

NOTICE
OF
MEETING

**ADULT SERVICES AND HEALTH
OVERVIEW AND SCRUTINY PANEL**

will meet on

WEDNESDAY, 17TH MAY, 2017

At 7.00 pm

in the

COUNCIL CHAMBER - TOWN HALL, MAIDENHEAD,

TO: MEMBERS OF THE ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY
PANEL

COUNCILLORS MOHAMMED ILYAS (CHAIRMAN), MICHAEL AIREY (VICE-
CHAIRMAN), JUDITH DIMENT, CHARLES HOLLINGSWORTH, LYNNE JONES AND
JOHN LENTON

SUBSTITUTE MEMBERS

COUNCILLORS MALCOLM BEER, DR LILLY EVANS, ASGHAR MAJEED,
MARION MILLS, SIMON WERNER, EILEEN QUICK, LYNDA YONG AND
GERRY CLARK

Karen Shepherd - Democratic Services Manager - Issued: Tuesday, 9 May 2017

Members of the Press and Public are welcome to attend Part I of this meeting. The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Andy Carswell**

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AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
1.	<u>APOLOGIES</u> To receive any apologies for absence.	
2.	<u>DECLARATIONS OF INTEREST</u> To receive any declarations of interest.	5 - 6
3.	<u>MINUTES</u> To approve the part I minutes of the meeting held on March 16 th 2017.	7 - 12
4.	<u>BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST REVIEW OF QUALITY ACCOUNT</u> To receive a presentation from Jayne Reynolds, Deputy Director of Nursing, on the Berkshire Healthcare NHS Foundation Trust's Quality Account.	13 - 24
5.	<u>FINANCIAL UPDATE</u> To note the update.	25 - 44
6.	<u>ADULT SOCIAL CARE INVESTMENT</u> To consider the report and make recommendations to Cabinet.	45 - 50
7.	<u>STOP SMOKING SERVICE UPDATE</u> To note the contents of the update.	51 - 58
8.	<u>WAYS INTO WORK ANNUAL UPDATE</u> To note the contents of the report.	59 - 66
9.	<u>LOCAL GOVERNMENT ACT 1972 - EXCLUSION OF THE PUBLIC</u> To consider passing the following resolution:- "That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the remainder of the meeting whilst discussion takes place on item 10 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1-7 of part I of Schedule 12A of the Act"	

PART II

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
10.	<u>TENDER AWARD FOR THE CLARA COURT AND QUEENS COURT CARE CONTRACTS</u> To consider the report and make recommendations to Cabinet. <i>(Not for publication by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972)</i>	67 - 74

MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a DPI or Prejudicial Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in discussion or vote at a meeting.** The term 'discussion' means a discussion by the members of meeting. In order to avoid any accusations of taking part in the discussion or vote, Members should move to the public area or leave the room once they have made any representations. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

Disclosable Pecuniary Interests (DPIs) (relating to the Member or their partner) include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any licence to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where:
 - a) that body has a piece of business or land in the area of the relevant authority, and
 - b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

A Member with a DPI should state in the meeting: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations on the item: 'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'

Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

A Member with a Prejudicial interest should state in the meeting: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations in the item: 'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'

Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***

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Agenda Item 3

ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

THURSDAY, 16 MARCH 2017

PRESENT: Councillors Mohammed Ilyas (Chairman), Michael Airey (Vice-Chairman), Judith Diment, Lynne Jones and John Lenton

Also in attendance: Susanna Yeomans (Berkshire Healthcare NHS Foundation Trust)

Officers: Andy Carswell, Alan Abrahamson, Alison Alexander, Hilary Hall and Angela Morris

APOLOGIES

Apologies for absence were received from Cllrs Hollingsworth and Coppinger.

DECLARATIONS OF INTEREST

There were no declarations of interest received.

MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on February 1st were unanimously agreed as an accurate record.

FINANCIAL UPDATE

The Finance Partner gave Members an overview of the Council's likely Budget position at the end of the financial year. The Finance Partner informed Members that a total underspend of £528,000 had been forecast, which accounted for around 0.6 per cent of the Council's overall budget for 2016/17. The Finance Partner explained that the underspend would be added to the Council's reserves.

The Finance Partner informed Members that overall the Adult, Children and Health Commissioning budget had been overspent by around £694,000; however much of the overspend related to the Housing area of the budget. The Health and Adult Social Care sector was likely to record an underspend of around £1.25million.

The Finance Partner said there had been an underspend of around £919,000 for services relating to older people but an overspend of £59,000 for services relating to people with learning difficulties. The Finance Partner explained that the budget for services relating to learning difficulties was the most difficult to forecast due to its volatility, and a significant portion of the budget being used on a couple of high-spend cases. Underspends in the mental health services budget and other services – which included the Emergency Data Team – were forecast.

The Finance Partner explained that the budget for services for older people had been increased significantly from 2015/16 following an overspend in that financial year. However in 2016/17 the rate of increase in spend had not continued as forecast and there had been underspends in four of the five key budget heads relating to services for older people. The Finance Partner explained there had been an overspend relating to Ordinary Residence Adjudication, due mainly to a court case adjudicating against the Council when it had been expected the courts would find in the Council's favour.

Cllr Lenton asked for more details on the case and asked if it could set a precedent. The Deputy Director of Health and Adult Social Care explained it related to the residential costs of a young person living outside of the Royal Borough whilst pursuing education inside it, and there had been an expectation that the other Authority would pay for the residential costs. However the court had ruled against the Royal Borough. The Deputy Director of Health and Adult Social Care stated that the case was expected to be a one-off.

Cllr Airey asked if there was any explanation for why so many budget heads were underspending. The Deputy Director of Health and Adult Social Care said there was now a greater emphasis on residents being independent, and for them to receive intensive treatment at the beginning of their programmes in order for them to not reach crisis point. She added that it was sometimes difficult to forecast trends. She said there were early indications that the new methods were successful, more greater analysis was needed.

The Finance Partner said that the amount spent by demand-led budgets naturally fluctuates, and it would be expected for there to be an underspend in some budget heads. The Children's section of the Adult, Children and Health Commissioning budget was thought to be particularly volatile, while this year there had been a couple of high-spend cases in the older people's sector relating to mental health.

The Chairman noted that the report stated there was a £100,000 pressure point relating to legal advice provided in child care issues and agency staff in the PODs, and asked if it was predicted that this trend would continue. The Managing Director and Strategic Director of Adult, Children and Health Services stated there had been a significant reduction in the use of agency staff and new senior and middle management roles had been appointed, and that it was hoped that the pressure point would be reduced as a result.

RESOLVED UNANIMOUSLY: That the contents of the report be noted.

ADULT SERVICES BUSINESS PLAN 2017-2018

The Head of Commissioning – Adults, Children and Health reminded Members that the provision of Adult Services was to be transferred to Optalis, in a partnership with Wokingham Borough Council. She stated that the Business Plan being considered by Members related to the operational delivery of services, and there would be a separate commissioning contract arrangement to sit alongside the operational delivery.

Cllr Airey asked if and how the partnership with the Berkshire Healthcare Foundation Trust would change in terms of the Royal Borough discharging its duties through Optalis. The Deputy Director of Health and Adult Social Care stated her belief there would be no change to the way the partnership delivered services, with several meetings between all parties having taken place to reach agreements. Susanna Yeomans stated that the Trust were satisfied that their concerns had been addressed.

Cllr Jones asked for an explanation relating to the safeguarding procedures of the new partnership. The Deputy Director of Health and Adult Social Care stated that the Strategic Safeguarding Service would remain with Adult Social Care within Optalis, which would then report to the Safeguarding Adults Board. The Safeguarding Adults Board had been established to scrutinise what was taking place. The Deputy Director of Health and Adult Social Care said that operational safeguarding matters would remain the responsibility of the Council.

Cllr Jones asked if the ultimate responsibility for safeguarding remained with the Council. The Deputy Director of Health and Adult Social Care said that it would.

Cllr Airey asked what provision there was for early warning indicators, in the event of the working arrangement failing to satisfy need. The Head of Commissioning – Adults, Children and Health said monthly meetings would take place with the Deputy Director of Adult Social

Care and Health to discuss the delivery of the contract and associated performance indicators. There would also be a reliance on 'soft' intelligence received in the form of complaints and other comments from Members and residents. The Head of Commissioning – Adults, Children and Health said quarterly meetings would take place to review the partnership with Optalis as a whole. This process would also be applicable to Children's services. Any early warnings would be reported back to the appropriate Overview and Scrutiny Panel.

Cllr Airey asked what systems were in place to ensure consistent service delivery from staff that were being transferred. The Head of Commissioning – Adults, Children and Health said a detailed service specification had been provided, and the usual HR procedures were in place within Optalis. The Deputy Director of Adult Social Care and Health said the Service Quality Assurance had been enhanced.

The Chairman asked if reviews to check that the necessary services were being provided would be carried out by Optalis or the Council. The Head of Commissioning – Adults, Children and Health said some reviews would be carried out by the Council, while the results of other reviews would be fed back to the Council by Care Watch through the contract with that organisation. She added the Council would be working closely with Optalis to ensure adequate feedback was provided.

