

KENT COUNTY COUNCIL

CABINET

MINUTES of a meeting of the Cabinet held in the Darent Room, Sessions House, County Hall, Maidstone on Monday, 11 December 2017.

PRESENT: Mr M A C Balfour, Miss S J Carey, Mr P B Carter, CBE, Mr M C Dance, Mr G K Gibbens, Mr R W Gough, Mr P M Hill, OBE, Mr E E C Hotson, Mr P J Oakford and Mr J D Simmonds, MBE

UNRESTRICTED ITEMS

41. Apologies and Substitutions

None received.

42. Declarations of Interest

None received.

43. Minutes of the Meeting held on 30 October 2017 *(Item 3)*

The minutes of the previous meeting, held on 30 October 2017 were agreed as a correct record and signed by the Chairman accordingly.

44. Budget Monitoring Report - September 2017 *(Item 4)*

Cabinet received a report providing the budget monitoring position up to 30 September 2017-18 for both revenue and capital budgets and included an update on key activity data for the council's highest risk budgets.

The Cabinet Member for Finance, Mr John Simmonds, introduced the item for members, in particular he referred to the following:

- i. That the predicted overspend was proving stubborn to reduce and currently stood at £13.8million before planned management action. The net projected revenue variance for the Council after these Corporate Director adjustments were factored in was £8.330m. He assured members that he was confident that the actions identified were realistic and would achieve the expected reductions to the overspend.
- ii. That £4million of the residual £8million overspend was related to the associated costs of support for unaccompanied asylum seeking children, particularly those now over, or about to turn, 18years old. Discussions continued between Kent County Council and Government to address the matter and should the negotiations be successful the residual overspend would be much reduced.

- iii. The reported overspend was a result of demand on services and this made reducing it, to achieve a balanced budget, extremely difficult.

The Corporate Director for Finance, Mr Andy Wood, spoke to the item. He reported that the very latest figures showed an improvement in the area of Adult Social Care and Health. He agreed with Mr Simmond’s emphasis on the importance of a resolution to the high costs of asylum seeking children in Kent and he was confident that some financial assistance would be forthcoming from Government but whether it would cover the total cost was still to be agreed. Finally he assured members that the Corporate and Directorate Management teams were confident of a further significant reduction to this forecast without the need for blanket moratoria on spending.

The Leader reported that he had received assurances from the Minister of State for Immigration, Brandon Lewis, that the new grant funding announcements would take place in January and that they would include a retrospective look at costs incurred by Kent County Council. As other council’s looked to the outcome of talks between Kent County Council and the Government, the success of the national transfer scheme was dependant on a fair settlement for Kent county council.

The Cabinet Member for Children, Young People and Education, Mr Roger Gough, spoke to the item. He referred to the National Transfer Scheme and agreed that its slow down, following a good start, was undoubtedly linked to the issue of financial provision for asylum seeking children once they became care leavers. He hoped that, as the Home Office also wanted the scheme to be a success this would help to influence a fair offer for Local Government.

Continuing on the theme of asylum, the Leader said that he would write to Kent’s MPs asking for help to put pressure on the government to agree a fair financial settlement for the future and to retrospectively address costs incurred by Local Government in general and Kent County Council in particular

It was RESOLVED:

| CABINET 11 December 2017 | |
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| Revenue and Capital Budget Monitoring Report September 2017- 2018 | |
| 1. | That the forecast revenue budget monitoring position for 2017-18 and capital budget monitoring position for 2017-18 to 2019-20, and the need to eliminate the forecast pressure on the revenue budget as the year progresses be NOTED. |
| ALTERNATIVE OPTIONS CONSIDERED | None. |
| CONFLICTS OF INTEREST | None. |
| DISPENSATIONS GRANTED | None. |

45. Quarterly Performance Report - 2017/18 - Quarter 2

(Item 5)

Cabinet received the quarterly performance report for quarter two providing information about the key areas of performance for the authority.

The Cabinet Member for Customers, Communications and Performance, Miss Susan Carey, introduced the item for members and stressed the importance of performance data at a time when budgets were being reduced and pressures on demand lead services were increasing, to ensure that services were delivered to the same exacting standards.

