legislative dictate alone.
- 4.6 Beyond the statutory requirements placed on both the Local Authority and the NHS there is a desire to do more together. KCC is a full and committed partner and in its Interim Strategic Plan, KCC states it will play an active role in the Integrated Care System for health and social care across Kent and Medway, and ensure the council has the right level of engagement to successfully support the development of Integrated Care Partnerships. The Leader, Members and Senior Officers are active in the governance of the health and care system and are present at relevant Boards and meetings, including the Integrated Care System Partnership Board. Officers across the

Council engage in joint planning and work together within the policy framework that has been set for them.

5. Key NHS System Changes and impact on the Local Authority

5.1 The White Paper sets out that Local Authorities will be expected to engage fully at each of the three levels at which the Integrated Care System is being developed. However, to ensure a successful partnership approach any requirement for decision making and accountability needs to be clearly understood and agreed by KCC at each tier of the Integrated Care System. This will be further explored as the tiers develop, and national guidance becomes available. The different levels are:

5.2 Health and Care Partnership and the Kent and Medway Joint Health and Wellbeing Board: The Partnership will be established by the Local Authorities and the ICS NHS Body, who will jointly agree the terms of reference and appointment of the Chair. The ICS Health and Care Partnership will be responsible for developing a plan to address the system's health, public health and social care needs, which the ICS NHS Body and local authorities will be required to 'have regard to' when making decisions. The membership of the partnership and its functions will not be set out in legislation. Local areas will be given the flexibility to appoint members and should have a much wider representation including upper and lower tier local government; voluntary, community and social care sectors; Healthwatch; elected members, etc. ICSs will be expected to work closely with the statutory Health and Wellbeing Board and are required to 'have regard to' the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategy.

5.3 The purpose of the Health and Care Partnership mirrors the role of the Kent and Medway Joint Health and Wellbeing Board that Kent County Council, Medway Unitary Authority and Health put in place 3 years ago to provide a system wide view of Health inequalities and greater understanding of system wide interdependencies. Given the similarity of the proposed Health and Care Partnership to the existing Kent and Medway Joint Health and Wellbeing Board, it is recommended that the Kent and Medway Joint Health and Wellbeing Board transitions into the Health and Care Partnership. This is the simplest way to ensure that the requirements set out in the White Paper will be met without reinventing an already established system wide mechanism. As with the current Kent and Medway Joint Health and Wellbeing Board, KCC would expect elected Members to be represented on this Board supported by Senior Officers.

5.4 The position of the Kent Health and Wellbeing Board will need to be decided in light of these developments. The challenge will be to avoid duplication of effort and resources whilst ensuring the statutory responsibilities placed on the Kent Board and the County Council are fully discharged.

5.5 Alongside this complexity the significant contribution that District Councils make to the health and wellbeing of the local population will also need to be

understood and their presence at all levels of the Integrated Care System developed

- 5.6 Integrated Care System NHS Body:** The Integrated Care System NHS Body will be a statutory body and have the decision making responsibility for arranging healthcare services. It will be responsible for NHS strategic planning and allocation decisions. It will be set a financial allocation by NHS England to cover the majority of NHS care for its population and will be accountable to it for NHS spending and other financial objectives at a system level. The ICS NHS Body will be made up of, as a minimum, a chair, a chief executive and representatives from NHS trusts, General Practice, and local authorities. Other members can be determined locally. It will have a whole population focus bringing together commissioners and providers of NHS services with local authorities and other partners to plan and manage healthcare services that benefit from being considered at greater scale than can be undertaken at place. In time it will be able to delegate commissioning and functions to place level partnerships (Integrated Care Partnerships).
- 5.7 The Governance arrangements for the Integrated Care System are in development. It is expected that KCC will be a voting member of the Integrated Care System NHS Body and it is expected representation will be from senior officers as discussions will be focused on operational activity. Being a partner member of the Integrated Care System NHS Body provides the Local Authority with an opportunity to strategically collaborate and influence with wider partners on plans for joint commissioning, and service transformation once and at scale for the whole county.
- 5.8 Integrated Care Partnerships:** In Kent and Medway, four Integrated Care Partnerships have been established to work at place level. Partnerships (West Kent; East Kent; Dartford, Gravesham and Swanley; Medway and Swale) (see appendix 3 for map). In the future Services could be delivered through provider collaboratives which bring together NHS trusts and foundation trusts in each Integrated Care Partnership to work more closely with each other. The Integrated Care Partnership tier is the least developed, but we do know that it includes hospitals, voluntary, community and mental health services, primary care networks and social care providers and commissioners. Decisions will increasingly be made at place level to enhance integration and improve local outcomes with Integrated Care Partnerships focusing on redesigning pathways so that individuals get the best care from the most appropriate services within the partnership.
- 5.9 The NHS is working hard to establish the Integrated Care Partnership tier and the 4 Integrated Care Partnerships may all develop slightly differently and at different rates. It is envisaged that there will be a 2-5 year period of development and local partnerships need time to develop and mature before being given any formal responsibility. The agreed system ambition is for subsidiarity of decision making, local autonomy and self-management, but there has to be recognition of the scale of the organisational development

programme that needs to support this and that this is 'evolution rather than revolution'.

- 5.10 Each Integrated Care Partnership has a Board which includes representatives from across partnership organisations, including KCC. Its key functions will be understanding and working with communities, joining up and co-ordinating services around people's needs, addressing social and economic factors that influence health and wellbeing and supporting quality and sustainability of local services.
- 5.11 There is no doubt that this vision aligns with that of the County Council and the Integrated Care Partnerships will have a particular focus on local care - shifting care out of hospitals and into the community. Guidance has not yet been published on how the ICPs will operate so it is unclear who should represent the local authority, what the role of the representatives will be or what accountability or decision making authority would be required.
- 5.12 The chosen geographies of the 4 Integrated Care Partnerships are not co-terminus with the upper tier local authority boundary. In particular the Medway and Swale Integrated Care Partnership identifies Swale with Medway, creating a place based geography based on natural usage of Medway Hospital by local residents but an unnatural boundary for the upper tier local authorities. Whilst there is no appetite amongst partner organisations to change these arrangements this does mean that KCC will need to ensure focus on services for our Swale residents which will mostly be discussed in the Medway Swale Integrated Care Partnership arena. The County Council already has locality and District based services that can influence the Integrated Care Partnership, including area based adult social care staff, locality commissioners, Public Health consultants aligned to place and Local Children's Services Partnerships based across District geographies.
- 5.13 For all the uncertainty still surrounding the Integrated Care Partnerships this is the tier that could hold the most significant opportunities and benefits for the Council and our residents. Place based working is not new but with formal systems and structures to support the partnership we can align pathways of care, and delivery of services more closely together. There is no doubt it will need further time to develop. An enabling framework between the Integrated Care System NHS Body and the County Council will give Officers permission to explore the possibilities that will become clearer as the ICPs mature. Officers will provide Members with more information about operational arrangements and opportunities for the Local Authority to consider as they emerge.
- 5.14 **Primary Care Networks/Local Care:** GP practices working together in neighbourhoods of 30,000 to 50,000 people providing a wider range of services to patients than individual practices. Primary Care Networks are also expected to think about the wider health and well-being of their population, taking a proactive approach to managing population health and targeting

those most at risk of developing preventable diseases which will require ongoing support and advice from Public Health.

5.15 Primary Care Networks are the footprint around which integrated community-based teams are developing. This work is embedded for adult social care through multi-disciplinary teams and is in development for Children's social care. It is operational work and business as usual to support residents closest to where they live. Public Health continue to support the development of PCNs, but as we know from the Pandemic, Public Health resource and expertise is already stretched across the system. The majority of the examples of existing joint working arrangements which are described in Appendix 2 take place at the local neighbourhood level. It is characterised by professionals from different organisations, including providers coming together to provide joined up care and support closer to peoples' homes.

6. Joint working arrangements in response to COVID-19

6.1 The vital work of our Public Health Team continues, working alongside the NHS and other local system partners in our communities to prevent, manage and contain outbreaks of COVID-19. Successful prevention and management of local outbreaks is a core element of the shared national ambition to break the chains of COVID-19 transmission.

6.2 As we continue to respond to the challenges we have also learnt from our response to the pandemic that people need support which is joined up across local councils, the NHS and voluntary and community organisations. Operational and strategic relationships have been strengthened during the response to COVID-19 and finding pragmatic and timely solutions to the challenges of the pandemic have presented lasting opportunities to work together in new ways. Partners have come together to deliver against the common purpose of COVID-19 which has resulted in improvements in system communication, trust and speed of decision making. Some examples are shared here:

- Extensive Public Health leadership and support provided to facilitate vaccination and test and trace requirements and supply advice and guidance.
- Successful admission avoidance including Home Care services, and East Kent frailty service (This work has been recognised by the British Geriatric Society in 4 of the top ten innovations, in capturing beneficial change during COVID-19 pandemic, 3 July 2020).
- Multi-disciplinary support to care homes especially through GP's.
- Introduction of enhanced discharge to assess arrangements at pace, responding to quickly changing government guidance and the joint review that was used to plan services for winter.
- Community hub work with the shielded population and use of maternity voice to support pregnant women (Both volunteer workforce).
- One You advisors realigned to deliver domestic abuse services and pharmacy services.

- Sexual health services delivered through telephone triage and postal services reducing demand on GP time.
- Purchasing of PPE across partners through Kent Resilience Forum
- New contracting approach between Local Medical Council and Public health providers to manage cash flow.
- Children's centres opening to maternity and health visiting services wherever needed.
- Tracker use in care homes - initially bed modelling (Now joint market management).
- Kent Together - Wellbeing hub with self-help resource hosted on kent.gov contributed to by NHS and KCC services.
- Protect Kent and Medway – joint infection control campaign and website.
- Digital family offer with FAQs for new parents from health and social care.
- One multi agency communication to schools.
- New alcohol and smoking digital platform – QUIT COVID.
- New jointly funded online bereavement service for children.

