



Corporate Consultative Committee
Wednesday 7 June 2023, 10:00 – 12:00
Conducted via Teams

Attendees:	Samantha Beck-Farley, Nicola Trainor, Niki Smith, Tania Earnshaw, Katey Durkin, Harry Steer (note taker)
Apologies:	Adam Lincoln, Mick Simpkin, Mark Hammond, Karen Turner, Philip Bunn, Angela George, Stuart Anderson, Emily Calder, Gordon Moore, Hamza Aumeer, Julia Harris, Kevin Woods, Kim Gunn, Michael Barton, Muchie Shamuyarira, Joe Parson

1.	Welcome and introductions/apologies – SBF welcomed everyone to the meeting and noted the apologies.
2.	<p>Medium Term Financial Outlook – KD presentation financial outlook. Figures published publicly Monday. Keep in confidence until then. Figures stated are slightly out of date, so please only use as ballpark – public figures will be more accurate.</p> <p>2022/23 £6mil overspend, used £11mil general reserves. Only £10 mil left in general reserves, which is the minimum to ensure against any shocks. Current year required £391 mil. August projected overspend £17mil. Done lots of things to address pressure and bring down.</p> <p>24/25 projecting increase in funding of £18mil, part of this is more income from government. Difficulties with budgeting because autumn statement is after budget, meaning we won't know what the government has decided in terms of assisting local authorities. Year before election likely to have something come through for local authorities and extra month for autumn statement so current hopes are local authorities may see more assistance. Currently expecting £18-20mil additional income.</p> <p>Done a lot in services, initial additional cost of £60mil. Shortfall of £40mil. Current year overspend more worrying than next year. Section 114 – If cannot balance budget, then public report has to be made. Goes to all 59 council members, published on website, given to audit. External commissioners making decisions about spending, restricted to statutory requirements & contractual requirements. Working hard with CMT and cabinet to avoid.</p>

Forecast at round 2 is less than what we have in reserves, but even if we manage that, burning most or all reserves will cause further problems down the line. Trying to only spend money we are obliged to or need to. At the moment, for next year, we are assuming we will have no reserves.

Financial pressures for services:

Adults – Tried to see what local fair cost of care is, phased response. Inflation factored in and demographic growth factored in to cost outlook.

Childrens – similar pressures, overspend, additional placements, demographic growth, asylum children from government program, home to school transport, school improvement, tribunal costs. Report through cabinet 08/08 restructure, legal services to assist.

RCE – Realignment – offset underspends with overspends. New: homelessness (highest even seen, crippling other local authorities; caused by more rent, local housing issues and low allowance), community warden in every ward Labour pledge, inflation (waste collection, transfer, etc., energy bills), planning income generated reduction (LAs urging government to change how planning income is given. Reliance on council tax causing issues.), Local plan delivery, new Splashes (leisure loss of 1mil), HIF funding no longer received.

BSD – legal services increase, inflation, members allowances, business change need to demonstrate will cover own cost, HR maintained schools dwindling as they can choose own providers so income targets not possible to deliver, [housing] benefits subsidy (used to be subsidised 100% but govt moving to Universal Credit so simpler claims taken under that and others left to us, not enough funding).

Interest and financing – borrowing for Splashes, Brook theatre, waste fleet, big cost. Trying to curtail Capital program where possible and cut down on assets to save.

Corporate – pay pressures: keen to avoid predetermining outcome of decision made on pay in negotiations with unions. Put in a big number (£10mil) cover impact of Medpay review and meaningful pay award. No real science to the number, need to work together on figuring out a more accurate figure. Building repairs and maintenance funds, £24mil over next 5 years. Levies (i.e. payments to other local authorities such as KCC for services).

Proposed approach to budget – CMT and new admin agree correcting pay is priority. Share out top slice £10mil to directorates, then give additional over and above to C&A as they are recognised as a priority. RCE & BSD cash limited to base plus share of top slice.

Much earlier doing this work than previous year, and therefore ahead of the curve.

Not being listed by press for poor finances – doing much better than many. F20 group of local authorities used a calculator for what we can raise in council tax etc, what has been given in grant allocations to figure out core spending power. Analysis commissioned on all local authorities. Medway are part of the F20 group. Found that if government funding formula kept pace with needs instead of using old data, we would have £35mil more – gap is £40mil, so shows we are keeping pace in real terms and government funding is what is holding us back. Government likely not to fund more soon, but hopefully they will eventually listen. COVID grant likely bought us a couple of years extra.

