



Summons to and
Agenda for a
Meeting on
**Thursday, 16th
December, 2021**
at **10.00 am**



DEMOCRATIC SERVICES
SESSIONS HOUSE
MAIDSTONE

Wednesday, 8 December 2021

To: All Members of the County Council

A meeting of the County Council will be held in the Council Chamber, Sessions House, ME14 1XQ on Thursday, 16th December, 2021 at **10.00 am** to deal with the following business. **The meeting is scheduled to end by 16:30.**

A G E N D A

1. Apologies for Absence
2. Election of Chairman
3. Election of Vice-Chairman
4. Declarations of Disclosable Pecuniary Interests or Other Significant Interests in items on the agenda
5. Minutes of the meeting held on 4 November 2021 and, if in order, to be approved as a correct record
6. Chairman's Announcements
7. Questions
8. Report by Leader of the Council (Oral)
9. Health and Care Partnership Working with the Kent and Medway Integrated Care System **(Pages 1 - 14)**
10. Strategic Statement Update **(Pages 15 - 22)**
11. Governance Refresh Plan **(Pages 23 - 28)**
12. Motion(s) for Time Limited Debate

Motion for Time Limited Debate – Opposing mandatory Voter ID proposals in the Elections Bill

Proposer: Richard Streatfeild

Seconder: Trudy Dean

Background information – Provided by the Liberal Democrat Group

The Elections Bill is currently working through parliament, which in its current form will include provision for those wishing to vote to provide photographic ID at polling stations. A Cabinet Office-commissioned study released in May that found more than 2 million voters could lack the necessary ID to take part in future elections. The Electoral Reform Society has said the plans could lead to “disenfranchisement on an industrial scale”.

In 2019, nationally and across Local, European, Parliamentary and Mayoral elections, 58 million votes were cast. Of these, there were just 33 allegations of impersonation which resulted in one conviction and one caution for people casting votes illegally. Clearly issues around voter fraud are not endemic within the current system, and there are already robust measures in place to tackle this as and when it occurs.

The costs of the new measures are estimated by government to be £8.5m a year, and the cross-party Local Government Association have noted the serious capacity and resilience implications for councils, including the risk that identity checks and the possible refusal of votes may make election staff recruitment even harder than it is already.

Motion

The Council recognises the significant cost implications and potential voter disenfranchisement that introducing mandatory voter ID will have on the democratic process. The Council therefore asks the Leader of the Council to write to all Kent MPs, noting the Council’s opposition to the voter ID proposals and asking them to support any amendments to the Bill which would remove these provisions, ensuring that disadvantaged communities do not face barriers to engaging with the democratic process.

The Council also commits not to volunteer to take part in any pilots which will require mandatory voter ID.

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

Benjamin Watts
General Counsel
03000 416814

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From: Roger Gough, Leader of the Council
Clair Bell, Cabinet Member for Adult Social Care & Public Health

To: County Council, 16 December 2021

Subject: **Health and Care Partnership Working with the Kent and Medway Integrated Care System**

Classification: Unrestricted

Summary:

This report provides an update on the progress of the development of the Kent and Medway Integrated Care System. County Council last received a report on 23rd July 2021 and asked to be kept informed of developments.

Recommendation

County Council is asked to note and consider the content of this report.

1. Background

- 1.1 County Council will recall that Integrated Care Systems (ICS) are being established in all areas of the Country. Integrated Care Systems are the overall partnership of health and care organisations that plan and deliver joined-up services to improve the health and wellbeing of people in their area. Integrated Care Systems, which have been operating as voluntary partnerships, will be placed on a statutory footing from April 2022.
- 1.2 This paper provides a progress report on the emerging architecture of the system in Kent and Medway and the governance arrangements that are in development to support it. Most of the recent developments remain focussed on NHS to NHS business, working out how the different NHS structures and tiers will relate to each other.
- 1.3 At the July County Council Members requested an update to include more detail on where the reforms impact on delivery of services and current and future opportunities for democratic input and public participation across the Integrated Care System. Much of this is still in development, is being shaped by interim national guidance and will be subject to the Health and Care Bill's passage through Parliament. This is the current position and Members will continue to receive updates as clarity emerges. It is important to note that local partnership working between NHS and KCC is well established and changes to joint service delivery are, of course, subject to Member oversight. Highlights of recent operational progress feature in the report.

2. Current National Context

- 2.1 The second reading of the Health and Care Bill is due to take place in the House of Lords on December 7. The Bill gives effect to policies set out as part

of NHS England's recommendations for legislative reform following the Long Term Plan and the Integration and Innovation White Paper. It will abolish clinical commissioning groups and replace them with Integrated Care Boards to commission hospital and other health services. It will establish Integrated Care Partnerships that bring together Integrated Care Boards and local authorities to produce an integrated care strategy for their area. New powers would be given to the secretary of state, including the power to direct NHS England, to intervene earlier in the reconfiguration of local NHS services and the NHS would no longer be subject to competitive tendering requirements and enforced competition between NHS providers.

- 2.2 Parts of the Bill have proved controversial. Following a government amendment at report stage in the House of Commons, means-tested financial support provided by a local authority towards an individual's personal care costs would not count towards the new £86,000 cap on care costs. The Bill has also faced criticism for introducing a major reorganisation of the NHS while it is still dealing with the effects of the coronavirus pandemic, and for not doing enough to address staffing shortfalls in the NHS and the social care sector. The Government sought to address some of these concerns through amendments during its passage through the House of Commons. However, it is anticipated that these concerns may mean the Bill is delayed in the House of Lords, putting into doubt the April deadline for Integrated Care Systems to be functioning as statutory organisations. If the Bill passes smoothly through Parliament, it is expected to receive Royal Assent no earlier than March 1st making it imperative that Systems already have the major building blocks in place and are ready to function from April 1st.
- 2.3 Beyond the details of the Parliamentary process there is no doubt that a new legislative framework is required. COVID-19 has reinforced the need for closer collaboration between the NHS, local authorities and care providers to provide more joined up working. But at times in recent years the legal framework has made this more difficult, as it was not designed with this type of collaboration in mind. Reorganisation of the NHS is not new. However, the fragility of our Health and Social Care System has become clear as the country continues to respond to the pandemic and the increasing demands of an ageing population. The reforms laid out in the Health and Care Bill aim to balance the demands made on health services by moving services out of pressured hospitals into the heart of local communities with the purpose of preventing ill health and serving people as close to where they live as possible (population health management). Partnership working is fundamental to the success of these reforms because it is acknowledged that supporting wellbeing and broader social and economic issues cannot be achieved by health and care services alone.
- 2.4 It should be recognised that reorganisation is a particularly challenging agenda for the NHS at this time as Covid-19 is still affecting capacity to deliver existing and current demands and systems are stretched. Winter pressures are expected and planned for but are especially acute this year and

have arisen from a unique and unprecedented set of circumstances. The NHS has reported that there are long waits for some services due to suppressed demand that could not be met during the pandemic and at the same time workforce shortages are being felt across the system. Demand on hospitals is also being driven by the reducing numbers of GPs and a shortage of staff working in primary care-including nurses, physiotherapist, and pharmacists. Social Care services are similarly affected and are struggling with capacity to meet demand to support hospital discharges and resource increased need for care and support during winter.