6.3 New legislation is not required to support our ambitions to align more closely. KCC can continue to use existing legal mechanisms to support joint arrangements such as Section 75 pooled budget arrangements and alliance agreements. It should be recognised that joint working is not new and there are many examples of recent effective arrangements (which can be found in appendix one) beyond our joint response to COVID. There is however the potential to explore new ways of working as NHS policy shifts away from a focus on medical, disease led activity and encourages more work with communities and wider partners to prevent avoidable illness and reduce hospital usage. This drive to move from acute settings and go further in the community, alongside the strengthened relationships forged through the recent crisis has created a new context for joint working. Staff have been keen to embrace these new approaches and not go back to the way things were done before. KCC is playing a key role in the implementation of a partnership work programme including reviewing partnership arrangements for people with Learning Disabilities and autism, managing care home demand and delivering a plan to mitigate the impact of COVID-19 on the Black, Asian and Minority Ethnic population.

6.4 As we continue to recover from the Pandemic there is a residual energy to make best use of the new relationships and bonds we have formed. The table below sets out areas that Directorates are considering as possible opportunities for more joined up working. An enabling framework that encourages innovation would support the development of similar work and there are plans to work with NHS Colleagues across the Summer to develop this thinking:

Thematic Area	Areas of potential development for further consideration: (this is not an exhaustive list)
Health Inequalities and Population Health Management	<ul style="list-style-type: none"> • System wide health inequalities strategy in development followed by implementation. • Engage in the 22 week programme to develop Population Health Management approach and understanding of our communities to inform planning at Integrated Care Partnership level.
Community and shift to local care	<ul style="list-style-type: none"> • Making a Difference Everyday approach in adult social care and how it dovetails with Health working in communities. • Locality based commissioning and development of micro/social enterprise. • Community navigation and social prescribing links. • Broaden work to develop resilient communities. • Role of Voluntary Sector. • Continue to tackle social isolation using the recommendations from the Select Committee.
Infrastructure	<ul style="list-style-type: none"> • Equipment/telecare/digital – helping people to remain independent at home. • Potential for joint use of estates. • Building on KM Care Record to look at sharing information so people who use health and care services only tell their story once. • Further development of joint analytics and data modelling will be needed to support effective joint working.
Children’s services	<ul style="list-style-type: none"> • The Neurodevelopmental Pathway. • Speech and Language Therapy. • Independent Special School Placements. • Joint Resource Allocation Process. • Looked After Children assessments.
Commissioning	<ul style="list-style-type: none"> • The potential for joint brokerage of beds. • Development of Strategic partnerships – starting with Kent Community Health NHS Foundation Trust partnering agreement – with a focus on workforce realignment and estate opportunities, and the acute discharge pathway. • Learning Disability and Autism joint commissioning. • Discharge Pathways joint commissioning.
Public Health	<ul style="list-style-type: none"> • System wide Prevention action plan. • Jointly designed and funded campaigns and communication with the public. • Smooth diagnosis and pathway for people dealing with both Mental health and substance misuse issues.

Mental health	<ul style="list-style-type: none"> • New partnership body. • Joint contracting of early intervention for adults. • Trauma informed training across the workforce. • Explore opportunities for joint working, pre-planning, admissions discharge, and community support for children with Tier 4 mental health needs.
Older people	<ul style="list-style-type: none"> • Redesign Intermediate Care and Enablement Services. • Support for people with dementia: Joint strategy and commissioning. • Occupational Therapy- shared process and joint posts. • Trusted assessor arrangements. • Generic workers across the system.
Adults with Learning Disability and /or Autism	<ul style="list-style-type: none"> • Review partnership arrangements. • Produce Joint System wide strategy. • 16+ Transition arrangements.

7. Developing a framework for partnership working

7.1 This paper sets out the context in which the NHS and the Local Authority are currently working. We have been longstanding and significant partners to the NHS in Kent. The White paper and the lessons learnt from COVID encourage further collaboration and flexibility. In order to maximise the benefits of this relationship County Council is asked to endorse the development of an enabling framework for joint working which clearly sets out agreed principles of joint working, accountabilities and decision-making requirements. Some of this cannot be agreed now and will become clearer as new national guidance and requirements emerge and as the local structures develop.

7.2 As the Integrated Care System is in its infancy the full implication of decision making across the System may take time to evolve, and the County Council will need to maintain a flexible and agile view of how the partnership can function. However, there are some foundations in place that will be essential cornerstones in preparing a partnership framework. These are:

- a) The County Council status as a partner TO the Integrated Care System and Not in the Integrated Care System. When the NHS began its transformation into an Integrated Care System in 2019, County Council agreed it would describe its relationship with the emerging ICS as being a partner TO the ICS and not partner IN the ICS. This described the Council's intention to influence, support, and align to the vision for the ICS where it made sense to do so but did not alter the legal and constitutional requirements placed on Local Authorities. This paper and any underpinning framework will reaffirm that position but also develop our intentions to be a significant and substantive partner to the Integrated Care System.

- b) The County Council is committed to being represented at all tiers of the Integrated Care System.
- c) A clear line of sight of how and where KCC monies are spent must be maintained in any joint arrangements, ensuring that appropriate exit arrangements from any shared or joint arrangements are in place before the Council enters, or operates within, joint arrangements.
- d) The County Council is committed to using existing mechanisms to extend collaboration, including joint commissioning, joint working with the NHS, joint teams and posts where it makes sense to do so. These existing mechanisms are subject to the decision making framework of the County Council and this will not change. Existing Mechanisms include:
 - Care Act 2014, sections 3,6, 79
 - NHS Act s75
 - Local Government Act 1972, 113
 - Children Act 2004, s10
 - Children Act 1989, s27
 - Better Care Fund
- e) adopting the vision and principles of the Integrated Care System as a basis for joint working. These were endorsed by KCC when the Kent and Medway ICS plan was submitted and are set out in Appendix 2.

8. Conclusion

- 8.1 Whilst setting out the governance and decision making framework for joint working in the new structures is important, what is most crucial is the difference that residents experience when they use services. Operationally the benefits from current and future joint working arrangements can be accrued by fully utilising existing mechanisms for joint working and should result in simplifying complex pathways and providing greater choice and control for individuals. As the County Council builds back better from COVID there is an appetite to use these mechanisms to extend our current collaborative approach and go further, faster to improve the health and wellbeing of our residents.

- 8.2 The development of a partnership framework will provide assurance to both staff and Members that the necessary controls exist within which such joint arrangements can be made. This will become more necessary as the Integrated Care Partnership tier develops and the Council is presented with more opportunities to work jointly at place level. Meanwhile the local authority can progress with its ambitions to be a significant partner to an Integrated Care System for Kent and Medway tackling health inequalities, improving population health outcomes, simplifying a complex health and care system and providing choice and quality services to our residents.

Recommendations:

County Council is asked to:

- 1) **Approve** the development of a partnership framework to underpin the County Council's continuing partnership with the Integrated Care System based on the requirements of the White Paper.
- 2) **Endorse** further exploration with Health leaders to identify shared areas of ambition and opportunities for new ways of working as the Integrated Care System develops.
- 3) **Agree** to the principles for partnership working with the emerging Integrated Care System as at section 7 the report.
- 4) **Agree** to the transition of the Kent and Medway Joint Health and Wellbeing Board to the Health and Care Partnership Board subject to the agreement of all Partners.

Appendices:

Appendix 1: Examples of Joint working

Appendix 2: Vision and Principles of the Integrated Care System

Appendix 3: Map showing Integrated Care Partnerships

Background Documents: Green Paper: Transforming public procurement.
(www.gov.uk/government/consultations/green-paper-transforming-public-procurement)

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Appendix 1: Examples of existing joint working arrangements

Thematic Area/ KCC Service Lead	Title	Key Features	Governance
Joint commissioning/ Public Health	Live Well Kent & Medway	<ul style="list-style-type: none"> Free Mental Health support for 17+ Suicide prevention programme Developing a concordat with Kent and Medway NHS Partnership Trust (KMPT) and Integrated Care System 	Mental Health, Autism, Learning Disability, Dementia Improvement Board
Joint team / Infrastructure, Adult Social Care	Kent and Medway Care Record	<ul style="list-style-type: none"> Professionals record information once Professionals can view summary information Facilitates timely provision of care 	Digital Strategy Board
Joint Commissioning/ Children and Young people	Children's Care Navigators	<ul style="list-style-type: none"> Currently 15 care navigators focussed on children and young people at Primary Care Network level and growing Improve local offer to get self help and support Moving to a more social, less medical model focus on early access and community based support 	Kent and Medway Integrated Children's Delivery Board
Joint Commissioning/ Joint Team Children and Young people	Neuro developmental pathway	<ul style="list-style-type: none"> Range of support to support independence, make the pathway for diagnosis simpler and quicker, ensure community support at the earliest opportunity and minimise hospital admissions and length of stay Successful national bid to NHS England to be an early adopter of designated key worker model supporting children with the most complex needs Recruiting Learning disability and autism practice coordinators at Integrated Care Partnership level to work across the system to support parents and practitioners to ensure the right funding and resources are in 	Learning Disability and Autism Executive Board

		<p>place</p> <ul style="list-style-type: none"> • Parent and Carer charity leading on providing peer support and advocacy to parents to help them navigate the system 	
Joint working Adult social care- older people	Multi- Disciplinary Teams	<ul style="list-style-type: none"> • Health and Social care working together at Primary Care Network level led by GPs around the needs of an individual 	
Joint Commissioning Adult social care- adults with Learning Disability	Discharge pathway services, LD and Autism alliance	<ul style="list-style-type: none"> • Joint commissioning team in place • Aims to ensure adults leave hospital placements and live successfully in the community 	Learning Disability and Autism Executive Board
Joint Commissioning Adult social care- elderly frail	Hospital Discharge Pathway programme	<ul style="list-style-type: none"> • A programme of work, to rapidly improve discharge pathways. • Focus on maximising the use of “Home First” pathways, development of single point of access and triage, integrated Multi-Disciplinary Team (MDT), and dementia pathway 	
Joint Working Public Health	Public health traditionally work jointly with health and have a range of long standing jointly commissioned services and activities	<ul style="list-style-type: none"> • Joined up services for smooth, continuity of care and integrated service delivery through joint commissioning and the prevention agenda • Joint appointments across infection control with support to Care Homes during the pandemic • Kent Community Health Foundation Trust service delivery including an innovation in collaboration of Providers of commissioned sexual health services • Health Visiting commissioned services • Prevention workstream developing a system wide mitigation plan for people from Black and Asian communities who have been disproportionately impacted by COVID-19 	

Appendix 2: Vision and principles of the Integrated Care System

ICS Vision and purpose:

“We will work together to make health and wellbeing better than any partner can do alone”.