TE – No surprises. Coalition govt predicted this position by 2025.

	<p>KD – Please contact with any questions.</p>
<p>3.</p>	<p>Pay Protocol Update – SBF stated TE needs offer point for negotiations. Appreciate this will take time. Pay offer: last year this was done 24 oct, and the earlier we do this the better. TE – 16 Oct. proposed. SBF – Clarification that earlier is better due to calculations needing to be done which will be more accurate. Knowing date means can align finance and HR for meeting with Chief exec. Trying to fix historical issues with pay. TE – What are historical issues? SBF – Threefold: Medpay review, Making sure market competitive, consistent pathway for progression. Cohort 1 workshop was held. CMT and current administration supporting work which means we have the go-ahead to move forward, so moving to cabinet. TE – Social workers and annual leave payments a problem? Investigating significance. SBF – Number of pay issues been fixing such as sleep-in payments, on-call, annual leave – these fixes continue regardless and are not part of pay protocol. However, those fixes do come out of the same pot of money as the pay protocol so still a pressure on costs. Medpay review separate, benchmarking and progression, not had significant pay increases each year.</p> <p>KD left meeting</p> <p>SBF - Meeting in with Richard next week to discuss reopening this year’s pay. Meeting may be a chance to pre-empt conversation on pay protocol, so should be a good intro meeting ahead of pay discussion.. This year pay reopen going to be a challenge. TE – in past, used to have quarterlies between trade unions and Chief Exec. Trying to open more comms. SBF – Phil responsible for finance and HR, who is more responsible for the impact. Pick up with Richard and see where it goes.</p>
<p>4.</p>	<p>PDR Processes for 2022/23 – SBF stated that feedback has been that 1a and 1b ratings for PDRs are really demotivating. Doesn’t stretch employees who are working hard but not rewarded enough. Skills assessment to progress through band on new scheme, however rest of the organisation still on existing terms. March, don’t want one part of the organisation to be in more favourable position than other. Everyone just skills assessed in pilot phase, not likely they will progress by March. Therefore, to make it fair, proposing to TE to remove 1a and 1b, and frontload cost of living. The project team has a couple of examples for how will pan out, position as part of pay protocol to not have 1a and 1b. In effect, just bringing out the new scheme early to rest of organisation. This is for consideration, do not need decision now. During COVID, when didn’t do awards for 1a and 1b, lots of people felt it was unfair – not going to land well with everyone, but fact is majority agree with it. Need to communicate as soon as possible as mid-year reviews are due to begin. Want to be transparent and try to get parity of systems to avoid penalising pilot people who will not receive 1a or 1b awards.</p>

	<p>TE – Fix messaging around Medpay review as still not transparent enough especially for honoured salary. Hearing different things, when ask for clarification not really getting it. Nothing clearly written on what this looks like. Different interpretations, and when asking clarification reply is often “we’ve already told you”. Concerns around age discrimination, being downgraded. Honoured salary supposed to avoid employees feeling that, but actually feeling more enraged as no clarity on what it looks like.</p> <p>SBF –Some challenge is governance agreeing what we are doing, lots of data needing to be provided, some for and against, and unhappiness natural. Trying to ensure fairness in decisions. Every available avenue being explored to avoid penalisation, such as avoiding stopping pension being paid. Navigating red tape very difficult and sometimes there is ambiguity around clarifications because trying to work so fast and hitting roadblocks and uncertainty.</p> <p>TE – Pensions detriment. If found in redundancy, is average weekly pay going to use honoured salary or current pay level?</p> <p>SBF – Call was had this morning on terminology, outcome may answer that. Encouraged TE to continue asking these hard questions so we know what needs answering.</p>
<p>5.</p>	<p>Medpay Update – NS updated on phase 1. Nearly complete. Bit surprised not completed yet as started last October, however there was considerable slippage as managers were not quite aware of work involved to create career progression framework. 117 completed. Digital and legal implemented in October. TE invite to meeting. Cabinet paper in July going to council in October.</p> <p>Hope was that Family Solutions and Occupational Therapy gone through October, but initial assessments are not ready for CMT considerations. Now aiming for November. This will affect a further 76 staff. 10% organisation should be through by end of November.</p> <p>Took paper to CMT for approval last week, agreed COLA on top of current salary until Enhanced Medpay scheme. Named differently to avoid old Medpay confusion and negative views. Working on branding.</p> <p>TE – requested copy of paper to help provide clarity.</p> <p>NS – stated paper cannot be provided due to confidentiality issues.</p> <p>NT – Happy to talk through with TE, may be better than providing paper anyway as can explain fully. Will update FAQs around salary honouring. Pensions waiting word back from payroll. This time round COLA will not erode salary gap. Salary to be recalculated.</p> <p>TE – Meeting next week with NT regarding paper as needs to be able to explain.</p> <p>NS – recruiting to dedicated posts for Medpay project. Temp team to enable rollout to whole organisation. Medpay HRBP, Project coordinator, [two others?]. HRBP for organisational change team, still vacancy for consultant. Entered phase 2 in August, mapped out onboarding. Hoping to do rest of organisation within this phase to leave phase 3 for any slippage, transferable skills, etc. Cohort 1 met yesterday, ran training session for tools and templates, complete timelines exercise. Need to see timelines before confirming who is in cohort 1 as some may switch to cohort 2.</p> <p>NT - Beginning next week latest to provide timeline, map what is happening when.</p> <p>Restructuring - need to figure out and communicate.</p>