RESOLVED UNANIMOUSLY: That Members approved the Adult Services Business Plan for 2017-2018.

MENTAL HEALTH SERVICES UPDATE

The Deputy Director of Health and Adult Social Care gave a presentation to Members on Mental Health Services. She informed Members that mental health problems represented the biggest single cause of disability in the UK, and that one in four adults experience a diagnosable condition each year. She said that in the Royal Borough 2,350 people are projected to have dementia by 2020 and 19,000 are projected to have a mental health problem.

The Deputy Director of Health and Adult Social Care informed Members that this was a designated year for mental health services and it was a priority area for the Council. Prevention and early intervention, allowing 24 hour access to services, challenging stigmatism and emphasising recovery rates were all considered priorities. The Deputy Director of Health and Adult Social Care also outlined the services currently available to clients.

The Deputy Director of Health and Adult Social Care reminded Members that the Community Mental Health Team and the Older People's Mental Health Team, which was provided jointly by the Council and the BHFT, provided a multidisciplinary service that aimed to support people with ongoing and serious mental ill health and enable them to lead as fulfilling a life as possible. The Deputy Director of Health and Adult Social Care said that under the integrated care programme service users would be given agreed care and risk management plans and a named care coordinator. The Deputy Director of Health and Adult Social Care outlined the makeup of the integrated team. Susanna Yeomans outlined to Members the services that were provided, and stated that staff were trained to consider a patient's mental health and social care needs together.

Susanna Yeomans said there had been five GP-led Crisis referrals within the Royal Borough in January and February, all of which had been attended to within the four hour target time. She said there had also been a 100 per cent success rate in responding to Urgent referrals within 24 hours. In February the Early Intervention Psychosis service had referred 90 per cent of clients for treatment within the two week target timeframe. The Memory Clinic was assessing 90 per cent of its clients within six weeks, ahead of the target of 70 per cent.

Susanna Yeomans informed Members that assessments for clients seeking Employment and Support Allowance could be very stressful for some service users, which then had a

detrimental impact on their presentation at the assessment. She said that social workers could be provided for clients attending assessments as some of them involved travelling significant distances, leading to an increase in anxiety levels. Support was also provided for clients to assist them filling out application forms for ESA.

Members were informed that two case studies had been provided in the agenda to give them an idea of the services provided and the impacts on users.

Cllr Jones asked who was responsible for triaging patients and determining if they should be considered, for example, a Crisis or Urgent referral. Susanna Yeomans said that individual GPs were tasked with making the determinations and assessments, as there were no set guidelines on what constituted a Crisis. The triage for patients identified as being a Crisis or Urgent referral was then carried out within the CPE. The Deputy Director of Health and Adult Social Care said that staff were being trained so they would know which patients might require a full assessment or a visit from a specialist.

Cllr Jones asked what support there was to support clients through the ESA application process. Susanna Yeomans said that the Trust operated a Crisis Resolution Service across Berkshire, which would make clients aware of additional services that would be available to them. The Deputy Director of Health and Adult Social Care suggested that the Council's Ways Into Work programme could be highlighted to clients.

Cllr Lenton queried the statistic that one in four adults would be diagnosed with a mental health disorder each year, and asked if there was a further breakdown of information relating to age and severity of condition. Susanna Yeomans said the data had been calculated over a number of years. She said the figures included cases of severe mental health illness that the Trust's service teams would have had presented to them, but they also included more common conditions such as anxiety, depression and stress-related disorders. She said that the majority of cases would be managed through Primary Care.

Cllr Jones asked for clarification on the transition process for clients moving from Children's Services to Adult Services. Susanna Yeomans said there had been greater training in place to identify which clients would be suited to a transition and then beginning the process earlier, during the client's teenage years. She said that the clients' families would have a greater involvement in the process in order to prepare for the transition and ensure that they have a greater amount of support. The Deputy Director of Health and Adult Social Care said that the service had been reviewed around a year and a half ago and additional support and a more careful assessment of users' needs was now included. However it was hoped that services could be expanded even further. Susanna Yeomans said that additional investment in specialist services – such as early intervention and home treatment – had been received over the last year, which had been welcomed.

Cllr Airey asked for clarification on assessing health and safety risks. The Deputy Director of Health and Adult Social Care said there were statutory guidelines that would be consulted as part of making any assessment. She said that statutory forum groups provided advice on these matters. Susanna Yeomans said there was good local representation on many of these forums, including NAPA, which had close links to the police and other partner agencies that could provide support. She said that there was a clear emphasis on ensuring people with mental ill health were treated with the same degree of respect and urgency as a patient with a physical health condition.

Cllr Lenton asked for confirmation that targets in relation to response times were being met. Susanna Yeomans said the targets had been met for Crisis and Urgent responses. Cllr Lenton asked for full details relating to response times to be included in future reports.

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST 2017 QUALITY ACCOUNT

Members were informed that the Trust were required to circulate their Quality Account report to all of the relevant Overview and Scrutiny Committees for comment, and that a response was required by the end of March. Members were informed that there was not a Trust representative present at the meeting to give a presentation and summary of the report's contents.

It was agreed that a summary of Members' views would be coordinated outside of the meeting and submitted to the Trust, and for an invitation to be sent to the Trust for a representative to give a presentation at the next Panel meeting.

The meeting, which began at 7.00 pm, finished at 8.29 pm

CHAIRMAN.....

DATE.....

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Quality Account Highlights

2016-2017

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Healthcare
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What is a Quality Account?

- All NHS Trusts must, by law, publish an annual Quality Account **detailing the quality of services they provide.**
- Aims to **increase public accountability and drive quality improvements** in the NHS.
- Its **contents are mandated** by NHS England and, for Foundation Trusts such as ours, by NHS Improvement.
- Looks back on **how well we have done in the past year at achieving our goals.**
- Looks forward to the year ahead and **defines what our priorities for quality improvements will be**
- Developed with **stakeholder engagement** and this is the 6th annual BHFT Quality Account you will have been **invited to review and comment on** since 2011

Overview of Highlights

1. Patient Experience

There has been an increase in most areas in the percentage of patients rating the care they receive from us as 'good' or 'very good.'

2. Patient Safety

Targets have been met in reducing pressure ulcers developed due to a lapse in care by the trust and reducing falls by patients in our hospitals

3. Clinical Effectiveness

The trust continues to demonstrate that relevant NICE Technology Appraisals are available and greater than 80% of all NICE guidance is met.

4. Zero Suicide Initiative Launched

Focusing on challenging the culture relating to suicide and on giving people skills to address situations when people are at their most vulnerable,

5. Care Quality Commission (CQC)

The trust continues to be rated as 'Good' by the CQC and is committed to maintaining and improving on this rating

6. Service Improvements

Many more successful improvements have been implemented across the trust

The trust has set quality priorities for 2017/18 in the in the areas of
- Quality Improvement - Patient Safety -Clinical Effectiveness -Patient Experience

1. Patient Experience

There has been an increase in most areas in the percentage of patients rating the care they receive from us as ‘good’ or ‘very good’

Type of Service	Percentage of Patients Rating the care they Receive as ‘Good’ or ‘Very Good’	
	2015/16	2016/17 (at end of Q3)
Community Mental Health	82%	86%
Community Physical Health	91%	93%
Mental Health Inpatients	81%	75%
Patients in Community Hospitals	95%	96%

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2. Patient Safety

Trust targets relating to **the reduction of pressure ulcers due to a lapse in care by the trust** are being met:

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	Number of pressure ulcers due to a lapse in care by the trust	
Location of care and Category of pressure ulcer	Annual Target- (fewer than)	Total number (at end of Q3)
Community Cat. 2 pressure ulcers	24	13
Community Cat. 3 and 4 pressure ulcers	12	7
Inpatient Cat. 2, 3 and 4 pressure ulcers	15	0

2. Patient Safety

Trust targets relating to **the reduction of falls by inpatients** are being met:

Type of Ward/ Unit	Rate of falls per 1000 bed days	
	Annual Target (fewer than)	Ward/ Unit Rate (at end of Q3)
Older People's Mental Health Wards	8	7.18
Community Health Wards	8	4.87
Adult Mental Health Wards and Berkshire Adolescent Unit	5.2	0.42
Learning Disability Units	5.2	1.00

3. Clinical Effectiveness

Trust targets relating to the **implementation of NICE guidance** is being met

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	Percentage of NICE Guidance Implemented	
Type of NICE Guidance	Target Percentage	Guidance implemented (at end of Q3)
1. NICE Technology Appraisals Includes guidance on pharmaceuticals that <u>must</u> be available for prescribing	100%	100%
2. All NICE Guidance Includes guidelines on whole pathways of care, e.g. dementia	80%	85%

4. Zero Suicide Project

The trust has launched its **zero suicide initiative** this year, with a focus on:

- **Challenging the culture relating to suicide** and
- **Giving people skills to address situations when people are at their most vulnerable**

5. CQC Rating

The trust continues to be rated as **‘Good’** by the CQC

and is committed to **maintaining and improving on this rating**

6. Other Service Improvements

Many successful improvements have been implemented across the trust, including:

- The **Westcall Out of Hours GP Service** have implemented a **successful sepsis project**
- The **Adult Learning Disability Service** have established a **mortality Clinical Review Group**
- **All trust memory clinics are now accredited** by the Memory Services National Accreditation Programme (MSNAP)
- A **new Intensive Management of Personality Disorders and Clinical Therapies Team (IMPACTT)** has been established
- **Mental health inpatient** services have run a **successful “failure to return from leave” project**
- **Child and Adolescent Mental Health Services (CAMHS)** have started a **new Eating Disorders Service**

7. Setting Quality Priorities for 2016-17

- To implement the **trust quality improvement initiative** to link in with aspects of quality, safety, effectiveness and experience
- Patient Safety- **falls and pressure ulcers**
- To continue implementing the **zero suicide initiative**
- Implementation of **trust priority NICE guidance**
- To review and report on **mortality**
- To continue to prioritise and report on **patient satisfaction** and make improvements.
- To improve on **national patient and staff survey results**
- To continue to **prioritise learning from complaints**
- To continue to implement the **patient leadership programme.**

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Report Title:	Financial Update
Contains Confidential or Exempt Information?	NO - Part I
Member reporting:	Councillor Saunders, Lead Member for Finance
Meeting and Date:	Cabinet - 25 May 2017
Responsible Officer(s):	Russell O'Keefe, Executive Director, Rob Stubbs Deputy Director and Head of Finance.
Wards affected:	All

REPORT SUMMARY

1. This report is the final outturn statement in 2016-17. In summary there is a £477,000 underspend on the General Fund, see Appendix A, which is an improvement of £46,000 from the projection in the April financial monitoring report. This is mainly due to a net increase in the underspend forecast in a number of non-service budgets.
2. The Council remains in a strong financial position; with combined General Fund Reserves of £6,219,000, £264,000 of which is allocated to cover transformation costs in the new year. This leaves usable combined reserves at £5,955,000 (6.64% of budget) in excess of the £5,270,000 (5.88% of budget) recommended minimum level set at Council in February 2016.

1 DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That Cabinet notes the report and:

- i) **Notes the Council's outturn position for 2016-17.**
- ii) **Notes the carry forward to 2017-18 of £264,000 of allocated unspent budget approved in March and October 2016 for transforming services details of which are contained in paragraphs 4.3 and 4.4.**
- iii) **Notes the increase to the provision for redundancy costs by £263,000 funded by the capital fund. Details are contained in paragraphs 4.13 and 4.13.**

2 REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

As this is a monitoring report decisions are not normally necessary.

3 KEY IMPLICATIONS

- 3.1 There is a General Fund Reserve of £5,215,000 and a Development Fund balance of £1,004,000, see appendix B for a breakdown of the Development

Fund. The combined reserves total £6,219,000. However this includes £264,000 of budget approved by October 2016 Cabinet for transforming services. The budget is unspent at the year end and is required to be carried forward to 2017-18. This reduces the usable combined reserves to £5,955,000. The 2016-17 budget report recommended a minimal reserve level of £5,270,000 to cover known risks for 18 months.

Table 1: Performance of general fund reserves

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
General Fund Reserves Achieved	Below £5,000,000	£5,000,000 to £5,490,000	£5,490,000 to £6,000,000	Above £6,000,000	31 May 2017

4 FINANCIAL DETAILS / VALUE FOR MONEY

- 4.1. The **Managing Director and Strategic Director of Adults, Children & Health Services** reports a projected outturn figure for 2016-17 of £57,100,000 against a controllable net budget of £57,112,000, an underspend of £12,000. This represents a reduction of £13,000 from the underspend reported to Cabinet in April 2017. There are a small number variations from the position reported last month, as projections made during the financial year are firmed up as part of the financial year closure processes. These variations have no significant impact on the Directorate's final outturn position for the year.
- 4.2. The final position for the dedicated schools grant (DSG) budget shows an increase in the net pressure of £94,000 from that previously reported to £777,000. Projections throughout the year have forecast pressures in the high needs budget, the work associated with closure of the accounts has firmed up the size of this pressure. Work is underway with the schools forum to set out a programme to improve the management of DSG spend on high needs to bring spend back into line with budget in the longer term.
- 4.3. A budget of £200,000 was approved by cabinet in March 2016 and a further £200,000 in October 2016, to fund costs arising from the transfers of children's services to Achieving for Children (AfC) and adult social care to Optalis. £136,000 has been charged against these budgets during the current financial year. Further costs will be incurred in respect of the transfers in 2017-18 and therefore the £264,000 budget unspent in 2016-17 will be carried forward to 2017-18 to fund these costs.
- 4.4. The costs to be charged against the budget to be carried forward to 2017-18 will include the following:
- Tax consultancy in respect of VAT and Stamp Duty Land Tax (SDLT).
 - Stamp Duty Land Tax on property leases to AfC due in August 2017.
 - Market valuations for property leases.
 - Actuarial valuations of pension options.
 - Consultancy in respect of transition arrangements for the transfer of adult social care functions to Optalis.

- Project management and support in 2017-18 for the “Delivering Differently” initiatives.
- 4.5. There are no significant variances to report within the HR budget.
- 4.6. The **Strategic Director of Corporate and Community Services** reports an outturn underspend of £99,000 on controllable budget of £4,407,000; an improvement of £35,000 from the position projected last month.
- 4.7. There were several service changes at the year end from the last projection, the most significant contributor to the improved position being shared service fee refunds in legal and finance.
- 4.8. The **Interim Strategic Director of Operations and Customer Services** reports a full year underspend of £284,000 on the net budget of £21,636,000, a reduction of £53,000 on the projected underspend reported to Cabinet in April 2017.
- 4.9. £40,000 of this amount is for a website refresh commissioned in March 2017 with the balance arising from minor, offsetting variance changes across the services.

Revenue budget movement

- 4.10. Revenue budget movements this month are in table 2, see Appendix C for an expanded full year Movement Statement.

Table 2: Revenue budget movement

Service expenditure budget reported to February Cabinet	£83,390,000
Redundancy costs funded by provision	£28,000
Carry forward of transforming services budgets to be re-allocated in 2017/18	(£264,000)
Budget rounding	£2,000
Service expenditure budget this month	£83,156,000

Cash balances projection

- 4.11. Appendix D provides details of the Borough’s cash balance which is based on the assumptions contained in the 2017-18 budget report. In addition to the investments in the 2017-18 capital programme, the projection considers other capital proposals likely to come forward for approval during the year.
- 4.12. The increase in projected borrowing in March 2018 is based on a short term loan to accommodate the year end period when there is a significant reduction in business rates and council tax income. This year the Local Enterprise Partnership is projecting that a number of high value payments will be made to its partners.

Redundancy provision

- 4.13. In May 2016 the provision for redundancy was increased by £343,000 bringing it to £576,000. The provision has been used throughout the year including the £28,000 allocated this month (Table 2). A balance of £126,000 remains.

4.14. It is now estimated that a provision of £389,000 is required to cover the known redundancies in 2017-18. An increase to the provision of £263,000 has therefore been included in the Finance Update. As in previous years this has been funded from the capital fund.

Non service variances

4.15. When the 2016-17 budget was approved in February 2016 there was limited information on the exact amount of some grants the Council would receive. The Council has received more than expected business rate section 31 grants (£36,000) and more than expected education services grant (£43,000). The variances are reported in appendix A.

Capital programme

4.16. The approved 2016-17 capital estimate is £50,443,000, see table 4. The final outturn for the financial year is £28,861,000, an increase on the capital outturn in 2015-16 of £27,421,000.

4.17. Variances identified in the capital programme have resulted in £1,486,000 of budget no longer required in 2016-17. The majority of these savings relate to the revision of the Housing capital programme.

4.18. Slippage of capital programmes to 2017-18 total £20,096,000 gross. Appendices E and F provide further detail. Table 5 shows the status of schemes in the capital programme.

Table 4: Capital outturn

	Exp.	Inc.	Net
Approved estimate	£50,443,000	(£19,349,000)	£31,094,000
Variances identified	(£1,486,000)	£1,226,000	(£260,000)
Slippage to 2017-18	(£20,096,000)	£6,175,000	(£13,921,000)
Final Outturn 2016-17	£28,861,000	(£11,948,000)	£16,913,000

Table 5: Capital programme status

	Report Cabinet May 2017
Number of schemes in programme	532
Yet to Start	10%
In Progress	62%
Completed	23%
Ongoing Programmes e.g. Disabled Facilities Grant	5%
Devolved Formula Capital Grant schemes budgets devolved to schools	0%

5. LEGAL IMPLICATIONS

5.1 In producing and reviewing this report the Council is meeting its legal obligations to monitor its financial position.