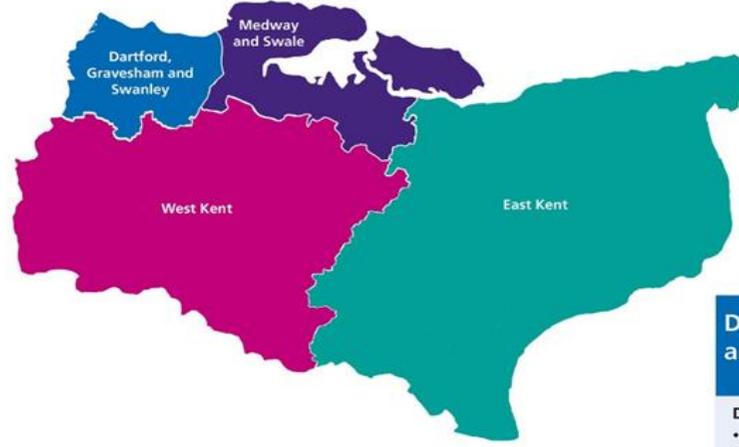
This means we will:

- Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background and are free from fear or discrimination.
- Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.
- Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent, and fulfilling lives, adding years to life and life to years.
- Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.
- Ensure that when people need hospital services, most are available from people’s nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.
- Make Kent and Medway a great place for our colleagues to live, work and learn.

The Principles of how the partners of the ICS work together are as follows:

- Be an all-sector partnership where partners are equally committed, equally treated, and hold each other to account with compassion.
- Involve people in the design, delivery, and assurance of services.
- Make decisions as close to communities as possible.
- Be clinically and professionally-led with ambition for and with our population to achieve the very best quality of life, quality of care.
- Agree on the analysis of problems and population need.
- Do the work once, learn together and from each other.
- Focus on value and making the best use of resources by planning and paying for things once between the NHS, local councils, and community organisations.

Appendix 3: Map of Integrated Care Partnership and Primary Care Networks



Medway and Swale ICP

- Gillingham South**
 - Glebe Family Practice
 - Malvern Road
 - Napier Road
 - Pump Lane
 - Railside Surgery
 - Railway Street
 - Upper Canterbury Street
- Medway Central**
 - Balmoral Malling (Red)
 - Brompton Medical Practice
 - Bryant Street
 - Kings Family Practice
 - St Mary's Island
 - The Halfway Surgery
 - Coverage for patients registered at Hoo Branch DMC
- Medway Peninsula**
 - High Parks Medical Practice
 - Hoo St Werburgh
 - The Elms
- Medway Rainham**
 - Church View Practice
 - Eastcourt Lane
 - Long Catlis Road Surgery
 - Maldstone Road
 - Matrix Medical Practice
- Malling Health, Parkwood Health Centre**
 - King George Road
 - Maidstone Road
 - Princes Park Medical Centre
 - Reach
 - Stonecross and West Drive Surgeries
 - Wayfield Road Surgery
- Medway South**
 - Churchill Clinic
 - King George Road
 - Maidstone Road
 - Princes Park Medical Centre
 - Reach
 - Stonecross and West Drive Surgeries
 - Wayfield Road Surgery
- Rochester**
 - Borstal Village Surgery
 - Castle Medical Practice
 - City Way
 - Thorndike Health Care Centre
- Sheppey**
 - Sheerness Health Centre (Dr Witts)
 - Sheppey Healthy Living Centre
 - Sheppey NHS Healthcare Centre (DMC)
 - The OM Medical Centre
- Sittingbourne East**
 - The Chestnuts
 - London Road Surgery
 - The Memorial Medical Centre
 - The Surgery, Teynham
- Sittingbourne West**
 - Grovehurst Surgery
 - Iwade Health Centre
 - Lakeside Medical Centre
 - Milton Regis Surgery
 - The Meads Medical Practice
- Strood**
 - Apex Medical Centre
 - Court View Surgery
 - Gun Lane
 - Riverside Medical Practice
 - Interim coverage of registered list for St Mary's Medical Centre
 - Coverage for patients registered at Marlowe Park Medical Centre

West Kent ICP

- ABC**
 - Aylesford Medical Centre
 - Blackthorn Medical Centre
 - College Practice
- Maidstone Central**
 - Bower Mount Medical Practice
 - Brewer Street Surgery
 - Grove Park Surgery
 - Northumberland Court
 - Vine Medical Centre
- Maidstone South**
 - Albion Place Medical Practice
 - Greensand Health Centre
 - Mote Medical Practice
 - Wallis Avenue Surgery
- Malling**
 - Phoenix Medical Practice
 - Snodland Medical Practice
 - Thornhills Medical Practice
 - Wateringbury Surgery
 - West Malling Group Practice
- Sevenoaks**
 - Amherst Medical Practice
 - Borough Green Medical Practice
 - Edenbridge Medical Practice
 - Oford Medical Practice
 - St Johns Medical Practice
 - South Park Medical Centre
 - Town Medical Centre
 - Westerham Practice
- The Ridge**
 - Bearsted Medical Practice
 - Headcorn Surgery
 - Len Valley Practice
 - Orchard Surgery, Langley
 - Sutton Valence Surgery
- Tonbridge**
 - Hadlow Medical Centre
 - Hildenborough Medical Group
 - Tonbridge Medical Group
 - Warders Medical Centre
 - Woodlands Health Centre
- Tunbridge Wells**
 - Abbey Court Medical Centre
 - Clanricarde Medical Centre
 - Grosvenor and St James Medical Centre
 - Kingswood Surgery
 - Lonsdale Medical Centre
 - Rusthall Medical Centre
 - St Andrews Medical Centre
 - Speldhurst and Greggwood Medical Practice
 - Waterfield House Practice
- Weald**
 - Crane Practice
 - Howell Surgery
 - Lamberhurst Surgery
 - Marden Medical Centre
 - North Ridge Medical Practice
 - Yalding Surgery
 - Old Parsonage Surgery
 - Old School Surgery
 - Orchard End Surgery
 - Staplehurst Health Centre

East Kent ICP

- Ashford Rural**
 - Charing Surgery
 - Hamstreet Surgery
 - Ivy Court Surgery
 - Woodchurch Surgery
- Ashford Stour**
 - Ashford Medical Partnership
 - Hollington Surgery
 - Kingsnorth Medical Practice
 - New Hayesbank Surgery
 - Sellindge Surgery
 - Sydenham House Medical Practice
 - Wye Surgery
- Canterbury North**
 - Canterbury Health Centre
 - Northgate Medical Practice
 - Old School Surgery
 - Sturry Surgery
- Canterbury South**
 - Canterbury Medical Practice
 - New Dover Road
 - University Medical Practice
- Faversham**
 - Faversham Medical Practice
 - Newton Place Surgery
- Herne Bay**
 - The Heron Medical Practice
 - The Park Surgery
- Whitstable**
 - Whitstable Medical Practice
- Coastal and Rural East (CARE) Kent**
 - Ash Surgery
 - Birchington Surgery
 - Broadstairs Medical Practice
 - Minster Surgery
 - St Peter's Surgery
 - Westgate Surgery
- Deal and Sandwich**
 - Balmoral Surgery
 - Cedars Surgery
 - Manor Road Surgery
 - St Richard's Road Surgery
 - Sandwich Medical Practice
- Dover**
 - Buckland Medical Centre
 - High Street Surgery
 - Penchester Surgery
 - Peter Street Surgery
 - St James Surgery
- Hythe, Lydinge, Cheriton and Hawkinge**
 - Central Surgery
 - Hawkinge and Elham
 - New Lydinge Surgery
 - Oaklands Health Centre
 - Park Farm Surgery
 - Sun Lane Surgery
 - The Surgery
 - The White House Surgery
- Margate**
 - Bethesda Medical Centre
 - Mocketts Wood Surgery
 - Northdown Surgery
 - The Limes Medical Centre
- Ramsgate**
 - Dashwood Surgery
 - East Cliff Practice
 - Newington Road Surgery
 - Summerhill Surgery
 - The Grange Practice
- The Marsh**
 - Church Lane Surgery
 - Martello Health Centre
 - Oak Hall Surgery
 - Orchard House Surgery
- Total Health Excellence East**
 - Aylesham Medical Practice
 - Lydden Surgery
 - New Surgery
 - White Cliffs Medical Centre
- Total Health Excellence West**
 - Guildhall Street
 - Manor Clinic
 - Sandgate Road Surgery