	<p>NS – For the restructuring, most are looking at roles and adjusting so no redundancy, however some more significant. 30 operational areas in cohort 1 alone.</p> <p>NT – Can't have all consultations starting same week. Got to look as whole project and map out. Planning quite significant.</p> <p>NS – Impact just over 1000 staff. Emphasis that we are not proposing to automatically reevaluate all job profile unless there are big changes to the role. Also not salary benchmarking all jobs unless significant recruitment/retention issues can be proven in a business case. Comms will be increasing, animated video coming out, case studies, dedicated newsletter, new branding being worked on, training programs for JE and salary benchmarking this month, training of appraisal process, tweaking form based on feedback. Any questions please Teams call. COLA – produce comms before announcing (hopefully beginning next week).</p>
<p>6.</p>	<p>AOB – TE went to grievance meeting with new fraud staff. Joint fraud investigator. Workplace companion union rep guidelines were unacceptable. Asked where from, who agreed, when consulted on, and stated that not signing as no agreement to use. Very aggressively written. Try and send copy.</p> <p>SBF – going to talk to James Larkin to find out where it has come from.</p> <p>TE – guidelines always been very clear and is explained by chair of meeting. Explanation given before to employee by TE, and this guideline paper caused distress due to being unpleasant. Has no place in our grievances or disciplinaries, we already have a process.</p> <p>SBF – merit in having written guide but need to avoid aggressive writing.</p> <p>TE – all rules already in script. If modifications going to be made, need communication.</p> <p>TE said grievances going on, delay on appeal, Berling avenue no written response, told by manager there is an outcome. Need written response from council. Should not be given verbally.</p> <p>SBF – Will speak to Michael Hood. Will not be done by HR, should be done by manager, however needs to be in writing. Adult social care grievance now have the relevant data, writing report not going to help. Jackie Brown in room because work in Adults to advise if moving to appeal is useful or not.</p> <p>TE – In meeting, made reference to investigate other local authorities, only 2 that paid in services. Can I have copy to see data?</p> <p>SBF – Yes, we have now expanded pool of data, and also establishment data on locum cover and disparity in field vs current posts.</p> <p>TE – JCC: Unison would like data on sickness absence meetings to see how much time wasted.</p> <p>SBF – We don't record meetings. HR not at those meetings so we don't capture. We only capture formal meetings where HR attend. Difficult to quantify what "wasted time" means because some sickness meetings very productive.</p> <p>TE – Trying to figure out whether trigger points are causing unnecessary processes. Lot of time and upset, inconsistencies of management.</p> <p>SBF – How can HR become aware of poor management. Not necessarily sickness, how do we get people to highlight unfair treatment.</p> <p>TE – requested any data worth having sight of.</p>

	<p>SBF – Some can be shared, some can't. Some difficult because even diagnoses can breach confidence. Need an email stating what data is requested, then we can figure out what can be provided.</p> <p>SBF – Reply to Emily on ASC, have a chat with TE.</p> <p>NS – Education and SEND reorganisation. Now in phase of recruiting range 4 and below. Minimising stress, individuals interested in more than 1 role not doing separate interviews. 1st Oct. 2 redundancies range 5 and above. Unlikely to have contact. Normally we would request working notice, but because new structure on 1st oct, payment in lieu of notice. Number of ill health cases, dealing with IHR enquiries, being treated outside of reorganisation.</p>
7.	<p>Date of next meeting: Wednesday 6 December 2023 10:00 – 12:00</p> <p>Meeting ended at: 11:22</p>