6. RISK MANAGEMENT

Table 6: risks resulting from this report

Risks	Uncontrolled Risk	Controls	Controlled Risk
None			

7. POTENTIAL IMPACTS

7.1 None

8. CONSULTATION

8.1 Overview & Scrutiny meetings are scheduled prior to this Cabinet. Any comments from those meetings will be reported verbally to Cabinet.

9. TIMETABLE FOR IMPLEMENTATION

9.1 Implementation date if not called in: Immediately.

10. APPENDICES

10.1 Appendices attached to this report are shown below.

- Appendix A Revenue budget summary
- Appendix B Development fund analysis
- Appendix C Revenue movement statement
- Appendix D Cash flow projection
- Appendix E Capital budget summary
- Appendix F Capital variances

11. BACKGROUND DOCUMENTS

11.1 Background documents relating to this report are detailed below.

- Budget Report to Council February 2016.
- Budget Report to Cabinet February 2017.

12. CONSULTATION (MANDATORY)

Name of consultee	Post held	Date sent	Commented & returned
Cllr. Saunders	Lead Member for Finance.	24-4-17	27-4-17
Cllr. Rankin	Deputy Lead Member for Finance.	24-4-17	
Alison Alexander	Managing Director.	24-4-17	01-5-17

Name of consultee	Post held	Date sent	Commented & returned
Russell O'Keefe	Strategic Director of Corporate and Community Services.	24-4-17	
Andy Jeffs	Interim Strategic Director of Operations and Customer Services.	24-4-17	
Rob Stubbs	Section 151 Officer.	20-4-17	24-4-17

REPORT HISTORY

Decision type: For information	Urgency item? No
Report Author: Richard Bunn, Chief Accountant, 01628 796510	

Report title: Financial Update
Member reporting: Cllr Saunders
Cabinet meeting: 25th May 2017

What is this report about?

- This report is the Council’s financial outturn statement for 2016-17. It confirms the Council is in a strong financial position with combined general fund reserves of £6,219,000.

What is it recommending? That Cabinet:

- i) Notes the Council’s outturn position for 2016-17.
- ii) Notes the carry forward to 2017-18 of £264,000 of allocated unspent budget approved in March and October 2016 for transforming services.
- iii) Notes the increase to the provision for redundancy costs by £263,000 funded by the capital fund.

What is the background?

- There is a projected underspend on the General Fund of £477,000 an improvement of £46,000 on that reported in April.
- The Council’s directorates are underspending by a combined £395,000 against their controllable budgets. A breakdown is included below.

Directorate	Controllable Net Budget	Projected Variance
Adults, Children & Health Services	£57,112,000	(£12,000)
Corporate & Community Services	£4,407,000	(£99,000)
Operations and Customer Services	£21,637,000	(£284,000)
Total	£83,156,000	(£395,000)

- The main contributor to the improved position was the shared service refunds in legal and finance.
- A carry forward of allocated budget from 2016-17 to 2017-18 of £264,000 for the ongoing costs of transforming services has also been made relating to the transfers of Children’s services and Adult social care to Achieving for Children and Optalis respectively.
- The year end review of redundancy costs requires an increase in the provision of £343k to cover known redundancies in 2017-18 including £28,000 allocated this month.

How would it benefit residents?

- The report assures residents that the Council is in a strong financial position and making effective use of its resources.

When would it take effect? Immediately

- Immediately

Key communication message:

- The Council is in a strong financial position, making effective use of its resources.

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SUMMARY	2016/17		
	Budget	Approved Estimate	Actual Variance
	£000	£000	£000
Adult, Children's & Health Commissioning	7,636	7,124	772
Schools and Educational Services	5,285	5,278	(122)
Health, Early Help & Safeguarding	8,040	8,088	532
Health and Adult Social Care	32,408	33,012	(1,448)
Human Resources	1,167	1,533	(2)
A,C&H Management	834	852	256
Total Adult, Children & Health	55,370	55,887	(12)
Better Care Fund-Expenditure	9,915	11,047	1
Better Care Fund-Income	(8,485)	(9,822)	(1)
Total Better Care Fund	1,430	1,225	0
Maintained Schools	42,127	38,660	29
Early Years Education and Childcare Provision	7,154	6,342	(221)
Admissions and Pupil Growth	545	381	(79)
Support Services for Schools and Early Years	1,714	1,641	(236)
High Needs and Alternative Provision	13,430	13,663	1,284
Dedicated Schools Grant	(64,970)	(60,687)	(777)
Total Schools Budget (DSG)	0	0	0
Total Adult, Children and Health Services	56,800	57,112	(12)
Director of Operations & Customer Services	(27)	377	17
Revenues & Benefits	816	719	156
Highways & Transport	6,125	6,378	(101)
Community, Protection & Enforcement Services	6,957	7,223	(540)
Customer Services	1,704	1,768	146
Technology & Change Delivery	2,915	2,732	(2)
Library, Arts & Heritage Services	2,316	2,440	40
Total Operations & Customer Services	20,806	21,637	(284)
Director of Corporate & Community Services	85	146	(10)
Planning, Development and Regeneration Service	(813)	(644)	11
Corporate Management	433	654	(65)
Performance	429	454	(27)
Democratic Services	1,955	1,895	(22)
Elections	261	263	9
Legal	104	98	(57)
Finance	2,353	2,395	(51)
Building Services	40	26	24
Communities and Economic Development	(801)	(880)	89
Total Corporate & Community Services	4,046	4,407	(99)
TOTAL EXPENDITURE	81,652	83,156	(395)

SUMMARY	2016/17		
	Budget	Approved Estimate	Actual Variance
	£000	£000	£000
Total Service Expenditure	81,652	83,156	(395)
Contribution to / (from) Development Fund	1,133	355	0
Pensions deficit recovery	2,115	2,115	0
Pay reward	500	5	(5)
Transfer to/(from) Provision for the clearance of Shurlock Road		(180)	0
Transfer from Provision for Redundancy		(450)	0
Transfer to Provision for Redundancy		263	0
Transfer to/(from) Capital Fund		(263)	0
Transfer to the provision for MMI		272	0
Transfer to the bad debt provision		27	0
Environment Agency levy	150	150	0
Variance on Education Services Grant			(43)
Variance on NNDR income			(36)
Capital Financing inc Interest Receipts	5,128	5,258	2
NET REQUIREMENTS	90,678	90,708	(477)
Less - Special Expenses	(981)	(981)	0
Transfer to / (from) balances	0	(30)	477
GROSS COUNCIL TAX REQUIREMENT	89,697	89,697	0
General Fund			
Opening Balance	4,681	4,768	4,738
			0
Transfers to / (from) balances	0	(30)	477
	<u>4,681</u>	<u>4,738</u>	<u>5,215</u>
NOTE Service variances that are negative represent an underspend, positive represents an overspend.			

Memorandum Item	
Current balance on the Development Fund	
	£000
Opening Balance	649
Transfer (to) / from other reserves	
Transfer from General Fund - sweep	
Transfer (to) / from General Fund - other initiatives	355
	<u>1,004</u>

Corporate Development Fund (AE35) £000		
Balance B/F from 2015/16		649
Transacted amounts in 2016/17		
To/From Capital Fund		0
To/From General Fund		
Transition Grant (2016/17 budget - February 2016 Council)	1,278	
Restructure of the Development and Regeneration service (2016/17 budget - February 2016 Council)	(56)	
Minerals and Waste Strategy (2016/17 budget - February 2016 Council)	(61)	
Adjustment to contribution due to revised New Homes Bonus (2016/17 budget - February 2016 Council)	(28)	
Delivering Children's Services (March 2016 Cabinet)	(200)	
Additional Transport Model costs (April 2016 CMT)	(43)	
Heathrow Expansion (March 2016 Cabinet)	(30)	
Delivering Operations Services (March 2016 Cabinet)	(100)	
Road & Streetworks Permit scheme (March 2016 Cabinet)	(120)	
Review of Sunday Parking charges (April 2016 Council)	(81)	
Forest Bridge Contingency (CMT June 2016)	(100)	
Dynamic Purchasing System (March 2016 Cabinet)	(4)	
Forest Bridge Contingency no longer required - revenue budget removed	100	
Delivering Adults Services (Oct 2016 Cabinet)	(200)	
		355
		<u>1,004</u>