- 2.5 The Government has provided additional funding to the NHS and Social Care and is making plans to reform Social Care. The Government have introduced a 1.25% Health and Social Care Levy through increased National Insurance contributions. In the next 3 years the NHS is the main beneficiary to deal with the backlog of demand with £1.8bn of the £12bn expected to be raised going to Social Care annually. In Kent if we apply an illustrative 2.5% share of this investment, we could receive in the region of £135million in total over the next 3 years. Alongside this the Better Care Fund has been increased this year to continue driving integration between the health and social care system. The NHS contribution to the BCF is increasing by 5.3% in England. For KCC this meant an additional £1.9m for 2021/22.
- 2.6 However, public health has barely been mentioned in recent funding announcements, even though Covid-19 has highlighted health inequalities and the public health system has a role in tackling them as part of the recovery from the pandemic.
- 2.7 Alongside the Health and Care Bill and Social Care Reform, an Integration White Paper, expected by the end of the year, is likely to announce further moves to escalate the scale and pace of integration; this may introduce a national requirement to pool budgets with joint responsibility and accountability. There has been press speculation of the possibility of a single leader for the NHS and local care services, but this is not confirmed and would need careful consideration given the statutory duties placed on the Director of Adult Social Services.

3. Local response

- 3.1 In response to this challenging national and local context the Council and the NHS continue to work together to ease pressure in the system: - delivering integrated services, undertaking joint commissioning, and pooling funding as they have done for many years. At the July County Council meeting the Leader confirmed that joint working that benefitted residents continued to be a priority and would be overseen through the relevant Member governance routes. Activity since July is described below:

- 3.1.1 Winter planning, discharge from hospital, bed brokerage. The Adult Social Care Cabinet Committee received the Adult Social Care Pressures Plan 2021-2022 on 1 December 2021 detailing the

interdependencies with the NHS and the mitigating actions to cope with the expected challenges of Winter. The paper reports that the Directorate is managing increased waiting lists for services due to increasing demand and the workforce pressures which are being seen across multiple sectors, but which are particularly acute in health and social care. It describes several funding streams that have been made available to support the Adult Social Care Pressures Plan and winter resilience activities. Both the Infection Control Fund and Hospital Discharge Funding will continue until 31 March 2022 and will be used to support Kent's provider market and provide additional capacity in services. To date, KCC has received £10.3m for 1st April 2021 – 30 June 2021 and £7.7m for 1 July 2021 to 30 September 2021. Central government has made £11.9m available for 1st October to 31st March and has recently announced a further £4.2m to Kent from the Workforce Recruitment and Retention Fund. The purpose of this allocation is to support local authorities to address adult social care workforce capacity pressures in their geographical area through recruitment and retention activity this winter.

- 3.1.2 Mental health support for children and adults, including suicide prevention. A report came to the Kent and Medway Joint Health and Wellbeing Board on 7 December 2021 updating the Board on actions post Covid-19. The suicide prevention strategy has been presented at Health Reform and Public Health Cabinet Committee on 12 October. Work has started on the renewal of the jointly commissioned Community Mental Health and Wellbeing Services contract to start in 2023 and this was reported at the Adult Social Care Cabinet Committee on 29 September.
- 3.1.3 Improving neuro developmental pathways for children and young people. The latest development in this programme of work is a new service to support families build resilience and self-supporting strategies, which the NHS is contributing to. A report went to Children's, Young People and Education Cabinet Committee on 14 September 2021 for approval.
- 3.1.4 Developing population health management and a plan for tackling health inequalities. The first wave of the population health management programme is coming to an end and the learning from that programme will now be taken forward to inform the wider system. A report came to the Kent and Medway Joint Health and Wellbeing Board on 7 December 2021 detailing the next steps including the development of a system wide health inequalities strategic action plan. It is also expected that co-production will be a key principle underpinning this action plan and that local communities will be involved in its design and delivery.
- 3.1.5 Workforce planning. Workforce shortages will require a longer term solution to attract and train skilled staff. Health Overview and

Scrutiny Committee received a paper on 11 November 2021 detailing the workforce capacity issues that the System is facing in primary care and have asked for a follow up paper in March 2022.

3.1.6 Kent and Medway Care Record is established with plans to enable people to access their summary care record from April 2022.

3.1.7 The ongoing work that continues in response to the pandemic is reported at the Kent and Medway Joint Health and Wellbeing Board.

4. Latest Structural and Governance Developments in the Kent and Medway Integrated Care System

4.1 There have been several milestones set by NHS England which systems have been expected to meet, with initial focus on developing the operating environment for the new organisation. The Integrated Care System and its component parts must be ready to operate by April 2022.

4.2 The four core purposes of the Integrated Care System are:

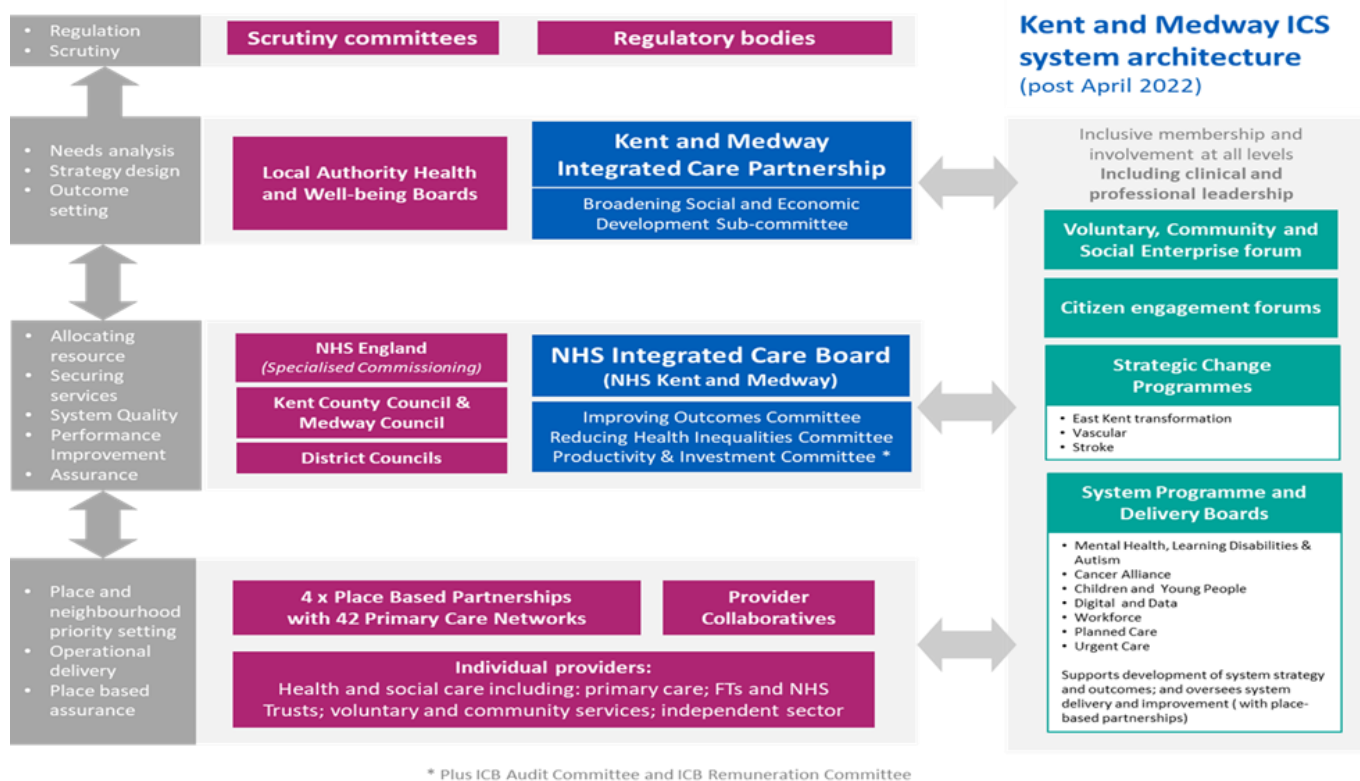
- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience, and access
- Enhancing productivity and value for money
- Supporting broader social economic development.