Richard Fitzgerald, Business Intelligence Manager – Performance, was in attendance and spoke to the item. He reported that performance was generally good with a majority of indicators recorded at 'green' - target achieved or exceeded - and the net direction of travel was positive. He went on to draw out important information for members as follows:

- i. **Customer Services**
 - a. Phone call volumes to the Contact Point continued to reduce as a result of improved digital take-up.
- ii. **Economic Development & Communities**
 - a. Jobs created and safeguarded from Regional Growth Fund loan schemes was now over 4,000.
 - b. Library visits and book issues had exceeded expectations in the quarter.
- iii. **Environment and Transport**
 - a. Performance and timeliness for highways repairs remained good and demand levels were as expected.
 - b. The percentage of municipal waste diverted from landfill, 99%, continued to exceed target.
- iv. **Education and Young People**
 - a. Ofsted inspection results for schools and Early Years settings continued to meet targets and achieve year on year improvement.
 - b. Apprenticeship take-up and NEET figures for Young People had also shown year on year improvement
 - c. Completion of Education, Health and Care Plans (EHCPs) in timescale remained 'red' - below floor standard - with the service being under pressure due to a significant increase in demand, including work to convert existing SEN statements to EHCPs. Despite being behind KCC targets performance in this area was ahead of the national average.
- v. **Specialist Children Services**
 - a. The percentage of Care Leavers in education, employment and training continued to increase and had now achieved target.
 - b. The number of local children in care remained stable at a new low level of 1,400
- vi. **Adult Social Care**
 - a. The percentage of contacts resolved at first point of contact increased in the quarter; ahead of target.
 - b. The number of clients supported with Telecare, also increased, now at 6,769; close to target.

- c. Clients referred to enablement remained significantly behind target, with the service continuing to support clients beyond the usual expected short-term period, due to difficulty in securing appropriate on-going home care support. There continued to be problems securing home care support in certain parts of the county, particularly in rural areas.
 - d. The percentage of delayed discharges from hospital where social care was considered to be responsible increased in the quarter, but performance remained ahead of the local target of 30%.
- vii. **Public Health**
- a. The number of Health Checks completed increased and moved further ahead of target.
 - b. The number of universal checks delivered by the Health Visiting service also increased and moved further ahead of target.

He concluded by assuring members that those targets that were not currently being met were all subject to management action and were being closely monitored.

The Cabinet Member for Customers, Communications and Performance asked that thanks be noted to all staff for helping to achieve such positive results under severe financial pressure.

The Leader requested that following additional money allocated to homecare from the Social Care New Monies, KCC should review with providers whether the consequent improvement in the terms and conditions of domiciliary workers had impacted positively on recruitment. The Cabinet Member for Adult Social Care confirmed that he would provide such a report at the next convenient opportunity, possibly February.

It was RESOLVED that the report be NOTED

46. Corporate Risk Register - Annual Report *(Item 6)*

Cabinet received a report setting out for consideration the latest version of the Corporate Risk Register for the Authority and summarising the main changes since last presented.

The Cabinet Member for Customers, Communications and Performance, Miss Susan Carey introduced the report for members, explained the process by which officers renewed the report each year and welcomed the opportunity to not only consider risks to the Council but mitigation of those risks.

David Whittle, Corporate Director of Strategic & Corporate Services, was in attendance to speak to the item. He reported that Cabinet Members and Corporate Directors had been consulted on the risks faced by the council and those that should be included in the register. He confirmed that the register was a living document and would be updated to reflect new director level appointments as soon as it was appropriate to do so. He concluded by describing the governance arrangements relevant to the register and described the council's approach to risk management as robust.

Mark Scrivener, Corporate Risk Manager and Interim Corporate Assurance Manager, was also in attendance and spoke to the item, he set out the most significant changes since the last report to cabinet as set out in the report, as follows:

- i. CRR0001: Safeguarding – protecting vulnerable children.
The risk score had been reduced from 20 (High) to 15 (Medium) after, among other factors, the independent Ofsted inspection in spring 2017. However, all CMT and Cabinet Members were clear that there was no room for complacency and that there was an ongoing commitment to continuous improvement.
- ii. CRR0010: Unaccompanied Asylum seeking children (UASC).
This risk had previously been reduced to its target level and while there were still some financial concerns associated with the 'legacy' cohort, it was proposed that it should be managed at directorate level and would only be escalated back up to corporate level if required.
- iii. CRR0005: Kent and Medway Sustainability and Transformation Partnership.
This risk had been significantly updated after comments from CMT and Cabinet Members. This risk was multi-faceted, with a number of different risk events highlighted. It would be necessary to review the controls listed and identify more in due course.
- iv. CRR0011: Evolution of KCC's Strategic Commissioning approach.
This risk previously contained a number of broader elements relating to the management of change, but now focused more specifically on the strategic commissioning 'journey'. The risk had been initially scored as 'medium'.
- v. NEW RISK – Opportunities and risks associated with alternative service delivery models.
This was previously included as part of the broader Strategic Commissioning Authority risk. However, it was felt that as KCC had set up several new, wholly-owned, companies and would potentially create more, it was sensible to have a specific risk as part of the corporate risk profile.
- vi. NEW RISK – Maintaining a healthy and effective workforce through significant change.
Several CMT and Cabinet Members felt that there should be more prominence to workforce risk, which was previously featured as part of a wider managing change risk and as such a single category had been created.