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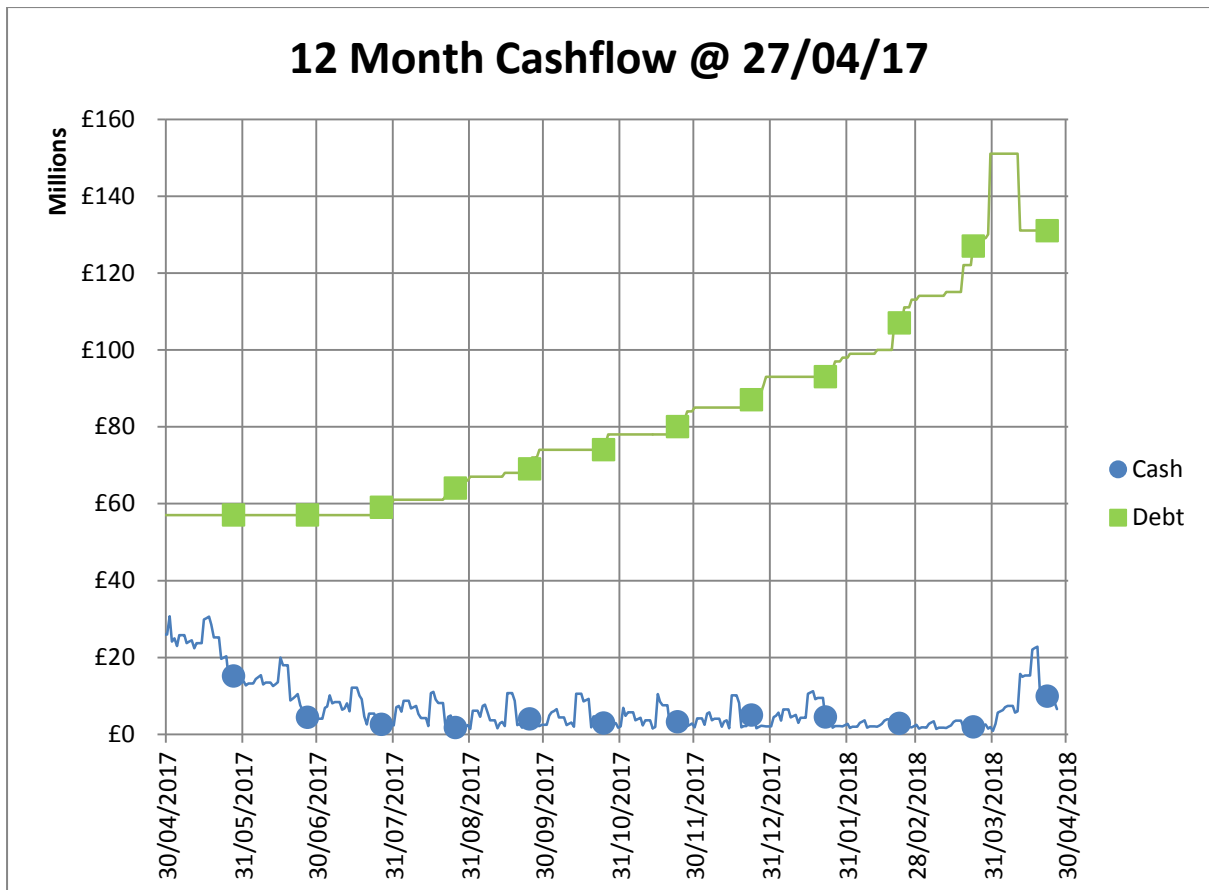
Appendix C

Budget Movement Statement 2016-17

	Funded by Development Fund (1)	Funded by the General Fund (2)	Funded by Provision (3)	Included in the original budget (4)	Total	Approval
	£'000	£'000	£'000	£'000	£'000	
Original Budget					81,652	
1 Transforming Services	200				200	Cabinet March 2016
2 Disabled Facilities Grant				(302)	(302)	Council Feb. 2016
3 Transport model	43				43	CMT April 2016
4 Heathrow Expansion	30				30	Cabinet March 2016
5 Redundancy cost			73		73	Cabinet May 2016
6 Redundancy cost			92		92	Cabinet May 2016
7 Desborough improvements		50			50	Cabinet March 2016
8 Transforming Services	100				100	Cabinet March 2016
9 NRSWA parking scheme	120				120	Cabinet March 2016
10 Sunday parking	81				81	Cabinet April 2016
11 Cleaning & maintenance costs at Cox Green Youth Centre		20			20	Council Feb. 2016
12 Redundancy cost			96		96	Cabinet May 2016
13 Forest Bridge Contingency	100				100	CMT June 2016
14 Pay reward				191	191	Council Feb. 2016
15 Pay reward				173	173	Council Feb. 2016
16 Pay reward				131	131	Council Feb. 2016
17 Dynamic purchasing system	4				4	Cabinet March 2016
18 Redundancy cost			25		25	Cabinet May 2016
19 Bus contract		44			44	Cabinet May 2016
20 Loss of rental income		50			50	Cabinet June 2016
21 Transforming Services		100			100	Cabinet June 2016
22 Redundancy cost			18		18	Cabinet May 2016
23 Redundancy cost			101		101	Cabinet May 2016
24 Removal of Forest Bridge Contingency	(100)				(100)	Cabinet November 2016
25 Redundancy cost			17		17	Cabinet May 2016
26 Transforming Services	200				200	Cabinet October 2016
27 External support for management of the property portfolio		29			29	CMT June 2016
28 New enforcement post in Planning		15			15	BSG / Head of Finance
29 Central House costs		37			37	Cabinet Regeneration Sub Committee December 2016
30 Redundancy cost			28		28	Cabinet May 2016
31 Carry forward of Transforming Services budget to 2017/18 (ACH)		(264)			(264)	Cabinet March and October 2016
32 Budget rounding		2			2	N/A
Changes Approved	778	83	450	193	1,504	
Approved Estimate May Cabinet					83,156	

- When additional budget is approved, a funding source is agreed with the Lead Member of Finance. Transactions in column 1 have been funded from a usable reserve (Development Fund).
- If additional budget is approved but no funding is specified, the transaction would, by default, be funded from the General Fund Reserve. Transactions in column 2 are funded by the General Fund.
- A provision for future redundancy costs is created every year and this is used to fund additional budget in services for the costs of redundancy they incur during the year. Transactions in column 3 are redundancy costs funded by the provision for redundancy.
- Transactions in column 4 are amounts approved in the annual budget which for various reasons need to be allocated to service budgets in-year. An example would be the pay reward budget. Pay reward payments are not approved until June. The budget therefore has to be re-allocated.

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Note 1 – Capital expenditure is projected to increase steadily throughout 2017/18. The exact profile may vary and monitoring of schemes and cash balances will decide the rate at which our borrowing will increase to ensure that no unnecessary debt charges are incurred

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Portfolio Summary	2016/17 Original Budget			New Schemes – 2016/17 Approved Estimate			Schemes Approved in Prior Years			Outturn – Gross Expenditure				
	Gross £000's	Income £000's	Net £000's	Gross £000's	Income £000's	Net £000's	Gross £000's	Income £000's	Net £000's	2016/17 Actual (£'000)	2016/17 SLIPPAGE (£'000)	TOTAL (£'000)	VARIANCE (£'000)	VARIANCE (%)
Community & Corporate Services														
SMILE Leisure	428	(120)	308	1,418	(120)	1,298	46	(14)	32	817	648	1,465	1	0%
Community Facilities	155	0	155	352	(222)	130	17	0	17	299	68	367	(2)	-1%
Outdoor Facilities	370	-100	270	602	(154)	448	827	(553)	274	537	898	1,435	6	2%
Property & Development	0	0	0	30	0	30	482	0	482	192	301	493	(19)	
Governance, Policy, Performance_Partnerships	588	0	588	350	0	350	406	0	406	482	267	749	(7)	-1%
Regeneration & Economic Development	6,377	(185)	6,192	10,752	(495)	10,257	4,842	(810)	4,032	8,769	6,846	15,615	21	0%
Total Community & Corporate Services	7,918	(405)	7,513	13,504	(991)	12,513	6,620	(1,377)	5,243	11,096	9,028	20,124	0	(0)
Operations & Customer Services														
Technology & Change Delivery	0	0	0	0	0	0	335	(6)	329	238	96	334	(1)	
Revenues & Benefits	0	0	0	162	0	162	48	0	48	84	126	210	0	
Customer Services	0	0	0	200	0	200	276	0	276	266	210	476	0	
Green Spaces & Parks	343	(308)	35	436	(322)	114	202	(69)	133	540	99	639	1	0%
Highways & Transport	9,609	(3,155)	6,454	10,519	(3,555)	6,964	2,117	(892)	1,225	9,025	3,610	12,635	(1)	0%
Community,Protection & Enforcement Services	890	(380)	510	960	(380)	580	992	(721)	271	773	1,062	1,835	(117)	-1.3%
Libraries, Arts & Heritage	367	(295)	72	490	(318)	172	468	(147)	321	143	749	892	(66)	-1.8%
Total Operations & Customer Services	11,209	(4,138)	7,071	12,767	(4,575)	8,192	4,438	(1,835)	2,603	11,069	5,952	17,021	(184)	(0)
Adult, Children & Health														
HR	0	0	0	0	0	0	0	0	0	2	0	2	2	
Adult Social Care	41	0	41	48	0	48	217	(185)	32	206	51	257	(8)	-20%
Housing	0	0	0	10	(10)	0	2,397	(2,017)	380	632	575	1,207	(1,200)	
Non Schools	0	0	0	175	(130)	45	302	(229)	73	211	259	470	(7)	
Schools – Non Devolved	4,550	(4,190)	360	5,836	(3,871)	1,965	2,015	(2,015)	0	4,186	3,573	7,759	(92)	-2%
Schools – Devolved Capital	250	(250)	0	1,029	(1,029)	0	1,085	(1,085)	0	1,459	658	2,117	3	1%
Total Adult, Children & Health	4,841	(4,440)	401	7,098	(5,040)	2,058	6,016	(5,531)	485	6,696	5,116	11,812	(1,302)	(0)
Total Committed Schemes	23,968	(8,983)	14,985	33,369	(10,606)	22,763	17,074	(8,743)	8,331	28,861	20,096	48,957	(1,486)	0