To enable it to fulfil its core purposes the Integrated Care System will have:

- An Integrated Care Partnership (ICP) responsible for promoting health, care, and wellbeing.
- An NHS focussed Integrated Care Board (ICB).
- 4 Partnerships at place level.
- 42 Primary care networks operating at neighbourhood level.

4.3 Senior leadership appointments have started to be confirmed with Mr Cedi Frederick confirmed as Chair of the Integrated Care Board, and Mr Paul Bentley (currently CEO of Kent Community Health Foundation Trust) appointed as Chief Executive of the Integrated Care Board.

4.4 The Kent and Medway proposed system architecture is as shown in the diagram below. The name of each tier has been discussed by the Integrated Care System Partnership Board since the July County Council meeting and the names proposed here are expected to be the final ones.



4.5 Integrated Care Partnership: This is expected to be known publicly as Kent and Medway Health and Care Partnership Committee

4.5.1 Integrated Care Partnerships are statutory joint committees to be established by the NHS Integrated Care Board and both Kent and Medway local authorities as equal partners. The role of the Integrated Care Partnership is to bring together, as a minimum, partners from health, adult social care, public health, the voluntary and community sectors, and the views of people who use health and care services and communities. Its primary responsibility will be to develop and oversee the delivery of an integrated care strategy to address the health, social care and wellbeing needs of the local population.

4.5.2 The Integrated Care Partnership meeting of the system leaders will be known locally as the Kent and Medway Health and Care Partnership Committee. This committee will incorporate two existing Boards- the Kent and Medway Joint Health and Wellbeing Board and the Integrated Care System Partnership Board.

4.5.3 Membership of the Committee has been **proposed** as follows (to be agreed by NHS Integrated Care Board, Kent County Council and Medway Council):

- Rotational (KCC / Medway) local authority elected member chair
- Inclusive membership of all stakeholders who have a vested interest in the development and oversight of the Integrated Care Strategy. Whilst membership options are being considered this will likely include:
 - Elected Members of the Local Authorities (upper and lower tier)

- Clinical and professional leaders including Social Care and Public Health
- Place-based partnerships
- Integrated Care Board, NHS and other healthcare partners, including primary care and Primary Care Networks
- Voluntary, Community and Social Enterprise sector
- Patient and Public representation, including Healthwatch
- Representatives from other sectors that directly impact on population well-being, such as housing, leisure, education, etc

4.5.4 There will be further work to agree local terms of reference and an operating framework for this committee remembering that the Integrated Care Partnership's central role is in the planning and improvement of health and care. Its role should be to support place-based partnerships and coalitions with community partners which are well-situated to act on the wider determinants of health in local areas. The Integrated Care Partnership should bring the statutory and non-statutory interests of places together.

4.5.5 The Integrated Care Partnership will be required to develop an integrated care strategy to address the broad health and social care needs of the population within the area, including the wider determinants of health such as employment, environment, and housing issues. The Integrated Care Board, Kent County Council and Medway Council will be required by law to have regard to the Integrated Care Strategy when making decisions, commissioning, and delivering services.

4.5.6 The Integrated Care Partnership is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the actions required. These include the following areas which also reflect the priorities of KCC and the Health and Wellbeing Strategy and are therefore welcomed as system wide priorities:

- helping people live more independent, healthier lives for longer
- taking a holistic view of people's interactions with services across the system and the different pathways within it
- addressing inequalities in health and wellbeing outcomes, experiences and access to health services
- improving the wider social determinants that drive these inequalities, including employment, housing, education environment, and reducing offending
- improving the life chances and health outcomes of babies, children and young people
- improving people's overall wellbeing and preventing ill-health

4.5.7 The Integrated Care Partnership should complement place-based working and partnerships, developing relationships and tackling issues that are better addressed on a bigger area. As part of the development of the Integrated Care System, places are expected to play a central role in population health

management, the planning and improvement of health and care, joined up service provision, and to build broader coalitions with community partners to promote health and wellbeing. The principle of subsidiarity should be a driving force to ensure that decisions are taken at the most appropriate geography.

4.5.8 The role of Health and Wellbeing Boards in the new system architecture is not clearly defined but it is expected that the Health and Wellbeing Board will develop working arrangements with the Integrated Care System and particularly work with the Integrated Care Partnership. This is especially important where there is more than one Health and Wellbeing Board in the system as there is in Kent and Medway. Effective collaboration is important so that joint strategic needs assessments and joint health and wellbeing strategies can shape the integrated care strategy. Health and Wellbeing Boards also have a role to ensure that the voices of people who use services and carers, local communities, and the voluntary and community sector, are included in the Integrated Care Partnership and its strategy. The Kent Health and Wellbeing Board has delayed refreshing the Kent Health and Wellbeing Strategy in order to produce a timely document that reflects the significant learning and progress the system is making in understanding health inequalities. The population health management programme, the health inequalities action plan currently in development, the new integrated care strategy and the Health and Wellbeing Strategy should all come together to provide a suite of strategic documents that direct and drive the activity of the System and all partners to improve outcomes.