Dartford, Gravesham and Swanley ICP

- Dartford Central**
 - Horsmans Place Surgery
 - Redwood Practice
 - Temple Hill Surgery
 - Coverage of registered patients at Elmdene Surgery
- Dartford MODEL**
 - Dr Shimmis and partners
 - Lowfield Medical Centre
 - Maple Practice
 - The Orchard Practice
- Garden City**
 - Downs Way Medical Practice
 - Pilgrims Way Surgery
 - Swanscombe Health Centre
- Gravesend Alliance**
 - Gateway
 - The Forge
 - Oakfield Health Centre
 - The Shrubbery and Riverview Park
 - White Horse
- Gravesend Central**
 - Chalk Surgery
 - Gravesend Medical Centre
 - Parrock Street Surgery
 - Pelham Medical Practice
 - Rochester Road Surgery
- LMN Care**
 - Jubilee Medical Group
 - Meopham Medical Centre
- Swanley and Rural**
 - Braeside Surgery, Farningham
 - Devon Road Surgery
 - Hextable Surgery
 - The Cedars Surgery
 - The Oaks Partnership

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By: Benjamin Watts, General Counsel
 To: County Council – 23 July 2021
 Subject: Proportionality and Appointments to committees and other bodies
 Classification: Unrestricted

Recommendation:

The County Council is asked to:

- (a) **DETERMINE** the total number of Committee places; the allocation of those places between the political groups; and the allocation of places on certain bodies;
- (b) **NOTE** that Selection and Member Services made the necessary appointments to outside bodies, except for those which fall to be made by the Leader of the Council; and
- (c) **AGREE** to give delegated authority to the Democratic Services Manager, in consultation with the four Group leaders and the Monitoring Officer to adjust the allocation of committee places in order to conform to overall proportionality requirements.

For Decision

Composition of the County Council

1. Following the Elham Valley Election on 17 June 2021, the composition of the County Council is as follows:

Political Group	Number of seats	Proportion of seats
Conservative	62	76.54
Labour	7	8.64
LD	6	7.41
Green and Independents	6	7.41
Total	81	100%

Committee Appointments

2. Further to the agreement at County Council on 27 May 2021, the proportionality and seat allocation arrangements are here brought back for further consideration following the Elham Valley election. The Council is again invited to determine the number of Members to serve on each committee and the allocation of committee places between the political groups.

3. The Local Government and Housing Act 1989 requires committee places to be allocated between the political groups in accordance with the following principles:

- a. the group with the majority of seats on the Council must have a majority of seats on each committee¹.
- b. subject to (a) above, the number of seats on the total of all committees allocated to any political group must be proportional to the number of seats which that group holds on the Council;
- c. subject to (a) and (b) above, the number of seats on each committee allocated to any political group must be proportional to the number of seats which that group holds on the Council.
- d. Only political groups have an entitlement to seats on committees. A 'political group' is defined as two or more Members who inform the Monitoring Officer that they wish to be regarded as a political group.

4. Proposals for the size of each committee and the allocation of committee places between the political groups in accordance with these principles has been prepared for the County Council's approval in the table below. The table proposes the size of each main committee and gives the allocation of places on them between the four political groups if this were applied to each Committee.

Committee	Con	Lab	LD	Green and Independents	Total
<i>Scrutiny Committee +5*</i>	10	1	1	1	13
<i>Health Overview and Scrutiny Committee +4\$</i>	10	1	1	1	13
<i>Governance and Audit Committee</i>	8	1	1	1	11
<i>Electoral & Boundary Review Committee</i>	8	1	1	1	11
<i>Personnel Committee</i>	8	1	1	1	11

Committee	Con	Lab	LD	Green and Independents	Total
<i>Planning Applications Committee</i>	10	1	1	1	13
<i>Regulation Committee</i>	12	1	1	1	15
<i>Selection and Member Services Committee</i>	5	1	1	1	8
Superannuation Fund Committee +3# (1/1/1)	8	1	1	1	11
Kent Flood Risk Management Committee	5	1	0.5	0.5	7
Standards Committee	5	1	0.5	0.5	7
TOTAL	89	11	10	10	120
Proportionate Share of Total	92	10	9	9	120
Difference to Proportionate share	-3	+1	+1	+1	0

* The Scrutiny Committee also has 3 diocesan representatives and 2 parent governor representatives with voting powers on education issues only. See paragraph 3, below.

\$ The Health Overview and Scrutiny Panel also has 4 District Council representatives with voting powers.

The Superannuation Fund Committee also has 3 District Council representatives with voting powers.

5. The Council, while having to seek to achieve proportionality, may vary the allocations if necessary and appropriate. As will be seen, the above would lead to slight under-representation of the Conservative Group (-3 seats) and over-representation of the Labour, Liberal Democrat and Green & Independent Groups of 1 seat each. Where equal entitlement to a single seat is indicated,

the resolution of this, subject to approval by County Council, will be managed through engagement with Group Leaders by Democratic Services.

6. The County Council has already given delegated powers to Officers to make the necessary adjustments following discussions between the political groups, such as confirming membership when equal entitlements to seats exists. This approach is to be maintained to allow for effective management of the committee seat allocations, always subject to engagement and consultation with Group Leaders.

As well as ordinary committees, the proposal covers the size and political composition of Sub-Committees. The County Council considered and agreed the previous set on 27 May 2021. Further to the update of the main committee proportionality, a slightly updated proposal for sub-committees is set out below for consideration:

Sub-Committees	Con	Lab	LD	GI	Total
Regulation Committee Member Panels (enforcement, public rights of way, marriage premises, village/town greens)	4	1	0	0	5
Regulation Committee Transport Appeal Panels (school-related appeals - mainly transport)	4	1	0	0	5
Selection and Member Services Committee Governor Appointments Panel	6	1	0	0	7
Selection and Member Services – Training and Development Sub- Committee	5	1	1	1	8
Personnel Committee Member Appointment Panel	5	1	1	1	8
Scrutiny Committee Select Committees.	7	1	1	1	10

8. The County Council agreed on 27 May 2021 to maintain the approach allowing Members from Groups other than those allocated seats on the Regulation Committee Member Panel may sit on Panels on such occasions when one of the allocated Groups gives up a seat. This remains unchanged.
9. Regulation Committee Transport Appeal Panels meet with such frequency that that Panel membership is determined by the availability of individual Members from all political groups subject only to the need for the largest Group to have a

majority on each Panel. Membership of the Regulation Committee is not a requirement for its Panels either for individual Members or political groups. This was confirmed at the 27 May 2021 Council meeting and not recommended for change.

10. The Selection and Member Services Governor Appointments Panel will only meet on very rare occasions. The Corporate Director of Education and Young People's Services has delegated powers to make Local Authority appointments/nominations to governing bodies in consultation with the Chairman when they meet the County Council's guidelines. On those occasions when the guidelines are not met, the Panel Members' views are sought. The Panel meets on those occasions when there is either no unanimity amongst the Panel Members or if they unanimously disagree with the Corporate Director's recommendations. The Panel also meets if it needs to consider a request for the removal of a Local Authority Governor.
11. The Mental Health Guardianship Sub-Committee is chaired by the Chairman of the Regulation Committee. The rest of its membership is drawn from volunteers from the Adult Social Care Cabinet Committee. It meets once a year to oversee the Guardianship Register. In the event that a decision is needed on the discharge of persons who are subject to guardianship, a Panel of 3 of its Members will meet. Due to the urgent need for a decision, membership of the Panel would be determined by the availability of Members to serve at very short notice.
12. The Scrutiny Committee is responsible for managing the Topic Review programme and sets up Select Committees as required, which are time limited and task specific, carrying out reviews and making recommendations. To ensure full cross-party representation, in line with the main Scrutiny Committee seat allocations and the principles of effective Scrutiny, an amended seat allocation from 27 May 2021 is recommended. This committee allocation, if agreed, will also be applied to the informal Short Focused Inquiry Groups.

Membership of Cabinet Committees

13. Cabinet Committees are executive advisory committees and do not form part of the proportional allocation of seats to political groups. The membership, terms of reference and number of Cabinet Committees are determined by the Leader. The only change since 27 May 2021 is the clarification as to the voting status of the external Education Co-optees appointed to the CYPE Cabinet Committee. The Leader has determined that the following arrangements will apply:

Policy and Resources (16): 12 Conservative, 2 Labour, 1 Liberal Democrat, 1 Green & Independent

Adult Social Care (16): 12 Conservative, 2 Labour, 1 Liberal Democrat, 1 Green & Independent

Children's Young People and Education (16 + 5): 12 Conservative, 2 Labour, 1 Liberal Democrat, 1 Green & Independent – plus 3 Diocesan representatives and 2

Parent Governor Representatives as voting co-optees (making total voting Membership 21)

Health Reform and Public Health (16): 12 Conservative, 2 Labour, 1 Liberal Democrat, 1 Green & Independent

Environment & Transport (16): 12 Conservative, 2 Labour, 1 Liberal Democrat, 1 Green & Independent

Growth, Economic Development & Communities (15): 12 Conservative, 2 Labour, 1 Liberal Democrat, 1 Green & Independent

Other Authorities, Joint Committees and Partnership Bodies

14. The proportionality principles in the 1989 Act also apply to the appointments which the Council makes to various other authorities, joint committees and partnership bodies, as listed below:

- (a) Kent and Medway Fire and Rescue Authority (21 KCC Members);
- (b) Standing Advisory Committee on Religious Education (4 KCC Members);
- (c) Kent and Essex Inshore Fisheries and Conservation Authority (3 KCC Members);
- (d) Kent and Medway NHS Joint Overview and Scrutiny Committee (4 KCC Members)
- (e) Pension Board (2 KCC Members who are not Members of the Superannuation Fund Committee)
- (f) Adoption Panels (6 Area Panels with 2 KCC Members serving on each), in respect of which the following provisions apply:
 - (i) *The 1989 Act does not apply but the Council's convention is that the 12 appointments overall should be proportional;*
 - (ii) *Members should have a knowledge or interest in Social Care or adoption issues;*
 - (iii) *To avoid the situation where Members frequently have to withdraw because, for example, they know prospective adopters, Members should not serve on the Panel covering their home area. It is therefore recommended that Members be nominated by the political groups for service on the Adoption Panels generally and the allocation of individual Members to particular Panels be left to the Adoption Panel Manager in discussion with the Members concerned.*

Authority, Joint Committee or Partnership Body	Con	Lab	LD	GI	Tot
Kent and Medway Fire and Rescue Authority	16	2	1.5	1.5	21
Kent and Essex Inshore Fisheries and Conservation Authority	3	0	0	0	3
Kent and Medway NHS Joint Overview and Scrutiny Committee	3	1	0	0	4

Authority, Joint Committee or Partnership Body	Con	Lab	LD	GI	Tot
Standing Advisory Committee on Religious Education	3	1	0	0	4
Pension Board	2	0	0	0	2
Adoption Panels	9	1	1	1	12

Outside Bodies

15. The Selection and Member Services Committee is charged with making appointments to outside bodies on behalf of the Council. The 1989 Act principles do not apply to these appointments, but it is the Council's convention that the total number of appointments should be shared between the political groups on, so far as possible, a proportional basis. This Committee met in early July to determine these appointments and no change is required based on the updated proportionality.
16. Some appointments to outside bodies fall to be made by the Leader of the Council in connection with a delegation by him of executive functions. The list of those appointments was submitted to the Selection and Member Services Committee for noting and any future appointments will similarly be submitted for noting at a later date.

Recommendations

The County Council is asked to:

- (a) **DETERMINE** the total number of Committee places; the allocation of those places between the political groups; and the allocation of places on certain bodies;
- (b) **NOTE** that Selection and Member Services made the necessary appointments to outside bodies, except for those which fall to be made by the Leader of the Council; and
- (c) **CONFIRM** the continued delegated authority to the Democratic Services Manager, in consultation with the four Group leaders to adjust the allocation of committee places in order to conform to overall proportionality requirements and manage membership arrangements in line with the details set out in this report.

Joel Cook
Democratic Services Manager
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By: Roger Gough – Leader of the Council
 Benjamin Watts – General Counsel

To: County Council – 23 July 2021

Subject: **Annual Report on Urgent Decisions taken by the Executive – 2020-21**

Classification: Unrestricted

Summary: The Constitution requires that the Leader of the Council reports urgent Executive Decisions to County Council on an annual basis.

Recommendation: The Council is asked to note the report.

INTRODUCTION

1. The Constitution makes provision, under sections 12.31 and 12.32, for the use of urgency procedures as part of Executive Decision-making, complying with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.
2. In accordance with section 12.36 of the Constitution, this paper serves as the required annual report to Council providing details of when urgency procedures have been used. The purpose of this report is provide a collated list of urgent decisions and draw Members' attention to those instances when urgency has been necessary. The period covered by the report is 2 June 2020 to 15 July 2021.
3. Detailed consideration of these decisions and the related areas of Council business is the responsibility of the Cabinet Committees and the Scrutiny Committee. The relevant Cabinet Committee will have considered these urgent decisions following their implementation, including receiving reports on the urgency and reasons why pre-decision consideration was not possible when applicable. Should further consideration of any of these issues be desired, Members are asked to liaise with Democratic Services and the relevant Committee Chairs to add them to their work programmes.
4. Since June 2020, 22 decisions were taken via the urgency procedures detailed in the Constitution and the Executive Arrangements Legislation during the timeframe covered by this Annual Report to Council. 6 of these decisions were semi-urgent, with the remainder progressed via the full statutory urgency process allowing for immediate implementation.

5. This report sets out: the key information of each of these decisions; the decision-maker; the date of decision; a brief summary of the decision; the type of urgency process used and the reason for urgency.
6. The Executive, when required, uses two types of urgent decision permitted under the relevant legislation and detailed in the Constitution. These are;
 - the General Exception route which is referred to in KCC documentation as 'semi-urgent' because all they involve compliance with all normal decision-making processes but the notice of the proposed decision will have been published on the list of Forthcoming Executive Decisions (FED) for more than 5 but fewer than 28 days; and
 - Cases of Special Urgency, referred to as Statutory Urgency Process or 'full urgency' in KCC. These decisions are subject to a process of requiring agreement by the decision-maker, the relevant senior officer and the Chair of the Scrutiny Committee that urgency is necessary, followed by consultation with relevant non-Executive Members where possible. Such decisions may implemented immediately, without advance notice on the FED and they are not subject to call-in.
7. It should be noted that a significant number of the urgent decisions were taken in response to the COVID-19 pandemic, including implementing local lockdowns under the Coronavirus Regulations as well as the acceptance and management of vital Government grants to deliver key COVID mitigation activities. As Members will be aware, it was necessary for the Council to respond quickly and decisively to these challenging circumstances. The urgency process was required, in many cases, because of very tight deadlines from government in terms of committing to legally binding terms and conditions for the relevant grants.
8. Several decisions were also progressed via semi-urgent process in March 2021 due to the need to progress these matters prior to the pre-election period which ran from close of business on 19 March until the May 2021 elections. tightened project timetables and early planning was involved to ensure these decisions could be taken with appropriate transparency and normal governance activity as far as possible and were progressed in this way as it was not possible to defer them until after the election and reconstitution of the Council. These decisions were, in the main, managed via the normal decision-making processes, including consideration by the relevant Cabinet Committee.
9. The list provided below for Members' information has been separated out into Non-COVID related urgent decisions (Full Statutory Urgency followed by semi-urgent process) and then COVID related urgent decisions (broken down by urgency type again).

General Urgent Executive Decisions – June 2020 to July 2021

20/00092 - Highway Term Maintenance Contract Extension

Decision by the Cabinet Member for Highways and Transport on 14 August 2020.

10. Urgency process:
Statutory urgency – immediate implementation.
11. Summary:
The Cabinet Member for Highways and Transport was asked to approve the award of a 20-month extension with Amey until 30th April 2023.
12. Kent County Council is the statutory Authority responsible for the delivery of highway services for the residents of Kent (excluding Medway). Under the Highways Act 1980, as the local Highway Authority, the Council has a legal duty to maintain its respective sections of the highway network under section 41. This includes responsibility for maintaining, managing and, where necessary, improving their section of the network.
13. The Highway Term Maintenance Contract (HTMC) delivers a large number of services which are currently provided by Amey which is due to terminate on the 31 August 2021. To procure a replacement contract is complex and time consuming. The original programme was extremely tight with minimal time to deal with unforeseen circumstances. The COVID-19 pandemic impact has meant that it was not possible to deliver that programme. It was proposed to mitigate against this risk that the contract be extended until 30 April 2023.
14. Reason for Urgency:
Whilst good progress was being made to re-procure the contract, due to the COVID-19 pandemic and the associated measures taken by government, a re-procurement of a strategic contract of this kind during this time would have represented a high operational risk for the Council to meet its statutory duty and obligations as the Local Highways Authority which includes our emergency response and Winter Service. The contract extension implemented was on the prevailing terms and conditions and pricing schedule.
15. Procurement Policy Note (PPN) 01/20 provided advice and guidance for central and local government authorities to consider when evaluating the effects of the COVID-19 pandemic on its contracts with any decision subject to this legislation being shared with the wider market through a modification notice. It was expected that central and local government would implement a return to business as normal by October 2020 and thus all decisions were required to be taken by this date.

20/00074 - Grant for Kent's road network needs to support transition

Decision by the Cabinet Member for Highways and Transport on 14 August 2020.

16. Urgency process:
Statutory urgency – immediate implementation
17. Summary:

The decision entailed the acceptance of the Section 31 Grant monies award from the Department for Transport (DfT) to procure and manage works to deliver customs checking and freight holding areas and associated infrastructure at sites secured by DfT to support Government Transition arrangements.

18. The decision would support operational traffic management plans relating to Transition from the EU on the 31st December 2020.
19. Reason for Urgency:
The site had to be delivered in advance of 31 December 2020 to allow time for training and testing. Confirmation of the site and offer was only received mid-July and, to achieve the deadline, some enabling works commenced. This key decision was required urgently to ensure appropriate authority was in place to support the delivery of the site and to provide necessary flexibility to allow for swift significant Officer decisions on this project to enable the site to be delivered by the deadline date.

21/00034 - Public Sector Decarbonisation Fund grant award

Decision taken by the Cabinet Member for Environment on 1 March 2021.

20. Urgency Process:
Statutory urgency – immediate implementation
21. Summary: The purpose of the proposed decision was for KCC, subject to S151 officer sign off, to accept a Grant from the Public Sector Decarbonisation Fund from Salix Finance on behalf of the Department of Business, Energy, and Industrial Strategy (BEIS). The grant funding would be for up to £21m for several proposed energy projects, and up to a further £2.25m for school site energy projects. A Section 31 grant was proposed.
22. Reason for Urgency:
The Grant Offer Letter required KCC to sign and return binding documents accepting the grant by 1 March 2021.
23. This funding has the potential to help KCC make significant reductions to its carbon emissions and meet its target to be net zero by 2030. It also has the added benefits of reducing KCC's energy costs and providing an income to KCC. It also helps to stimulate the low carbon economy in Kent and create local jobs as well as set up some key development infrastructure to meet future energy challenges such as security of supply.