	(£'000)	(£'000)	(£'000)
Portfolio Total	23,968	50,443	28,861
External Funding			
Government Grants	(7,890)	(12,528)	(8,322)
Developers' Contributions	(933)	(6,018)	(3,620)
Other Contributions	(160)	(803)	(6)
Total External Funding Sources	(8,983)	(19,349)	(11,948)
Total Corporate Funding	14,985	31,094	16,913

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Capital Monitoring Report - Final outturn 2016-17

At 30 April 2017, the approved estimate stood at £50.443m

	Exp	Inc	Net
	£'000	£'000	£'000
Approved Estimate	50,443	(19,349)	31,094
Variances identified	(1,486)	1,226	(260)
Slippage to 2017/18	(20,096)	6,175	(13,921)
Outturn 2016/17	28,861	(11,948)	16,913

Overall Expenditure and Slippage

Final outturn for the financial year is £28.861m

Variances are reported as follows.

	Exp	Income	Net	
Community Facilities				
CI19	PB Encourage New Businesses-Maidenhead	(2)	0	(2) Unforeseen Costs
Property & Development				
CM10	Fire, H&S and Glazing Compliance	(3)	0	(3) Scheme complete
CM89	Tinkers La.-rewire of smll power & lightg circuits	(9)	0	(9) Scheme complete
CX33	Project Meeting RoomMaidenhead	(8)	0	(8) Scheme complete
Outdoor Spaces				
CZ78	P&OS-Clarence Road Fountain (2014/15)	8	0	8 Revised Estimate
CZ86				
Governance, Policy, Performance & Partnership				
CY08	Incentivisation Framework 2014-15	(6)	0	(6) Revised Business Case
Regeneration				
CI24	259 Ltd Opportunities for Private Rental 2015-16q	21	0	21
Green Spaces & Parks				
CZ47	P&OS-Ornamental Flower Beds	1	0	1 Scheme complete
Highways & Transport				
CB98	Bray Bailey Bridge Replacement Scheme 2014/15	(1)	0	(1) Scheme complete
CD19	Highway Drainage Schemes-Capitalised Revenue	(1)	1	0 Scheme complete
CD22	Safer Routes to School	(1)	0	(1) Scheme complete
CD77	Real-Time Bus Information Improvements	1	0	1 Scheme complete
CD95	Safer Routes-Holyport College	0	95	95 Contribution to follow
Community, Protection & Enforcement				
CD48	Refuse and Recycling Bins-Replacement	(1)	0	(1) Scheme complete
CT52	Disabled Facilities Grant	(117)	117	0 Revised Estimate
Libraries, Arts & Heritage				
CL70	Library Management System Replacement (2012/13)	2	0	2 Scheme complete
CZ76	P&OS-Alexandra Gardens Improvements (2014/15)	1	0	1 Scheme complete
CZ77	P&OS-WW1 & MC800 Commemoration Prjs (2014/15)	1	0	1 Scheme complete
CLB1	Additional Wifi and Broadband 2015/16	(1)	0	(1) Scheme complete
CLC1	WW1 Commemorations & Re-enactment 2016-17	(60)	60	0 No match funding available
CLC3	Sculpture Project - Danny Lane 2016-17	(10)	10	0 Scheme complete
CP82	Mhead Lib-Small Pwr Rewire Gnd/1st Floors 15/16	1	0	1 Scheme complete
HR				
CN94	Business Objects Upgrade	2	0	2 Scheme complete
Adult Social Care				
CLC6	Boyne Grove Personal Care Area 2016-17	(5)	0	(5)
CT42	Adult Personal Social Care	(2)	0	(2)
CT43	Courthouse Road Conversion of Garage	2	0	2 Unforeseen Costs
CT50	Community Capacity Grant 2015-16	(3)	3	0
Housing				
CT49	Provision of Additional Travellers Pitches 2014-15	(700)	350	(350) Planning Permission refused/delayed
CT51	Affordable Home Ownership Capital Investment	(500)	500	0 Budget no longer required. S106 funding will be used to fund the Brill House project in 2017/18.
Non Schools				
CKVS	Office Furniture	(4)	0	(4) Revised Estimate

Schools - Non Devolved

CK01	Oldfield New School Fees & Miscellaneous Costs	(5)	5	0 Revised Estimate
CK02	Oldfield School Contract	5	5	10 Revised Estimate
CSBF	St Edward's First and Middle School Expansions	(2)	2	0 Revised Estimate
CSDS	Maint Prog. Roofing, Guttering & Windows	(26)	26	0 Revised Estimate
CSDZ	Manor Green Res-chge of use Respite to Sch2013-14	(2)	2	0 Revised Estimate
CSEJ	Queen Anne kitchen, Toilet & Elect Works 2014/15	(2)	2	0 Revised Estimate
CSFB	Secondary & middle sch. Expans. Feasibil. 2015-16	1	1	2 Revised Business Case
CSFD	Trevelyan class sizes Phase 2 - 2015-16	1	1	2 Revised Business Case
CSFF	School Kitchens	1	1	2 Revised Estimate
CSFJ	Various Schools fire alarm upgrades - 2015-16	1	1	2 Revised Estimate
CSFR	Dedworth Middle School water supply 2015-16	(6)	6	0 Scheme complete
CSFZ	Newlands School rewire-2015-16	(9)	9	0 Scheme complete
CSGD	Waltham St Lawrence School Windows	1	1	2 Scheme complete
CSGK	Alexander First school Roof-2015-16	(7)	7	0 Scheme complete
CSGN	Bisham Kitchen-2015-16	5	(5)	0 Revised Business Case
CSGT	Windsor Boys Expansion	(1)	1	0 Scheme complete
CSGZ	Trevelyan School Roof Replacement	(20)	20	0 Scheme complete
CSHC	Alwyn School Access Ramp	1	(1)	0 Revised Estimate
CSHE	Furze Platt Junior Boiler Replacement	(6)	6	0 Scheme complete
CSHF	Bisham Re-Wire and New Lighting	12	0	12 Revised Estimate
CSHH	Maidenhead Nursery School Structural Improvements	2	0	2 Revised Estimate
CSHQ	Schools Participatory Budgeting	(35)	0	(35) Revised Business Case
CSHT	Feasibility for Satellite Grammar	(1)	0	(1) Revised Estimate
		<u>(1,486)</u>	<u>1,226</u>	<u>(260)</u>

There is no further slippage to report this month.

	Exp	Income	Net
Previously reported slippage	(20,096)	6,175	(13,921)
	<u>(20,096)</u>	<u>6,175</u>	<u>(13,921)</u>

Overall Programme Status

The project statistics show the following position:

Scheme progress	No.	%
Yet to Start	52	10%
In Progress	331	62%
Completed	120	23%
Ongoing Programmes e.g.. Disabled Facilities Grant	28	5%
Devolved Formula Capital Grant schemes budgets devolved to schools	1	0%
Total Schemes	<u>532</u>	<u>100%</u>

Report Title:	Adult Social Care Investment Plan
Contains Confidential or Exempt Information?	NO - Part I
Member reporting:	Cllr David Coppinger – Lead Member for Adult Services, Health and Sustainability
Meeting and Date:	Cabinet, 25 May 2017
Responsible Officer(s):	Alison Alexander – Managing Director
Wards affected:	All

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REPORT SUMMARY

1. The Royal Borough is committed to our adult residents who need support and assistance. In 2016/17 additional resource was invested to increase the level of service. Further investment is planned for the next three years which will bring the total investment to £28.5 million. The resource will increase the level of front line services, such as includes:
 - More residential care home beds for older people with dementia and people with learning disabilities.
 - More nursing beds to enable residents to leave hospital faster.
 - Ensuring the salaries of the social care workforce is in line with the national living wage of £7.50 an hour.
2. In making an additional investment the Borough is working closely with the local Clinical Commissioning Groups to ensure our services are sufficiently integrated to improve resident's lives.

1 DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That Cabinet notes the report and agrees:

- i) **The Adult social care investment plan set out in 2.4.**

2 REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

- 2.1 The Borough has a growing older people population because it is a good place to live, for instance the number of people aged 85-89 and 90 plus is forecast to increase year on year over the next five years. This growth will continue at the same rate into and through the next decade. Given the general population growth there is an anticipated growth by 16% of older people with dementia to 2020.
- 2.2 Some of our older residents require support from adult social care. Domiciliary, residential and nursing care for older people continues to increase. To meet this increase in cost the Council proactively invested an additional £3.6 m into the Adult Social Care budget in 16/17. As the population continues to grow further investment will continue from the adult social care precept, £1.8m for 2017-2018 and the improved Better Care Fund, £1.3m in 2017-2018.