4.6 Integrated Care Board: This will be known as NHS Kent and Medway

4.6.1 Integrated Care Boards are statutory bodies which bring NHS organisations and 'partner members' together to improve population health and care. The Integrated Care Board will succeed the CCG and it will be a new organisation. NHS national interim guidance says that their functions include allocating resources, financial accountability, establishing joint working arrangements with partners, and leading system-wide action on workforce, digital and data capabilities, estates, and procurement.

4.6.2 Development of the Integrated Care Board is progressing locally with agreement in principle that this will be a strategic health and care board responsible for overseeing the above functions. National guidance is clear that Elected Members cannot be members of the Integrated Care Board and recommends local authority membership is from a Chief Executive or Corporate Director. It should be noted however that whilst individuals will bring expertise from their field, each member will be required to demonstrate the strength and depth of understanding of the broader total health and care agenda at the requisite system leadership level to be able to undertake the role. All members will have role descriptions that include minimum essential criteria around system level leadership, knowledge and understanding and appointment will be through an agreed nomination and selection process including assessment against the role description and the fit and proper

persons' test. Integrated Care Board Members will not be appointed based on organisational or place representation: as a unitary Board, the expectation is that every member contributes and makes decisions based on the requirements of the entire health and care system.

In Kent and Medway membership from the Local Authority is proposed as the Statutory Director of Adult Social Care who will be a member and the Director of Public Health who will be a participant as described by the Bill. This arrangement may be mirrored by Medway Council and matches interim guidance. The difference between a member and a participant is to do with the definition of voting rights to ensure parity across the partners

4.6.3 The Integrated Care Board will have three primary committees (in addition to required statutory committees), aligned to reducing inequalities, improving performance and enhancing efficiency. There will also be system programme boards for key strategic service areas such as mental health, children and young people, cancer services and workforce and digital to support development of strategic priorities and outcomes and to oversee system implementation and delivery. This will provide further opportunities for health and care to explore and agree how more joined up service delivery and joint commissioning could be developed.

Membership of these committees is currently being discussed but some committees could include Elected Members as well as Chief Officers. The proposed responsibilities of the three primary committees are shown below but, again, it should be noted that the terms of reference as well as membership are still in development

i) Kent and Medway Integrated Care: Improving Outcomes Committee (Working Title)

This committee will play a significant role in performance measurement of the Integrated Care Board including

- Overseeing delivery of outcomes related to the wider integrated care strategy including clinical and performance outcomes as set by the system in the locally determined domain of the System Oversight Framework. The System Oversight Framework is used by the NHS to measure how Integrated Care Systems align to the five national themes of quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability.
- Reviewing system quality, safety, safeguarding and patient experience
- Reviewing system performance delivery, with a focus on the impact of unwarranted variation in access and waiting times on quality, patient experience, and outcomes
- Delegated authority from Integrated Care Board for decision making for related responsibilities

- Mandated quality and safety groups such as Local Maternity Services oversight, safeguarding, etc. could be sub-committees

ii) KM Integrated Care – Population Health and Inequalities Committee (working title).

This Committee will oversee the work described in the July paper and at paragraph 3 above relating to the development of a population health management approach. It is proposed that this Committee will also report to the Integrated Care Partnership and support the work to develop and deliver the Integrated Care Strategy.

Its proposed responsibilities will be to

- Develop and recommend strategy and outcomes to address the slope index of widening health inequalities
- Develop the framework for how population health management will be used at system, place, neighbourhood, and provider layer
- Develop, recommend, and oversee delivery of population health and prevention programmes
- Monitor place-based delivery of the above
- Include development of strategic transformation plans that sit outside of any other dedicated committee, where they impact on health inequalities
- Delegated authority from Integrated Care Board for decision making for related functions / programme areas

iii) KM Integrated Care - Productivity and Investment Committee (working title)

- Oversees system financial allocations and investment
- Oversees delivery of productivity and value for money
- Considers system investment cases where this is outside of another groups delegated authority
- Delegated Authority to make decisions on behalf of Integrated Care Board to an agreed limit

Integrated Care Boards will be expected to delegate functions and budgets to place-based partnerships whilst maintaining overall accountability for NHS resources. The Integrated Care Board will have a statutory duty to meet the system financial objectives which will require financial balance to be delivered. This will require collaborative working to develop a shared financial framework and system wide plan. The internal NHS contractual arrangements will continue to require Integrated Care Boards and Places to sign and act in accordance with an overarching system collaboration and financial management agreement, which sets out how they will work together to achieve system financial balance. In Kent and Medway, a System Finance Group has been established and is working on developing the system financial plans for 22/23 including the proposed management of the potential

risks and implementing an agreed financial framework and set of principles to enable resource management and ownership at place based footprints. This will need to be delivered whilst maintaining the NHS system control total. The financial framework will need to balance core business activity and transformation work. It will need to determine how to:

- distribute funds to address inequality,
- distribute funds across settings such as primary care, mental health and acute or secondary care and
- distribute funds across issues and disease profiles such as tackling diabetes or prevention work

This committee will be predominantly, in the first instance, NHS to NHS business as it deals with NHS core funding. Further work will progress to the collective management and distribution of resources so they can be used to address the greatest need and tackle inequalities in line with the NHS system and health and care partnership plans.

For example, as part of the agreed principles the Kent and Medway System has proposed that a place based partnership can move up to £1m around in the base budget to align to priorities or pressures and agree new schemes up to £500k without further governance. This is referring to NHS budgets only but provides an indication of how subsidiarity of decision making, deciding as close to those communities affected as possible, is being considered and acted on.

5. The 4 geographical place based partnerships from which most health services will be planned and delivered are expected to be called:

- East Kent Health and Care Partnership
- Medway and Swale Health and Care Partnership
- West Kent Health and Care Partnership
- Dartford, Gravesham and Swanley Health and Care Partnership

5.1 There will be four established partnerships at place level, all with locally agreed priorities and a local governance architecture that has been evolving in most cases since 2019. Places are the engine room for delivering more joined up integrated care and tackling local health inequalities - increasingly we will see joint working around a place to enhance integration and improve outcomes with clinical and public input at the heart of these decisions

5.2 Places are defined as consisting of all relevant local partners who have a valuable role to play in integrating care and improving health and well-being within a defined geography at place level, incorporating neighbourhoods/Primary Care Networks. It will be for local partners to determine local membership and each place will be undertaking further work on their detailed governance architecture, membership and representation models between now and the end of March.

5.3 There are currently 42 Primary Care Networks covering the whole population of 194 GP practices. They play a fundamental role in improving health outcomes and joining up services. They operate at the level of local communities, enabling them to identify and address local health priorities and address health inequalities and are developing integrated multi-disciplinary teams that include staff from community services and other NHS providers, KCC and the voluntary sector to support effective care delivery. They are a key building block in the place based agenda.