21/00040 - Domestic Abuse Act - New Burdens Funding

Decision taken by the Leader of the Council on 19 March 2021.

24. Urgency Process:
Statutory urgency – immediate implementation

25. Summary:
Although the Domestic Abuse Bill was still going through the Parliamentary process at the time of the decision, the Ministry of Housing, Communities and Local Government (MHCLG) allocated £3.1m to KCC to implement the new duties from 1 April 2021. A decision was needed to accept the funding within that tight timeframe. Further work was underway to assess how the funding would be allocated, in line with the grant conditions. The decision was to accept the £3.1m in full, with no expected direct impact on the Council's budget.
26. Reason for Urgency:
MHCLG only notified KCC of the funding on 3 March, and a key decision was needed to accept the funding and confirm planned deployment within a timeframe not compatible with the non-urgent executive decision process. Also, although the allocation of most of the funding would be determined by a needs assessment, some of the funding was required from 1 April to pay for the staff who were implementing the new arrangements.

General Semi-Urgent Executive Decisions (2020-21)

21/00011 - Kent Rail Strategy 2021

Decision taken by the Cabinet on 25 January 2021.

27. Urgency process:
Semi-Urgent
28. Summary:
The principal purpose of the Kent Rail Strategy 2021 is to influence the infrastructure outputs, rolling-stock fleet and rail service specifications which will inform the next South Eastern concession agreement, for the operation of Kent's rail passenger network for at least the next decade.
29. This strategy therefore sets out in detail Kent County Council's ambitions for the next South Eastern concession to:
- determine the required passenger service levels in each sector of the network: High Speed, Mainline and Metro
 - determine the requirements for rail infrastructure enhancements to facilitate these levels of passenger service
 - establish the requirements for new fleets of rolling-stock in each sector to enable these levels of passenger service to operate
 - improve the provision of passenger station facilities and communications.
30. Reason for Urgency:
The notice of decision was not published on the list of Forthcoming Executive Decisions for the normal 28 days in advance of this meeting due to a minor administration error. The intention that the decision to adopt the Kent Rail Strategy

be taken by Cabinet on 25 January was recorded at previous Cabinet Committee meetings and was stated elsewhere on KCC's website. More than 5 days' notice of the decision was given on the list of Forthcoming Executive Decisions list.

Reason for urgency:

31. Administrative error delayed publication of the entry on the list of Forthcoming Executive Decisions. The plan to take the decision on this date at Cabinet had been published in other reports and agendas in 2020, meaning that the delay to FED publication did not negatively impact on transparency or practical notice periods.

21/00030 - Inland Border Facility - White Cliffs

Decision taken by the Cabinet Member for Highways and Transport on 19 March 2021.

32. Urgency process:
Semi-Urgent

33. Summary:
The Cabinet Member for Highways and Transport was asked to approve the acceptance of the Section 31 Grant award from the Department for Transport (DfT) to procure and manage the Inland Border Facility and Border Control Post works at White Cliffs, Dover.

34. Reason for the decision:
KCC had been working closely with the Department for Transport (DfT), Kent Police and Highways England, amongst others, to implement plans to manage freight in Kent. DfT identified White Cliffs as a potential site for an Inland Border Facility to help facilitate the flow of trade to assist with freight movements across the Short Straits.

Reason for urgency:

35. Decision required before the pre-election period.

21/00036 Defra Grant Funding - Farming in Protected Landscapes – for the Kent Downs AONB

Decision taken by the Cabinet Member for Environment on 19 March 2021.

36. Urgency process:
Semi-Urgent

37. Summary:
The Cabinet Member for Environment was asked to agree to:

- accept a Grant from the Department for Environment, Food and Rural Affairs (Defra) 'Farming in Protected Landscapes' funding and
- Delegate authority to Corporate Director of Growth, Environment and Transport to take relevant actions, including entering into contracts and other legal agreements, as necessary to implement decisions to spend the grant.

38. Reason for the decision:

Since the UK left the EU, a new series of funding structures were put in place to support farmers and land managers. Rather than having a centrally-managed farm subsidy based primarily on area payments, the basis for future farm payments would be providing 'public money for public good'. Public goods included: carbon management and climate mitigation; public access to land; enhancement of biodiversity; enhancement of the water environment and provision of clean air. Funding could also be used to support farm business' diversification and green jobs. Authority was needed to receive funding from Defra and for the Kent Downs AONB Unit, under the KCC Scheme of Delegations, to distribute it to farmers and land managers in the Kent Downs AONB.

Reason for urgency:

39. Decision required before the pre-election period.

21/00037 Low Carbon across the South and East (LoCASE)

Decision taken by the Cabinet Member for Environment on 19 March 2021.

40. Urgency process:

Semi-Urgent

41. Summary:

The Cabinet Member for the Environment was asked to give approval for KCC to continue to deliver the Low Carbon Across the South and East (LoCASE) programme, by accepting to act as the accountable body for the European Structural Investment Funding (ESIF) administered by the Ministry of Housing, Communities and Local Government (MHCLG).

42. Reason for the decision:

The decision was sought to approve the continued delivery of Low Carbon Across the South and East (LoCASE) - an integrated programme of financial assistance and business support to increase demand for low carbon technology, increase efficiency and grow business in the low carbon environmental goods and services sector.

43. Encouraged by MHCLG after the demonstrated success of the LoCASE project, the additional funding would be used to continue and grow LoCASE to deliver a multi-LEP business support programme through a partnership made up of 16 public and private sector organisations across four Local Enterprise Partnerships (South East, Coast2Capital, Enterprise M3, and the Solent). The programme activities would be undertaken by partners, and outputs delivered through a range of Partnership Agreements and contracts administered by Kent County Council in its role as Accountable Body.

- Reason for urgency:
44. Decision required before the pre-election period.

COVID-19 Related Urgent Decisions - 2020

20/00061 - Infection Control Fund

Decision taken by the Cabinet Member for Adult Social Care and Public Health on 12 June 2020.

45. Urgency Process:
Statutory urgency – immediate implementation
46. Summary:
On 14 May 2020, the Government wrote to local authorities announcing that £600 million would be issued to councils to support care providers through a new Infection Control Fund. This would be received in two instalments: 50% in late May and 50% in July. The Government required that 75% of this funding was for direct passporting to homes that met the conditions outlined in the grant. There was more discretion over how the remaining 25% of the grant could be spent.
47. Reason for Urgency:
To support the security of the social care provider market in Kent during the COVID19 crisis and enable providers to maintain delivery of essential services to the vulnerable people of Kent.

The Government stipulated that 75% of the initial grant should be passported to providers as quickly as possible. While the Government advised that this should be within ten working days upon receipt of the funding, given the scale and complexity of the social care market in Kent, and the number of providers with whom we have no relationship, funds needed to be passported as quickly as possible.

20/00093 - Local Authority Emergency Assistance Grant for Food and Essential Supplies

Decision taken by the Leader of the Council on 18 August 2020.

48. Urgency Process:
Statutory urgency – immediate implementation
49. Summary:
The Government allocated £1.67m to KCC as a one-off contribution for the 2020-21 financial year to support households experiencing financial hardship as a result of Covid 19. This was the Council's share of the £63m national allocation, which

was intended to 'help local authorities to continue to support those struggling to afford food and other essentials over the coming months due to COVID-19'. The funding was allocated by population weighted by the Index of Multiple Deprivation (IMD) for the authority area. The Government expected most of this money to be spent in the following 12 weeks – that is by around 20 October 2020.

50. The Leader agreed to accept the Emergency Grant from DEFRA and that it should be allocated as follows:

(a) £200k for distribution via the Voluntary & Community Sector (VCS) across Kent, based on agreed criteria

(b) £735k for existing county-wide services such as the Kent Support & Assistance Service

(c) £735k for Kent's District & Borough Councils, distributed using the same methodology used by DEFRA to allocate the KCC share of the national allocation

51. Reason for Urgency:

The pandemic had presented many challenges to all individuals and families but the need to deliver appropriate support to those facing significant hardship was very pressing. It was important to set up the relevant funding streams and begin the necessary financial transfer arrangements to ensure support could be delivered as soon as possible. It was therefore necessary to implement the decision immediately to minimise delay and to allow for the funding to be spent within the timeframe dictated by Government.

20/00105 – Issuing Direction under Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 – Hop Farm, Paddock Wood

Decision taken by the Cabinet Member for Adult Social Care and Public Health on 23 October 2020.

52. Urgency Process:

Statutory urgency – immediate implementation

53. Summary:

54. On 12 January 2020, it was announced that a new Coronavirus had been identified. COVID-19 is highly contagious and the World Health Organisation declared the risk and spread of the disease as a pandemic with Europe at its epicentre. To protect Public Health the Government introduced restrictions to help control the spread and rate of infection.

55. Circus Zyair proposed a run of events (shows) from the 23/10/2020 until the 1/11/2020 at the Paddock Wood Hop Farm. A detailed assessment of the arrangements for this event was carried out by Public Health Professionals. It concluded that the event should not go ahead and that a direction was necessary and proportionate in order to respond to a serious and imminent threat to public health and control the transmission of COVID-19 in Kent & Medway.

56. The Cabinet Member agreed to issue the following Direction: “Kent County Council, in its capacity as an upper tier local authority, hereby directs that circus performance events being organised by Circus Zyair Ltd. of registered office B3 Kingfisher House Kingsway, Team Valley Trading Estate, Gateshead. NE11 0JQ at The Hop Farm, Maidstone Road, Beltring, Tonbridge TN12 6PY from 23rd October 2020 at 18:45 until and including 1st November 2020 23:59 are prohibited”.
57. Reason for Urgency:
It was necessary to implement the restrictions outlined in the Direction immediately. Therefore, it was not possible to follow the normal decision timeframes as required under the KCC and legal governance arrangements, requiring it to be progressed under the urgent decision provisions. The Direction came into effect immediately when issued.