- 2.3 The additional investment will ensure more resident's needs are met through:
- More residential beds for older residents and those with learning disabilities.
 - More nursing beds for residents with dementia and or other complex needs.
 - Increasing the wage of domiciliary workforce. Raising their hourly rate in line with the national living wage – to £7.50 per hour.
 - Meeting the increased cost of care in nursing and residential homes.
- Note: the investment will assist the Borough to ensure that residents are able to leave hospital by having responsive services in place.
- 2.4 A sustainable strategy for allocating the additional investment against forecast demand has been developed to benefit residents until 2020 see table 1 and section 4 for the financial details.

Table 1: Investment strategy

	Additional Resource	2017/18	2018/19	2019/20
1	Adult Social Care precept income & iBCF	£4,420,000	£6,591,000	£6,720,000
	Area of investment			
2	Demography: growth in the size and complexity of the needs of older people.	£750,000	£1,500,000	£2,250,000
3	Supporting the local care workforce by investing in quality value for money provision that pays staff the National Living Wage.	£200,000	£400,000	£600,000
4	Meeting higher needs of residents with dementia by increasing the investment in residential and nursing homes. Investment will continue to reduce hospital delays.	£260,000	£790,000	£390,000
5	Investment in four additional social care staff, required to meet current demand for assessments and reviews across the social work teams.	£154,000	£154,000	£154,000
6	Continued investment in preventative services against a backdrop of Public Health Grant reductions of 2.6% per year.		£150,000	£275,000
7	Initiatives delivered in partnership with the Clinical Commissioning Group to reduce hospital delays, including additional homecare resource, care staff and step down beds.	£200,000	£200,000	£200,000
8	Start up costs for Optalis including management and pension to ensure that the new model is resilient and subsequent savings are delivered.	£533,000	£533,000	£533,000
9	Investment in existing services to meet forecast cost increases	£700,000	£1,300,000	£1,900,000
10	Investment in adult social care in 2016/17	£3,600,000	£3,600,000	£3,600,000
	Totals *	£6,397,000	£8,627,000	£9,902,000

Table 2: Options

Option	Comments
To agree ASC investment strategy.	The strategy is designed to ensure that investment in adult social care delivers the required outcomes for borough residents.
The recommended option	
Not to agree the ASC investment strategy Not recommended	This will not deliver the requirements of residents.

3. KEY IMPLICATIONS

Table 3: Key implications

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
Investment plan delivers a balanced adult social care budget	Budget not balanced	Budget balanced	0.5% underspend	1% underspend	31 March 2020

4. FINANCIAL DETAILS / VALUE FOR MONEY

- 4.1 The adult social care precept of 2% in 2016/17 raised £1.2 million and an additional 3% in 2017/18 raises £1.85 million. The Royal Borough can raise a further ASC precept of 3% in 2018/19 which would raise an additional £1.9 million. The additional precept has been invested in front line adult social care, details of this investment are published on the council's website.
- 4.3 The new improved Better Care Fund resource of £2 billion nationally, allocates £3.4 million for the Royal Borough over three years. This is in addition to the 2015 Spending Review allocation of £1.4 million to the Royal Borough over the two years 2018/19 and 2019/20. These two funding streams provide £1.37 million in 2017/18, £1.64 million in 2018/19 and £1.77 million in 2019/20.
- 4.4 The conditions applied to the improved Better Care Fund are that the additional resource meets adult social care needs and reduce pressure on the NHS. The resource is being channelled through the existing Better Care Fund pool, currently £10.2 million for the Royal Borough. Our Clinical Commissioning Group partners are heavily involved in determining how we use the resource to meet need and specifically reduce delayed transfers of care from hospital.
- 4.5 in respect of the current financial year the strategy commits the Royal Borough to invest and additional £1,370,000 in the following four areas:
- £750k for demographic growth.
 - £260k for nursing care.
 - £200k for National Living Wage.
 - £200k for new initiatives to reduce delayed transfers of care.
- 4.6 The appendix to this report sets out in tabular form a summary of the adult social care precept income the council would expect to receive since the precept commenced in

2016/17, on the assumption its option to raise a further 3% precept in 2018/19 is taken up. Added to this is the additional “improved Better Care Fund” allocations up to 2019/20 as notified by the Department of Health. This additional resource is set against the expenditure commitments and initiatives of the Royal Borough in respect of adult social care pressures. The table shows that under this plan for the four year period 2016/20 the council would invest £9.6 million in addition to the £18.9 million income it would raise from the adult social care precept and iBCF funding.

Table 4: Financial impact of report’s recommendations

REVENUE	2017/18	2018/19	2019/20
Addition	£1,370,000	£3,600,000	£4,875,000
Reduction	£1,370,000	£3,541,000	£3,670,000
Net impact	£0	£59,000	£1,205,000

5. LEGAL IMPLICATIONS

- 5.1 The two new funding sources: locally set adult social care precept and improved Better Care Fund come with accounting conditions to the Secretary of State and Department of Health respectively. Conditions are being met.

6. RISK MANAGEMENT

Table 5: Impact of risk and mitigation

Risks	Uncontrolled Risk	Controls	Controlled Risk
In year pressures from newly arising need outside of planned demography	High	Close budget monitoring and finance reporting in relation to the adult social care budgets.	Low

7. POTENTIAL IMPACTS

- 7.1 The impacts of the plan will have a positive impact on older people and those working age adults who have a disability or vulnerability.

8. CONSULTATION

- 8.1 The report will be considered by Adult Services and Health Overview and Scrutiny Panel on 17 May 2017, comments will be reported to Cabinet.
- 8.2 Consultation has also taken place with the two Clinical Commissioning Groups.

9. TIMETABLE FOR IMPLEMENTATION

Table 6: Implementation timetable

Date	Details
25 May 2017	Investment plan agreed
From June 2017	Implementation of the investment initiatives outlined in table 1.

10. APPENDICES

Appendix 1. Summary of Adult Social Care finance Strategy 2016-20.

11. BACKGROUND DOCUMENTS

11.1 None.

12. CONSULTATION (MANDATORY)

Name of consultee	Post held	Date sent	Commented & returned
Cllr David Coppinger	Lead Member	21/4/17	28/4/17
Alison Alexander	Managing Director	27/4/17	28/7/17
Russell O'Keefe	Executive Director	21/4/17	
Andy Jeffs	Executive Director	21/4/17	25/4/17
Rob Stubbs	Section 151 Officer	21/4/17	25/4/17
Terry Baldwin	Head of HR	21/4/17	25/4/17
Mary Kilner	Head of Law and Governance	21/4/17	25/4/17

REPORT HISTORY

Decision type: Key decision : April 2017	Urgency item? No
Report Author: Nick Davies , Service Lead Commissioning Adults 01628 683614	

Appendix 1. Summary of Adult Social Care finance Strategy 2016-20.

Adult Social Care Finance Strategy 2016-20.		Note: figures are shown on a cumulative basis							
Ref		2016/17	2017/18		2018/19		2019/20	2016/20	
	RESOURCE	Precept £'000	Precept	iBCF funds NewASC £'000	Precept	iBCF funds NewASC £'000	Precept	iBCF funds NewASC £'000	Totals £'000
1a	Year 2016/17 precept : 2%	1,200	1,200		1,200		1,200		4,800
1b	Year 2017/18 precept : 3%		1,850		1,850		1,850		5,550
1c	Year 2018/19 precept : 3%(assumed)				1,900		1,900		3,800
2a	Additional iBCF from National 2 Billion			1,370		1,341		670	3,381
2b	Additional iBCF - Dec 2015 spending review					300		1,100	1,400
	Total new resource	1,200	3,050	1,370	4,950	1,641	4,950	1,770	18,931
	ALLOCATION								
0	2016/17 Service growth	3,600	3,600		3,600		3,600		14,400
1a	2017/18 Demography - see note 1		194	556	750		750		2,250
1b	2018/19 Demography				750		750		1,500
1c	2019/20 Demography						599	151	750
2	National living wage - see note 2			200	53	347		600	1,200
3	Nursing Care Home places see note 3			260		790		390	1,440
4	Additional four social work staff - note 4			154		154		154	462
5	Public Health - see note 5					150		275	425
7	New Initiatives to reduce DTOCs - see note 6			200		200		200	600
8	Optalis - Management		533		533		533		1,599
9	Inflation, Insurance, Apprenticeship levy etc		700		1,300		1,900		3,900
		3,600	5,027	1,370	6,986	1,641	8,132	1,770	28,526
	Excess of allocation over new resource	2,400	1,977	0	2,036	0	3,182	0	9,595
	Cumulative additional funding from Council	2,400	4,377		6,413		9,595		
Notes									
1	Estimate based on national population projection for older people and adults under 65, known as POPPI & PANSI data.								
2	Estimate of increase in NLW from £7.20 to £9.00 by 2020 as required by national target to be 60% of median earnings by that year.								
3	Increase nursing dementia beds to support reduction in Delayed transfers of care. Cost of transition from residential & nursing care to dementia nursing will increase costs in 2018/19.								
4	Posts required to meet current demand								
5	Loss of grant as notified by DH. Public Health grant funds Drugs & Alcohol services, sexual health services, and smoking cessation.								
6	May be used for step down beds, Homecare services, or care staff. This would fund 214 additional homecare hours per week.								