David Whittle reported to members that the risk registers and related scores were regularly shared across the South East Local Authority cohort and each largely reflected the others, in particular, only one authority had differed in its approach to BREXIT risks with all others, including KCC, choosing to include potential risks of BREXIT within service and directorate level registers.

The Cabinet Member for Economic Development, Mr Mark Dance, referred to the risks associated with BREXIT and argued that when those funds currently secured through EU channels came to an end the government would replace at least some of them. He argued then, that KCC should make an early and strong case for funding should it become available in the future. The Leader concurred and suggested that the LGA be utilised to represent the position of Local Government at the earliest stages.

The Cabinet Member for Adult Social Care, Mr Graham Gibbens, supported the inclusion of 'red' risks within his portfolio and argued that as demand for services,

awareness of safeguarding issues and resulting reporting and investigation were all likely to continue to increase it was impossible to downgrade the risk at present.

The Cabinet Member for Planning, Highways, Transport and Waste, Mr Mathew Balfour, spoke of two risks. Firstly, the potential for a bad winter and the difficulties that would be associated with that; particularly in light of the weather that the Midlands had experienced over the previous weekend and secondly the potential for severe disruption to the M20 as a result of BREXIT and consequent border control issues.

The Cabinet Member for Corporate and Democratic Services, Mr Eric Hotson, highlighted that engagement was a key theme running through the register and that this would be particularly relevant in helping to mitigate risk as all of the interested stakeholders should be included in that task.

It was RESOLVED that the refreshed Corporate Risk Register be NOTED.

47. Update on the Progress in Reporting and Managing Delayed Transfers of Care (DTC)
(Item 7)

Cabinet received a report providing an update on work to improve the reporting and management of Delayed Transfers of Care (DTCs) as well as an update on the national position. The report sought to provide assurance for members that agreed interventions in this area were achieving the desired outcomes.

The Leader set out the background to the report. In particular he referred to the following:

- i. That work to manage and reduce DTCs was crucial to ensure that patients were released from hospital at the earliest opportunity with the right support and interventions from social care services in place. Unless patient transfers were conducted in a timely manner hospitals were negatively impacted and elective surgery delayed which had both a human and a financial cost.
- ii. That DTCs were currently recorded in two ways. One, as the Department of Health requested they be recorded and another as the Association of Directors of Social Services (ADASS) suggested; the latter being seen to provide a more accurate picture for individual authorities.

The Cabinet Member for Adult Social Care, Mr Graham Gibbens further introduced the item for members. He concurred with the comments of the Leader about the importance of the timely release of patients from hospital and reported that the Secretary of State and the Chief Executive of NHS England had also commented many times to the same effect. He reminded members that one of the criteria for which the New Social Care Monies received in March had been awarded was to keep people out of hospital where possible and get patients released from hospital as quickly as possible where it had not been. This would include support to the Domiciliary Care market to ensure that it was robust and fit for purpose so that lack of enablement services was not a reason for a delay in transfer of care.

He concluded that any DTC and enablement work must be complimented by a strong preventative agenda.

Anu Singh, Corporate Director Adult Social Care and Health, spoke to the item. She concurred with the views expressed by the Leader and by the Cabinet Member and sought to bring additional information to the attention of members present by focusing on not only the principles behind timely release from hospital and proper enablement packages but also to the numbers set out in the report. In particular she referred to the following:

- i. That it was important for members to consider the potential, significant, impacts of a failure to reduce DTOCs.
- ii. That the ADASS recording method was not intended to replace the Department of Health national reporting method with an alternative but was required to manage DTOCs on a local operational basis.
- iii. National reporting figures were crucial to the reputation of the council, the council's STP and to the determination of the level of IBCF funding that would be received. In that respect the figures were moving in the right direction, difficulties with the way the figures were drawn together remained, but nonetheless they were improved and KCC was on track to meet national targets.
- iv. That the direction of travel on the local data was also good and showed greater improvement than the national figures. Historical issues remained and interventions had taken place to try to further positively impact on stubborn issues such as problems with recruitment to the domiciliary care market.
- v. A focus on DTOC figures would encourage a broader consideration of important issues such as how the flow of provision could be improved as well as partnership working strengthened and the patient journey and related flow of investment eased.

The Leader suggested that numbers of cancelled elective surgeries would be a useful indication of a hospital becoming overwhelmed by A&E services.

He also expressed his disappointment that planned investment in local care had been 'set aside' and urged decision makers to reconsider. Ms Singh agreed and expressed concern that KCC was currently suffering reputationally as a result of this and other issues.

In response to a question Ms Singh confirmed that although some boundary issues made reporting difficult between the NHS and KCC the residence of any one patient would not affect the service received as the guidance on best practice which had been adopted, was national guidance.

The Leader asked that reporting continue with further information to be included in the future, in particular on the direction of travel for DTOCs across the county and at individual hospitals.

It was RESOLVED

- i. that the report be NOTED
- ii. that a further report be RECEIVED in February 2018