5.4 More detail has emerged since July on the role of places. Their purpose is to work collaboratively to:

- Set local priorities. The setting of local priorities and the coordination of place level planning will be an integrated process, involving all Place level partners alongside engagement with local people.
- Integrate care locally. Places will focus on redesigning pathways so that patients get the best care from the most appropriate services within the partnership, delivered in the right place. Decision making around service delivery should take place as close as possible to local communities.
- Deliver plans to address health inequalities. Places will deliver new models of care focused on addressing health and care inequalities that join up services across boundaries and follow the person
- Contribute to the transformation of commissioning. The Place level will support the development of new approaches to commissioning with the focus on service improvement, pathway redesign and transformation of delivery

6. Developing Public Participation in the Integrated Care System

6.1 The Integrated Care System is currently co-designing an Engagement Framework with partners, including the public and voluntary and community sector:

- A Kent and Medway Health and Care Public Engagement Forum will be established.
- There will be involvement from, and representatives of the public and voluntary and community sector voice, at system, place and neighbourhood level.
- The voice of people in Kent & Medway will be played into:
 - The Integrated Care Partnership
 - The Board of the Integrated Care Board
 - Committees of the Integrated Care Board, including Primary Care Commissioning Committees
 - Place-based partnerships
 - ICS programme boards

7. Conclusion

7.1 The delivery of health and care partnership working will always need to be underpinned by strong relationships, shared ambition, and agreed priorities

with a focus on improving patient outcomes and the overall health and wellbeing of local populations. The transition to the new Integrated Care System arrangements will take time and new relationships will need to be established and mature. The ambition is for health and social care providers to work in a seamless way - partnerships will require strong joint working with both upper tier authorities and borough councils to deliver joined up care. This paper has described the emerging formal foundations that will underpin those strong joint working relationships and take us into the future. We are making good progress at a challenging time but there is more to do.

Recommendation:

County Council is asked to note and consider the content of this report

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From: Roger Gough, Leader

To: County Council, 16 December 2021

Subject: **Developing KCC's next Strategic Statement**

Classification: Unrestricted

Past Pathway: None

Future Pathway: N/A

SUMMARY: Ahead of developing KCC's new Strategic Statement in 2022, this paper outlines key policy challenges which will need to be addressed through the development of the document to embed KCC as a strategic authority. This paper is the start of a discussion with Members around these challenges.

Recommendation:

County Council is asked to:

- (1) **Note** the key policy challenges to be addressed in KCC's next Strategic Statement and **note** the next steps in engaging Members.

1. INTRODUCTION

- 1.1 KCC has been through an incredibly challenging few years. We have successfully managed the unique challenge for Kent of the UK's exit from the EU while simultaneously responding to the Covid-19 pandemic which impacted every aspect of life in the county. No other council has been required to meet challenges at the scale faced by KCC concurrently. It is a testament to not only what we have achieved, but also how we achieved it, that partnership working across public, private, and voluntary sectors in Kent is now stronger than ever before.
- 1.2 With the eighteen month timescale of the Interim Strategic Plan coming to a close, and the gradual shift, recent additional restrictions notwithstanding, towards a new normal, KCC must develop its next five-year Strategic Statement in early 2022. It will set out KCC's ambitions for both the council and the county, working with partners to tackle the challenges and seize the opportunities to make Kent a better place in five years' time. This will be a critical document that sets out the strategic priorities for the council, that then shapes its strategic financial and business planning across all services and departments for a number of years. It is important that we get it right.

2. WHERE WE ARE NOW

- 2.1 In March 2020, KCC was set to approve *Kent's Future, Our Priority*, KCC's new five-year Strategic Statement (the 5 Year Plan). It was an ambitious document developed through nine months of detailed engagement and

consultation with residents, businesses and partners about priorities to improve quality of life in Kent. It set out the council's political vision for the next 5 years and a comprehensive set of outcomes that would be delivered by KCC, working with partners and with government.

- 2.2 Due to the Covid-19 pandemic, the draft 5 Year Plan could not be adopted, and as the crisis unfolded it became clear that the council would need to focus on the emergency response and take stock of the longer-term implications of the pandemic before setting its new ambitions and priorities for the county. The development of the next Strategic Statement was therefore paused. In December 2020, County Council approved KCC's Interim Strategic Plan *Setting the Course* which set out the immediate challenges and opportunities Kent faces and the actions KCC is prioritising to address them in the short-term.
- 2.3 Many of the long-term outcomes set out in the Five-Year Plan remain valid. In setting specific objectives for council services, alongside the requirements for collaboration with our partners and asks of government, the 5 Year Plan recognised KCC as operating across a multitude of complex delivery systems involving the public, private and voluntary sectors at local, county, and national level. It envisaged KCC in a critical leadership role, acting as a convener with a range of partners and statutory agencies to improve services and advocate for Kent residents.
- 2.4 The Interim Strategic Plan's focus on financial, economic, demand, partnership and environmental challenges emerging from the pandemic have informed the Council's Strategic Reset Programme and immediate priorities emerging from Covid-19. This recognises that the social and economic structural changes brought about by the pandemic present both challenges and opportunities that the council must respond to ensure its sustainability.

3. EMBEDDING KCC AS A STRATEGIC AUTHORITY

- 3.1 Whilst inherently the next strategic statement will seek to blend the long-term ambition of the 5 Year Plan with meeting the near-term challenges of the Interim Strategic Plan, it is also important to recognise that the context in which the plan is being developed has changed. There are two inter-related issues that the next Strategic Statement must adequately address.
- 3.2 The first is that there are several major policy challenges impacting on upper tier local authorities which have been accelerated by the impacts of the Covid-19 pandemic and are clear priorities for central government. These include 'levelling up', achieving Net Zero and health and social care integration. How we meet these challenges requires clear Member direction through the Strategic Statement, given that the inherent purpose of the document is to balance competing pressures and provide clear direction for the organisation. Whatever the strengths of the council KCC cannot - and is simply not resourced to - achieve everything that everybody might expect of it.

- 3.3 The second is that the Government see further devolution to be a catalyst for economic recovery and civic renewal. However, it also clear that Government want strategic local authorities to be able to address the major national policy challenges outlined above for their local area. In non-metropolitan areas, the clear ambition of Government is for county councils to take on that strategic authority role, and through the development of 'County Deals', to replicate the focus, if not necessarily the governance, that mayoral combined authorities have brought to these issues in many of our major cities.
- 3.4 This represents a challenge and opportunity for county councils. Mayoral combined authorities do not deliver services directly, and therefore do not face the demand-led pressures arising from social care, which are accelerating in the short-term because of the pandemic, and in the longer-term by an aging population. Moreover, much of the capacity many county councils had on broader place-based services, such as economic development, strategic planning, skills, and infrastructure have been scaled back over many years of financial restraint to protect investment and spend in social care services.
- 3.5 If KCC wishes to embed and sustain itself as a strategic authority, then the next Strategic Statement must find a way to balance our responsibilities and the inherent pressures for social care and children's services with the necessary commitment, and potentially investment, to build the capacity to respond to these major policy challenges. Whilst local government is not a competitive landscape, those county councils best able to achieve this balance will be in a comparatively better position to advocate for their communities, influence government and access further resources.
- 3.6 The strategic policy challenges that KCC needs a clear position on are set out in the next section.