20/00106 - Infection Control Fund (Round 2)

Decision taken by the Cabinet Member for Adult Social Care and Public Health on 28 October 2020.

58. Urgency Process:
Statutory urgency – immediate implementation
59. Summary:
On 1 October 2020, the Government wrote to local authorities announcing that the Adult Social Care Infection Control Fund (first introduced in May 2020) would be extended until 31 March 2021, with an extra £546m of funding. This was a new grant, with revised conditions from the original Infection Control Fund.
60. Reason for Urgency:
It was expected the grant would be fully spent on infection control measures (as outlined in the grant determination letter) by 31 March 2021. The guidance was clear that ‘spent’ meant that expenditure had to be incurred on or before 31 March 2021.
61. The guidance stated that local authorities ought to prioritise passing on the ‘per bed’/‘per user’ allocation to care homes and CQC-regulated community care providers (domiciliary care, extra care and supported living) in their geographical area. It was expected that, where possible, this would take no longer than 20 working days upon receipt of the funding in a local authority, subject to providers meeting the conditions as stated in the local authority circular (October 2020).
62. At the time it was unclear whether further Infection Control Funding was going to become available either before or post 31 March 2021. Therefore, as part of this decision, it was proposed that the Cabinet Member for Adult Social Care and Public Health also agreed to accept any future additional Infection Control Funding, should it become available. This would be allocated in line with the guidance and terms and conditions issued by the Government.

20/00110 - COVID Winter Grant Scheme

Decision taken by the Leader of the Council on 30 November 2020.

63. Urgency Process:
Statutory urgency – immediate implementation
64. Summary:
On 8 November 2020, the Government announced that it would make £170m available to upper tier authorities “to support those most in need across England with the cost of food, energy and water bills and other associated costs and to ensure no child goes hungry over Christmas.” KCC was allocated £4.5m to be spent between early December 2020 and 31 March 2021. At least 80% of this money had to be spent on families with children, and 80% had to be spent on food, energy, water bills and other associated costs.
65. Reason for Urgency:
The Government stated that local authorities were required to use this grant from early December 2020 and that, where third-party organisations were delivering elements of the programme, local authorities were encouraged to allocate resources to them by the end of November 2020, wherever possible. While KCC was given discretion over how best to support the most vulnerable households, there was a general expectation that families with children in receipt of Free School Meals (FSM) had to be supported over the Christmas holidays. To achieve this, the decision had to be implemented in late November 2020, due to the need to collaborate with schools and collate relevant pupil data in advance of issuing vouchers.

20/00111 - Funding for support to Clinically Extremely Vulnerable

Decision taken by the Leader of the Council on 30 November 2020.

66. Urgency Process:
Statutory urgency – immediate implementation
67. Summary:
The Leader of the Council took the decision to distribute the full amount of the funding for support to Clinically Extremely Vulnerable funding through to Kent District and Borough Councils.
68. Reason for Urgency:
On 2 November the MHCLG wrote to KCC to inform the Local Authority that there were 60,975 Clinically Extremely Vulnerable (CEV) individuals who needed to take special care during the 4-week period in which the whole country had to adopt stringent public health measures. The Government provided advice and guidance to CEVs, and expected local government to:

- contact all CEV individuals
 - assess food and basic support needs
 - facilitate the delivery of the support funding
69. KCC, and the Kent District and Borough Councils, were given lists on a regular basis of the CEVs in their area. Since 5 November 2020, when the new arrangements came into place, all of the CEVs who were known to Adult Social Services were contacted by their care managers, and all the others were contacted by their District Council to ask whether they needed support.
70. As expected, only a minority of CEVs needed direct support. When direct support was required, this was coordinated by the District and Borough Councils. It therefore made sense to distribute the full amount of this funding through Kent District and Borough Councils.

20/00125 - Local Lockdown Direction - Broadstairs Christmas Market

Decision taken by the Cabinet Member for Adult Social Care and Public Health on 11 December 2020.

71. Urgency Process:
Statutory urgency – immediate implementation
72. Summary:
The Cabinet Member, on advice from the Director of Public Health, agreed to issue a Direction with immediate effect to prohibit the holding of a Christmas Market event in Broadstairs.
73. Reason for Urgency:
Following a second period of national lockdown on 2 December 2020, the Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020 came into force. Due to very high disease prevalence in Kent, the County was placed into Tier 3 which had the most severe restrictions.
74. It was necessary to implement the restrictions outlined in the Direction immediately due to the events being held from 11 December 2020. Therefore, it was not possible to follow the normal decision timeframes as required under the KCC and legal governance arrangements, requiring it to be progressed under the urgent decision provisions as set out in the Constitution and the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

20/00131 - Local Lockdown Direction - Pantiles Market

Decision taken by the Cabinet Member for Adult Social Care and Public Health on 18 December 2020.

75. Urgency Process:
Statutory urgency – immediate implementation

76. Summary:
The event organiser proposed to hold an outdoor Market event at The Pantiles, Tunbridge Wells on 19 and 20 December 2020. KCC's Public Health department reviewed the risk assessment prepared by the event organiser. Their professional view was that the event represented a serious and imminent threat to public health but that, with the appropriate measures in place, it could be held safely.
77. The Direction imposed requirements on the event. The purpose of this Direction was to ensure that the appropriate legal infrastructure was in place to enforce those measures in support of the organiser and the marshals working the event. The organiser consented to and, indeed, welcomed this direction.
78. Reason for Urgency:
Following a second period of national lockdown, on 2 December 2020, the Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020 came into force. Due to very high disease prevalence in Kent, the County was placed into Tier 3 which had the most severe restrictions.
79. It was necessary to implement the restrictions outlined in the Direction immediately due to the events being held from 11 December 2020. Therefore, it was not possible to follow the normal decision timeframes as required under the KCC and legal governance arrangements, requiring it to be progressed under the urgent decision provisions as set out in the Constitution and the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

COVID-19 Related Urgent Decisions - 2021

21/0024 - COVID Emergency Grant Funding the Helping Hand Support scheme for Residents and Businesses

Decision taken by the Leader of the Council on 8 February 2021.

80. Urgency Process:
Statutory urgency – immediate implementation
81. Summary:
The Government provided grant funding to Kent County Council to support the local response to the coronavirus pandemic. The Council worked with a range of partners to allocate funding to respond to the impact of the pandemic on the Council's services, to meet its public health obligations and to support those residents, families and businesses most in need of support since the start of the pandemic. In addition to a number of specific grants, a total of £95m Covid-19 Emergency Grant Funding was received since March 2020.
82. As a result of the national lockdown and the new variant of the virus, additional and on-going needs were identified. In order to ensure the continued support for

residents and businesses in Kent, it was proposed the utilisation of an initial £10m of the currently unallocated Covid-19 Emergency Grant Funding.

83. Reason for Urgency:

The deployment of the available grant funding was required urgently to address the many challenges facing a range of Kent residents due to the ongoing pressure of the pandemic and the national lockdown. Compliance with the standard Executive Decision timeframes would significantly delay the delivery of vital support to residents in need across the county.

21/00031 - Council Tax Hardship Relief Support Scheme

Decision taken by the Leader of the Council on 16 February 2021.

84. Urgency Process:

Statutory urgency – immediate implementation

85. Summary:

The Government provided grant funding to Kent County Council to support the local response to the coronavirus pandemic. The Council worked with a range of partners to allocate funding to respond to the impact of the pandemic on the Council's services, to meet its public health obligations and to support those residents, families and businesses most in need of support since the start of the pandemic. In addition to a number of specific grants, a total of £95m Covid-19 Emergency Grant Funding was received since March 2020.

86. As a result of the economic impact of the virus, the number of working age households that received a discount to their Council Tax through the Council Tax Reduction Scheme increased, reflecting increased levels of financial hardship across the county.

87. The Leader was asked to agree up to £6m allocation from the available one-off Covid-19 Emergency Grant Funding to fund Council Tax Hardship Relief Support as part of the Helping Hands Scheme. The funding would be distributed to Kent district and Borough councils so that they could apply up to a £50 reduction to all eligible 2021-22 Council Tax accounts, and award Council Tax Hardship Relief support through their existing S13A Council Tax Hardship schemes.

88. Reason for Urgency:

The District and Borough Councils required the funding as soon as possible to ensure they could make the necessary software changes, calculate the reductions in the council tax liability, and update the funding allocations for their Hardship Relief Schemes in time for 1st April 2021.

21/00038 - COVID Winter Grant Extension

Decision taken by the Leader of the Council on 16 March 2021.

89. Urgency Process:

Statutory urgency – immediate implementation

90. Summary:

KCC had been deploying COVID Winter Grant funding under Decision 20/110 since November 2020, which involved supporting Free School Meals (FSM). In early March, the DWP advised KCC that it was extending the period in which this funding could be spent and also confirmed that it was awarding a further £1.5m to support this activity. This is decision required to confirm KCC's acceptance of the additional grant monies and its planned use.

91. Reason for Urgency:

In early March 2021, the Government indicated the period during which this grant could be spent and the additional funds that were made available. Confirmation of the funding and the timescales from Government did not allow for KCC compliance with normal Executive Decision timeframes. Additionally, the need to implement the decision as soon as possible in order to ensure FSM arrangements for the Easter Holidays required the use of urgency procedures.