4. STRATEGIC POLICY CHALLENGES

4.1 KCC's relationship with Government

Government is looking to county councils to provide strong local leadership - a single visible point of contact for the local area that can lead and convene action on the ground and liaise back with Government. KCC has a strong track record of innovative partnership working with central government from the Public Service Agreement and Local Public Service Agreement, through to EU Transition and Unaccompanied Asylum Seeking Children issues.

- 4.2 KCC does not need structural reform to take on this role for Kent, but there is a fundamental question around how we develop the capacity to deliver this effectively. Maintaining a strong relationship with government which allows the council to influence policy and access resources, whilst also acting as the strong local leader for Kent requires a significant degree of effort across a broad range of policy issues given Kent's inherent size and scale. The mayoral combined authorities have an infrastructure around the new organisations that allow them to do this. If we do not accept the need

for structural reform to achieve this in counties, especially in Kent given its circumstances, then an enhanced partnership working model to support our role as local leader and convenor, managing relationships both upwards and downwards, is going to be required.

4.3 KCC and the partnership architecture in Kent are not currently structured or resourced to support an enhanced partnership working model that would be required to support a renewed relationship with Government and deliver a County Deal. Whilst there is a collection of informal partnerships across a range of agencies and partnerships in Kent, there is no single organisational or structural arrangement that brings the total collective of Kent partners together. The Kent Leaders meeting is a very effective but an informal arrangement, which covers only local authorities, and whilst there is strong partnership working at officer level on an ad-hoc basis, there are no standing arrangements for cross-agency delivery. One clear lesson from the pandemic was that the cross-agency coordination and delivery arrangements were vital to Kent's effective response and showed what can be achieved through focussed partnership action. We need to find a way of making such arrangements a permanent strength of Kent without adding unnecessary bureaucracy. By achieving this, we will be providing strong evidence to Government that KCC can deliver a County Deal in Kent, and that it can be the basis to forge a strategic relationship with Government without the need for further structural reform.

4.4 **Levelling Up Kent**

Whilst Levelling Up remains a subjective concept, and the White Paper has been further delayed, elements of the agenda outlined so far by Ministers suggest that at its core it is a continuation of the ambition to address the regional, social and economic disparities which have existed in our communities for decades but have been brought into sharper focus by the Covid-19 pandemic. The risk for Kent is that in looking at social and economic disparities through a regional lens, the many social and economic disparities that exist at sub-regional level within and between communities in a relatively prosperous region such as the South East are overlooked, and this leads to resource and focus shifting disproportionately to the North and Midlands.

4.5 To lead the Levelling Up agenda successfully would require KCC to refocus and rebalance its resources across its priorities so it is able to both make the case for Levelling Up Kent, but also then to deliver the actions necessary to achieve tangible improvements for the county. This would enable KCC to deliver on its longstanding aspirations to bring Kent closer to the wider South East average by addressing growth, economic, and health disparities, particularly in eastern and coastal communities and north Kent, by focussing on Net Zero, economic development, transport and skills. It would put the county council at the heart of strategic planning across the county.

4.6 One way to help achieve this would be to strengthen our capacity in a number of disciplines that will be necessary to support successful Levelling Up in Kent. This could include strategic planning, economic development, skills and infrastructure. Whilst KCC undoubtedly has some

strong capabilities in these areas, both the protection of spend in social care services, together with the fractionalisation of this agenda across various different agencies such as LEPs, meant there has been no means for KCC to hold significant capacity in these areas at the level that is now envisaged. If we are to maximise the benefits for Kent from the Levelling Up agenda, that trend needs to be reversed.

4.7 KCC's role in achieving Kent's environmental ambitions

Action around protecting the environment, climate change and achieving Net Zero looks set to be the predominant policy agenda at all levels of Government for the next 20 years. KCC recognised the environment and climate emergency in 2019 and has committed to achieving Net Zero emissions for the county in line with the UK target of 2050. We have accelerated and are on track to achieve our own Net Zero target for the organisation by 2030.

4.8 Alongside the Net Zero ambition, there are other critical areas where action is needed to protect and enhance Kent's environment and improve quality of life, including climate change mitigation and adaptation, air quality, biodiversity, energy and water supply resilience and the opportunities for nature-based recovery. The environment agenda has taken an increasingly prominent place on KCC's agenda and that of our partners in recent years and there is real impetus for change across the local, national and international sphere, with innovation from the private and community sectors being equally important as actions the public sector can deliver upon.

4.9 However, achieving the county's environmental ambitions is a significant and complex challenge that requires a strong coordinated effort. To give Kent the best chance to achieve these ambitions, more prominent leadership is needed to pull together activity across the county with greater intensity, cooperation and pace. This is a role KCC could take on, bearing in mind the scale of the task ahead and the significant investment of resources needed. It would require a robust, coordinated approach with stakeholders and partners, and a much stronger role in influencing and supporting communities, residents and businesses to shift behaviours and adapt to new technologies, ways of living and doing business. It would also require closer working with central government, especially to unlock sustainable funding to support the activity needed.

4.10 If KCC is going to take on this role, it will also need to lead by example and firmly embed environmental ambitions into policy and strategy choices. This will require considerable policy shifts in the balance of council priorities in relation to housing and economic growth, transport and its infrastructure, and preserving green space. To support this shift, environmental policy would need to be embedded more strongly into the council's corporate strategy so that it becomes the prism through which the council assess its budget, strategy, policy and service decisions.

4.11 Health and social care integration

While integration between health and social care has been the subject of Government rhetoric for many years, the Health and Social Care Bill

signals a strategic pivot point that cannot be ignored. Through the Better Care Fund, Government is driving integrated working between health and care and looks set to continue to use this model of pooled funding arrangements. A scenario is emerging where local government holds on to the legal and financial risk of social care, but new and additional monies for social care flow through shared/pooled arrangements with the NHS, likely to be governed by the Integrated Care System (ICS) rather than directly by the council.

- 4.12 To date the council has protected our own governance and control over services by remaining *partners to* and not *partners in* the ICS, reflecting its own statutory responsibilities and requirement to set a balanced budget. The risk around being a partner in the ICS, with a potential requirement to allow social care money to be used for priorities across NHS services, acted as a break on the level of integration that could be achieved.
- 4.13 However, a recent shift in the government's approach to exclude local authorities from being within a finance 'system control total' with the NHS means a significant level of the risk to enhanced integration has been removed. Conversely, the strategic risk has now been reversed. There is now a danger of KCC losing influence and possible funding streams by not taking braver steps into stronger partnership working, commissioning and decision-making arrangements with the ICS.
- 4.14 Kent has a rare opportunity, not available for most other health and care systems across the country, in that it has almost coterminous boundaries with the ICS and so could choose to align itself more strongly with its structure at both strategic (county) and local (place) level. There is strategic leverage to be gained by moving to joint decision-making with health over a limited number of care services - for example in discharge from hospital or shared safeguarding responsibilities – through the Integrated Care System Partnership Board. KCC has statutory and democratic representation on the Board and can have confidence over its influence on it, and it would remain the statutory body accountable for those services.
- 4.15 Such an approach would give KCC greater credibility as a strategic partner to the NHS at local and national level to seek access to NHS funding, particularly as it refocuses its efforts through the Long-Term Plan on enhancing community and preventative care and allow the council to seek some element of the risk sharing on social care demand with health at a system level.
- 4.16 **Fragile markets and the Strategic Commissioning Authority model**
KCC's Strategic Commissioning Authority operating model was established in 2014 against a backdrop of sustained pressure on the council's finances. It has brought many benefits, but given the operating environment we are now in, there is a need to adapt and refocus the model.
- 4.17 A sizeable proportion of the council's budget is spent via services commissioned from the private and VCSE sectors. However, many of the

markets we rely on are becoming increasingly fragile, exacerbated by global supply chain issues and impacts of the pandemic. Our services are already feeling the effects of provider disruption, cost pressures and workforce vulnerabilities, especially for people-based commissioned services delivered by SMEs and the VCSE sector. This brings significant risks around sustaining service delivery, service quality and control of costs.

4.18 Given these risks appear more medium-term than transitional, it is unlikely that KCC will be able to continue to rely on simply procuring a market solution to meet the many needs we commission services for. In the current operating environment, it is crucial that we rebalance time and effort into earlier stages of the commissioning cycle, to understand service user and community needs, challenge assumptions and consider all the available options to ensure we are commissioning the right solution. This might mean more proactive work being taken to shape the market to support our requirements, considering inhouse solutions or more innovative service design models (e.g., strategic partnering with Health or Voluntary Sector). This shift in our commissioning approach will need to be clearly articulated and embedded throughout the organisation, and contribution to the commissioning cycle recognised as a core 'Business as Usual' function across the council.

4.19 **KCC's relationship with schools**

Kent's school system is well regarded nationally and internationally. It is one of the reasons why many parents are attracted to live and work in Kent, and KCC has sought to maintain a strong relationship with schools, but particularly maintained primary schools, as a political priority given that they are at the heart of many small rural communities across Kent. This is at a time when many councils have moved towards a statutory minimum role in education as Government policy has encouraged a shift to academy status and reduced the resources available for councils.

4.20 Despite our direct involvement with schools being curtailed, the provision of quality education in the county and supporting all children to achieve their potential remains a priority for KCC, and an issue that understandably receives a great deal of interest from Members and the communities they represent. The provision of functions including admissions, home to school transport and maintaining the condition of school buildings continue to present significant cost pressures in our budget each year. In particular, the impact on our budget emerging from the council's responsibilities to support demand-led pressures from supporting children with Special Educational Needs and Disabilities (SEND) present a significant risk to the council.

4.21 Given the growing pressures on our statutory responsibilities for schools, the question of how, whether and if the council should maintain a relationship with schools beyond the statutory minimum is a significant policy choice and one that, whilst not unique to Kent, is more starkly felt in Kent given the nature of the school system, our rural geography and the scale of the SEND pressures the council is facing.

5. CONCLUSION

- 5.1 The policy agendas above are complex, interrelated and have wide-ranging implications. There are numerous options available to the council, each bringing advantages and disadvantages, and many further questions to be asked about how the changes can be delivered. The Strategic Reset Programme provides a strong foundation for the delivery of change across corporate and cross-service priorities, but success is built upon clear strategic direction from Members.
- 5.2 This paper signals the start of the discussion around these agendas. The next step will be in-depth Member engagement across parties starting early in the New Year. A series of workshops with Members will be held to debate the agendas and gather a range of views on ambitions and priorities for Kent over the next five years to inform the new Strategic Statement.
- 5.3 Engagement with residents, businesses and partners on the new Strategic Statement will also be planned, building on the extensive engagement undertaken to inform the draft 5 Year Plan, and will shape the new document from the outset.
- 5.4 Taking into account the views put forward through this engagement, Cabinet will confirm the strategic direction it wishes to set. The new Strategic Statement will be presented to County Council in May 2022 for endorsement.

6. RECOMMENDATIONS

- 6.1 The recommendations are as follows:

County Council is asked to:

(1) **Note** the key policy challenges to be addressed in KCC's next Strategic Statement and **note** the next steps in engaging Members.

6. BACKGROUND DOCUMENTS

- 6.1 None

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From: Ben Watts, General Counsel
To: County Council, 16 December 2021
Subject: Five Year Governance Refresh Programme
Status: Unrestricted

1. Introduction

- a) The purpose of this paper is to update Members and to propose a planned five-year programme of work designed to continually refresh the governance of the Council.
- b) Members will know of specific pieces of work which have been undertaken in the past, such as restructuring the Constitution in 2019 and the ongoing shift from an Annual Governance Statement to an Annual Governance System.
- c) At the same time, there has been considerable change in recent years that should be reflected in our governance. It had always been intended after the restructuring of the constitution that there would be a further review of the substance of a number of constitutional sections. Indeed, some meetings and discussions with Members had commenced before the pandemic intervened. Similarly, the operating and political nature of the organisation has changed significantly in the past few years and requires consideration to ensure that the rules of the Council reflect the current realities.
- d) Governance runs through all the activities of the Council and applies to Members and Officers alike. Each part of our governance is also connected directly or indirectly to all the others. While it is possible to make specific changes to our governance, and this will continue, there is also a need to systematically approach the refresh of our governance by being aware of these interconnections. A key aspect of taking a more strategic approach to the refresh is having a clear idea of what the outcome is that we are trying to achieve.
- e) The restructure of the Constitution in 2019 referred to above was only intended to be phase 1 and the content can be more systematically reviewed as part of the work that is now being planned. The necessities of responding to the pandemic have meant we have all adapted to new approaches to work and this has provided the opportunity to consider ways to take a different approach than in the past without the fear that the Council will cease functioning if we do.