21/00039 - Purchase of Designated Beds

Decision taken by the Cabinet Member for Adult Social Care and Public Health on 19 March 2021.

92. Urgency Process:

Statutory urgency – immediate implementation

93. Summary:

In November 2020, there was a requirement to procure additional bed capacity from the current Older Persons Residential and Nursing market due to the ongoing situation in the UK concerning Covid-19. Initially, the planned need to support this process was calculated at approximately £600,000. However, due to the emergence of the Covid-19 variant that increased cases over the winter, the expectation was that the need for those type of beds would exceed spend of £1million in the near future, and a decision was sought to continue with these purchases.

94. Reason for Urgency:

The additional costs arising just prior to, and during, the pre-election period required an urgent key decision. It was necessary to ensure that the decision was in place prior to the pre-election period to allow for continued bed purchasing, and this prevented the adherence to normal decision timeframes.

21/00062 – COVID Support Grant – Summer

Decision taken by the Leader of the council on 6 July 2021.

95. Urgency Process:

Statutory urgency – immediate implementation

96. Summary:
Government confirmed in late June that the COVID Local Support Grant would be extended over the Summer Break. While previous acceptance and management of related grants was possible via delegated authority arising from previous decisions, it is appropriate and necessary for these previous arrangements to be noted and the ongoing acceptance of the Grant to be subject to Executive Member decision-making. The decision enabled KCC to accept the additional grant funding for deployment to continue supporting vulnerable children and families over the Summer Holidays.
97. Reason for urgency:
Confirmation from Govt of the latest extension and associated arrangements prevents compliance with normal Executive decision-making timeframe while allowing for implementation in advance of the School Summer break.

COVID-19 Related Semi-Urgent Decisions (2020-21)

20/00084 - Section 75 Partnership Agreement Variation - COVID-19 Hospital Discharges and out of Hospital Work

Decision taken by the Cabinet Member for Adult Social Care and Public Health on 18 September 2020.

98. Urgency process:
Semi-Urgent
99. Summary:
The Cabinet Member for Adult Social Care and Public Health agreed to approve a variation to the S75 Partnership Agreement with the NHS. This would allow the pooled budget to include COVID-19 funding in relation to hospital discharges and out of hospital work. The Cabinet Member delegated authority to the Corporate Director of Adult Social Care and Health to take other relevant actions, including the finalization of the terms of relevant contracts or other legal agreements, as necessary to implement the decision.
100. Reason for Urgency:
To enable the Council to reclaim the costs associated with avoiding hospital admission and enabling hospital discharge, as part of the Council's response to Covid-19 in support of the NHS. The Covid-19 Hospital Discharge Service Requirements funding for the NHS required the Council to establish a pooled budget before any costs could be reclaimed.

21/00035 - Reconnect: Kent Children and Young People Programme

Decision taken by the Cabinet on 15 March 2021.

101. Urgency process:

Semi-Urgent

102. Summary:

The Cabinet was asked to agree the creation of the 'Reconnect: Kent Children and Young People Programme'.

103. The Programme aims to reconnect Kent children and young people to:

- Health and Happiness
- Learning Missed
- Family, Friends and Community
- Sport, Activities and the Outdoors
- Economic Wellbeing

104. Reason for the decision:

The pandemic has had an impact on all children and young people in Kent. It was recognised, nationally and internationally, that children and young people had sacrificed more than most over the course of the pandemic. It was proposed that KCC led a wide-ranging programme across the whole of Kent to reconnect children and young people to some of the things they had missed, and provide them with a wide range of new opportunities. The programme would focus on positive opportunities, and aimed at drawing together a wide range of partners and resources - including community resources - to invest in the children and young people of Kent.

Reason for urgency:

105. Decision required before the pre-election period.

RECOMMENDATION

The Council is asked to note the report.

Background Documents (listed in date order)

20/00061 - Infection Control Fund

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2358>

20/00074 - Grant for Kent's road network needs to support Transition

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2383>

20/00084 - Section 75 Partnership Agreement Variation - COVID-19 Hospital Discharges and out of Hospital Work

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2398>

20/00092 - Highway Term Maintenance Contract Extension

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2384>

20/00093-Local Authority Emergency Assistance Grant for Food and Essential Supplies

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2385>

20/00105 – Issuing Direction under Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 – Hop Farm, Paddock Wood

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2412>

20/00106 - Infection Control Fund (Round 2)

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2413>

20/00110 - COVID Winter Grant Scheme

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2418>

20/00111 - Funding for support to Clinically Extremely Vulnerable

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2419>

20/00125 - Local Lockdown Direction - Broadstairs Christmas Market

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2423>

20/00131 - Local Lockdown Direction - Pantiles Market

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2426>

21/00011 - Kent Rail Strategy 2021

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2433>

21/0024 - COVID Emergency Grant Funding the Helping Hand Support scheme for Residents and Businesses

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2451>

21/00030 - Inland Border Facility - White Cliffs

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2479>

21/00031 - Council Tax Hardship Relief Support Scheme

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2457>

21/00034 - Public Sector Decarbonisation Fund grant award
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2460>

21/00035 - Reconnect: Kent Children and Young People Programme
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2464>

21/00036 Defra Grant Funding - Farming in Protected Landscapes – for the Kent Downs AONB
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2475>

21/00037 Low Carbon across the South and East (LoCASE)
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2476>

21/00038 - COVID Winter Grant Extension
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2463>

21/00040 - Domestic Abuse Act - New Burdens Funding
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2485>

21/00062 – COVID Support Grant – Summer
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2490>

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By Ben Watts, Director of Law and Governance

To: County Council – 23 July 2021

Subject: Amendment to the Terms of Reference for the Governance and Audit Committee

Classification: Unrestricted

Past Pathway of Paper: Governance and Audit Committee, 23 April 2021;
Selection and Member Services Committee, 1 July 2021

Future Pathway of Paper: None.

Summary: This paper proposes changes to the Terms of Reference for the Governance and Audit Committee

1. Introduction

- a) At the meeting of the Governance and Audit Committee on 23 April 2021, the Corporate Director of Finance and I took a paper proposing changes to its Terms of Reference.
- b) There have been a number of high-profile issues for local authorities relating to wholly owned companies. Members of the Governance and Audit Committee have repeatedly expressed a desire to receive more information in order that they can scrutinise the actions of the executive relating to the Council's wholly owned companies.
- c) At the meeting of the Governance and Audit Committee in January and the Policy and Resources Cabinet Committee in March, it was agreed that changes were required to the existing arrangements to simplify accountabilities, increase data and improve reporting to support scrutiny in relation to the oversight of the governance of the companies. The April paper set out the proposed changes to achieve this.
- d) At the April meeting, the Governance and Audit Committee agreed that no Member should serve on the Committee, including as a substitute, unless they had received the appropriate training. This has now been included in the draft Terms of Reference.
- e) The draft amendments agreed by the Governance and Audit Committee are attached in the Appendix. The changes are marked in bold text and underlined.

- f) These proposed amendments, with the inclusion of the section on training, were then taken to the Selection and Member Services Committee on 1 July 2021. This Committee agreed to recommend to County Council that it approve the amendments to the Terms of Reference of the Governance and Audit Committee as set out in this report.
- g) In agreeing, it was noted that one Member expressed concerns about ensuring that the requirement for mandatory training did not prevent the attendance and right to speak of Members not ordinarily part of the Committee. It was confirmed that the longstanding right to attend and speak as set out in paragraph 16.21 of the Constitution persisted.

2. Recommendation

That the County Council approve the proposed amendments to the Terms of Reference of the Governance and Audit Committee.

3. Background Documents

None.

4. Contact Details

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Appendix – Governance and Audit Committee Terms of Reference with proposed changes marked.

Governance and Audit Committee

- 17.2 Membership: (TBC)
- 17.3 **Political Groups should only nominate Members as regular Members or as substitutes on the Governance and Audit Committee (and on Panels of the Committee) if they have had training in the relevant procedures.**
- 17.4 The purpose of this Committee is to:
- (a) ensure the Council's financial affairs are properly and efficiently conducted; and
 - (b) review assurance as to the adequacy of the risk management and governance framework and the associated control environment; **and**
 - (c) receive ongoing assurance and information to enable the effective scrutiny and oversight of the executive decision-making around shareholder strategy regarding companies in which the Council has an interest**
- 17.5 The Governance and Audit Committee is responsible for ensuring that:
- (a) risk management and internal control systems are in place that are adequate for purpose and effectively and efficiently operated,
 - (b) the Council's corporate governance framework meets recommended practice, is embedded across the whole Council and is operating throughout the year with no significant lapses,
 - (c) the Council's Internal Audit function is independent of the activities it audits, is effective, has sufficient experience and expertise and the scope of work to be carried out is appropriate,
 - (d) the appointment and remuneration of external auditors is approved in accordance with relevant legislation and guidance, and the function is independent and objective,
 - (e) the external audit process is effective, taking into account relevant professional and regulatory requirements, and is undertaken in liaison with Internal Audit,

- (f) the Council's financial statements (including the pension fund accounts) comply with relevant legislation and guidance and the associated financial reporting processes are effective,
- (g) any public statements in relation to the Council's financial performance are accurate and the financial judgements contained within those statements are sound,
- (h) accounting policies are appropriately applied across the Council,
- (i) the Council has a robust counter-fraud culture backed by well designed and implemented controls and procedures which define the roles of management and Internal Audit, and
- (j) the Council monitors the implementation of the Bribery Act policy to ensure that it is followed at all times.

(k) the Council has appropriate governance arrangements in place to manage the relationship between the Council and any company in which the Council has majority control

(l) the Council has appropriate arrangements in place to ensure that the commercial opportunities and risks presented through company ownership are managed effectively