2. The Wider Context

- a) The last two years in the local government sector have seen a sudden increase in the number of authorities facing challenges, some of them potentially existential. While the headlines have often concentrated on the financial failings, the details have revealed governance failings as well. Indeed, good financial management and good governance are so intertwined as to be mutually necessary for a sustainable and effective local authority. Croydon, Nottingham City, Liverpool, Wirral, and Peterborough – the list continues to grow, across different regions and governance models. Nothing in this should be taken to imply that KCC is currently a failing authority or that good decisions are not made and put into effect. However, Northamptonshire can no longer be viewed as an isolated example, and no authority can claim to be immune.
- b) Responding to the covid emergency meant that governance resources were focused on making the switch to virtual meetings, and then a return to physical meetings in line with the expiry of regulations whilst still being mindful of public health advice. There was also an election and induction of a large number of new Members under circumstances different to those normally applying.
- c) Looking forwards, there will need to be changes to the governance service in order to deliver on the five-year programme, and some have already been made. With the appropriate support from Members, the service will continue to deliver the day to day business of the Council whilst carrying out the refresh.
- d) In addition to changes inside the Council, our communities have continued to evolve. In addition to the impact of the pandemic and resulting consequences and opportunities, there have been events in the UK and abroad which are driving political, cultural, and social changes that the Council will need to both adapt to and influence.
- e) These things in commercial businesses are leading to an increased prioritisation of something known as ESG – Environmental, Social and Governance. Through our Governance Refresh programme, there will be the opportunity for Members to reflect and shape ESG considerations into the Council rules and operating systems.

3. Governance in Five Years

- a) So, what are the main components of the outcome we are hoping to achieve? In five years time, the following will describe the governance of the Council:
- b) ***Frictionless***. Hundreds of governance activities take place daily. Unlike many of the public facing services, it is when you do not know it is happening that demonstrates it is working well. Where issues arise, they can cause delays and a take on a disproportionate importance. There will be more automation in how governance services are accessed, with technology being used. For those

instances where a simple yes/no answer is produced, there will be no necessity for an answer to wait upon a response to an email. The skilled officer resource will then have more time for fully understanding the context where judgment is required.

- c) **Embedded.** Governance procedures and rules are there to protect the Council, and this protection covers Members and Officers as individuals. Some are required by law; others are local choices to achieve a required aim. There are legitimate grounds for discussing all of these and processes in place for amending them. However, where they are in place and are not followed there is a risk to the Council and an opportunity cost in using resources to correct actions incorrectly taken or mitigate the risk where they cannot be corrected. Again, technology and use of more automation to guide people through the appropriate process, particularly for officers - be they for writing reports for agendas or taking key decisions, with mandated steps, will go a long way towards embedding governance throughout the authority.
- d) **Equitable.** Members are volunteers and bring a valuable range of different experiences to bear on the role. Personal preference and circumstances also mean that Members will emphasise different aspects of the role. Accommodating these differences will enable all Members to maximise their impact and feel comfortable to contribute. Similarly, the events of the last two years have also heightened our awareness that there are barriers to equity that need reflection in our governance.
- e) **Clear.** A major block to efficient governance is simply knowing who does what. Routine queries are often directed to an Officer simply because there is an established relationship. Alternatively, queries remain unresolved because too many are directed to one point or only a single person is able to respond. A triage point for governance queries is being considered which will mitigate this. On the Officer side, and more broadly than for governance, there needs to be a balancing clarity about the scheme of delegations so that the queries can go to the right place first time and the Officer knows they are able to take a certain action.
- f) **Balanced.** There are several necessary and functional divides within KCC. There are Members and there are Officers; there are Executive and there are Non-Executive Members; there is the ruling group and there are opposition groups. There are others, but however the division is made it signifies a distinction between roles, function and, oftentimes, power. This is a different point to that of equity with the proper balance needing to be found so that each sector can perform its function. Many of these relationships, or aspects of them, are imbalanced. There are 81 Members and thousands of Officers but KCC is a Member-led authority and the Member and Officer corps are not equal. This is a simple statement of fact. But the proper balance between Members leading on policy decisions and Officers first advising and then implementing needs to be

addressed so that there is increased transparency about who is deciding and doing what, when and how. Similarly, Members need to ensure that important governance functions like Scrutiny Committee and Governance and Audit Committee are empowered and supported to underpin the governance position of the Council as a whole.

- g) **Transparent.** The presence and election of Members brings democratic accountability to all the actions of KCC. Having solutions in place to ensure proper records exist of how certain decisions came to be taken and by whom as well as having a full understanding of the governance activity underway at any one time will assist in this.
- h) **Reviewable.** There is little point going through a refresh programme of the Council's governance if the changes are not sustainable. One of the common themes through all the reports into local authorities where there have been identified financial and governance failing was a lack of review – whether by scrutiny, or the decision-makers themselves. Reviewing past decisions with an eye of identifying strengths and weaknesses will show that KCC is a learning organisation and place it firmly on a cycle of continuous improvement.

4. Workstreams

- a) These words describe the outcome, but the detail will be worked up with the involvement of Members at all stages. These words will also guide the development process. For example, in line with the idea of equity, any changes need to work for those Members skilled in taking the lead in formal debates and work just as well as those who put more emphasis on different aspects of the Member role. Similarly, all changes will be tested and reviewed. One of the reasons of setting out a framework for a five-year refresh programme is to ensure it is tested, reviewed, and done right for the whole Council.
- b) Within the refresh programme there will be the following main workstreams:
 - i. Technological.
 - ii. Formal governance, separated into sub-workstreams:
 - o Constitutional.
 - o Procedural.
 - iii. Informal Governance, separated into sub-workstreams:
 - o Framework.
 - o Procedural.
 - iv. Cultural.

5. Priority areas of work

- a) The Annual Governance Statement for 2020/21 has identified the following group of actions to be carried out as part of the phased review of the Council's governance:

- i. Agreed Governance Priorities and Principles.
 - ii. Refresh of defined accountabilities and responsibilities for Members and Officers.
 - iii. Expectations of Officers in terms of advice and delivery.
 - iv. Refreshed processes for the setting of agendas and conduct of meetings.
 - v. Refresh of Spending the Council's Money and Financial Regulations.
 - vi. The role and chairmanship of the Scrutiny Committee.
 - vii. Review of Informal Governance Structures and composition and support for Informal Member Groups.
 - viii. Review of Officer decision-making under delegation.
 - ix. Review of the Member Code of Conduct, culture, behaviours and meeting etiquette.
 - x. New approval processes and guidance ahead of decision-making.
 - xi. Consequences for non-compliance.
- b) All of the other actions identified as part of the AGS will inform the refresh programme and are available for all Members to review. In addition to the list above, there is one other which would sit alongside them as a priority area for the refresh programme to address:
- i. A review of decision-making processes to ensure that:
 - a. appropriate professional advice is provided before the FED stage;
 - b. meaningful assessment of equality, diversity and inclusion impacts before FED publication;
 - c. environmental impacts of decisions are captured; and
 - d. reduced use of delegations for undefined purposes.
- c) There are many uncontroversial quick wins, but also other changes where there will rightly be differences of opinion. Members are invited to support the refresh and get involved in the discussions and ensure the refresh achieves its optimum outcome.

6. Recommendation

1. The Council is asked to COMMENT on and AGREE the Governance Refresh Programme.

2. The Council is asked to AGREE to the creation of an informal Member Working Group on Governance to support officers in the constitutional and governance review

7. Background Documents

None.

8. Report Author and Relevant Director

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