Subject:	Royal Borough of Windsor & Maidenhead Stop Smoking Service update.
Reason for briefing note:	This briefing note has been prepared to advise the Adult Services and Health Overview and Scrutiny Panel of the main findings from the Smoking Cessation Service review and the current position.
Responsible officer(s):	Teresa Salami-Oru, Service Leader/Consultant in Public Health
Senior leader sponsor:	Hilary Hall, Deputy Director, Strategy and Commissioning
Date:	8 th May 2017

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SUMMARY

The Health and Social Care Act 2012 places a duty on local government to improve and reduce the gap in life expectancy between those in the most and least affluent wards. The Royal Borough has commissioned stop smoking services since 2013 because these interventions are cost effective and support our mandated duties to improve life expectancy and reduce health inequalities; with a focus on prevention and assistance for those most in need.

In 2016, the Royal Borough took the decision to revise its universal smoking cessation service offer, by providing specialist cessation support to targeted groups identified as being most in need.

Since this time the smoking cessation budget has been underspent and targets have not been reached. A decision was, therefore, taken by Cabinet to set up a task and finish group, through the Adult Services and Health Overview and Scrutiny Panel, to review local need, better understand issues affecting the service and develop a targeted timely action plan.

The task and finish group was held on 16th March 2017. The group received a Smoking Cessation Service Review discussion document and was satisfied with the proposed plans. This report sets out the plans for Panel consideration.

1 BACKGROUND

- 1.1 On 20 July 2015 the Cabinet approved the Council re-commission a smoking cessation service outside of the Shared Berkshire arrangement. By developing a local service, the Council reduced its investment from £256 - 296K per year to £128k per year over a period of three years and procured a new targeted service, focusing on those with significant health inequalities, namely the mentally ill, pregnant women and under 18's.
- 1.2 These recommendations were made because stop smoking services are the most cost effective public health intervention as evidenced by National Institute for Health and Care Excellence (NICE) to tackle our mandated duties to improve life expectancy and reduce health inequalities, see appendix 1 for evidence sources.

- 1.3 The target groups were selected because of the impact they could make on reducing inequalities and overall prevention. People with mental health problems, especially those with serious mental health illnesses are likely to die 20 years earlier than the general population. In RBWM at the time there was a higher than average death rate amongst this group.
- 1.4 There was also a persistent problem with smoking rates amongst young pregnant women, a targeted approach was therefore sought to address this challenge. It was also identified that many smokers developed their addiction in their teens. It was therefore considered prudent to commission activities which helped to prevent young people from starting to smoke.

2 KEY IMPLICATIONS

- 2.1 The Health and Social Care Act 2012, places a duty on local government to improve life expectancy and reduce the gap in life expectancy between those in the most and least affluent wards.
- 2.2 Smoking prevalence in the Royal Borough currently stands at 13% (approximately 18,792). This is better than the England average; however masks underlying pockets of need in certain communities. Such groups include manual workers and persons with severe mental health problems.
- 2.3 Smoking remains the biggest single lifestyle cause of preventable mortality and morbidity, therefore helping residents to stop smoking contributes to both length and quality of life.
- 2.4 The single biggest generic cause of preventable death in the Royal Borough is cancer, 80 % of all lung cancers are caused by smoking. Evidence from the RBWM Annual Public Health Report, 2016 identifies men as being particularly at risk of preventable death from cancer.
- 2.5 Evidence suggests that 90% of all variation in health outcomes can be attributed to tobacco. In the Royal Borough, men, people with mental illness and persons from routine and manual groups are more likely to smoke than the rest of the adult population.

3 DETAILS

- 3.1 A rapid service review was conducted on the Smoking Cessation Service in 2017. The main findings from the review were that there was a need to revise and refine the current service model, delivery and management procedures in line with new evidence. The relationship between partnership working and health improvement was duly recognised. It was therefore identified that collaboration with partners such as the Clinical Commissioning Group (CCG) and partnerships such as the Berkshire Tobacco Control Alliance should be maximised in order to drive forward health improvements.
- 3.2 The review identified that there was evidence to support the service being delivered to the current target groups. However, the offer required some refinement. People with mental health problems who were inpatients or outpatients should both be offered support to quit.

- 3.3 The evidence from NICE supporting prevention interventions in young people was considerable, additionally local data suggested young people in the Royal Borough were more likely to use other tobacco products by 15 years than the England average (22% compared to 15.2%). The review therefore recommended that a combination of cessation support (including support for parents, child minders and carers) and school based prevention activities would be of greater benefit to local residents than the previous offer.
- 3.4 Activity data from the stop smoking service from 2013 to 2016 showed that persons with hypertension, asthma and depression were more likely than other persons with a long term condition (LTC) to set a quit date. This data suggests there is greater demand for the service from these client groups. Evidence also suggests that persons from lower socio economic groups are more likely to have a long term condition. Smokers living with a long term conditions face increased health risks and complications. The review therefore proposed the inclusion of persons with hypertension and asthma into the service model.
- 3.5 The review noted the need for flexibility in supporting smokers, therefore the introduction of 'spot intervention' funding for smokers with exceptional circumstances was proposed. This group would include persons referred by their GP, who had sufficient motivation to quit and had a diagnosis of vascular dementia, liver disease, respiratory disease or cardiovascular disease or were drug and alcohol service users.
- 3.6 In order to effectively manage the changes to the service and ensure performance achievement, the management of the Stop Smoking Service contract was recommended to be brought in house, from the shared Berkshire team.
- 3.7 The review noted the challenges associated with quitting in the target groups. Prior to March 2016, quit rates for RBWM were amongst the best in England. In 13/14, 64% compared favourably against the regional average 55% and the England average of 52%. Activity data from April 2013 to March 2016 showed a decline in the number of people accessing the service. In 14/15, 1347, persons accessed the service (68% set a quit date), in 15/16, 1132 accessed the service (57% set a quit date). An overall decline in persons accessing the service of 15.9% despite a universal service offer.
- 3.8 Since April 2016, it has no longer been possible to accurately compare local smoking performance to regional or national averages. Local targets have not been reached despite an improved performance in Q3. Reasons for this include the difficulty in helping groups who find it harder to quit, limited awareness of the referral process and shared service management. It was therefore proposed that the current target be halved, to 100 quits from pregnant women, the mentally ill and young people; with 218 further quits sought through spot intervention and persons with long term conditions.
- 3.9 The estimated cost of all the Tobacco Control interventions proposed, £128,000 per annum, will be met through the existing budget and other appropriate funding streams. Considering the lead in time required for the changes and the relative newness of the proposed service model it was agreed that performance should be closely monitored.
- 3.10 Actions taken since the Task and Finish group was held include,
- Contract management brought in house.
 - Providers made aware of service model changes to take effect from quarter 2, 2017/18.
 - New venues for service delivery are being sought in line with local smoking prevalence by ward and GP practise and schools with high pupil premium numbers.

- Opportunities for delivery are being sought within integrated Health and Social Care models.
- Plans are in place to train the drug and alcohol service providers to deliver brief stop smoking advice.
- The Royal Borough had joined the Berkshire Tobacco Control Alliance.
- Discussions have commenced with the CCG about opportunities to be harnessed through patient participation groups, the pulmonary rehabilitation pathway and the case by case route.

4 RISKS

- 4.1 The new service model may take some time to bed in and improvements in performance are unlikely to be seen until Q3. This will allow for sufficient publicity and awareness to be raised amongst stakeholders and residents.
- 4.2 The new target of 318 quits per year will require some flexibility as it includes new cohorts and spot intervention clients. It is therefore proposed that targets by cohort are used solely for contract monitoring purposes and are phased in over a three year period.

5 NEXT STEPS

- 5.1 The Adult Services & Health Overview and Scrutiny Panel endorse the
- new target of 318 quits and the phasing in of this target over three years:
Year 1 = 200; Year 2= 250 Year 3 = 318
 - New target groups (See table 1)

Table 1: New target groups

Target Group	Definition
Persons diagnosed with a Mental Health problem	Mental Health service inpatients and outpatients
Pregnant women	No change
Young people	Including carers, parents, and childminders
Long term conditions	Persons diagnosed with hypertension and asthma
Spot intervention cohort	GP referral, exceptional circumstances, diagnosis of respiratory disease, vascular dementia, cardiovascular disease or service user of referral from drug and alcohol service.

- 5.2 Public Health will continue to monitor the new service in detail, paying particular attention to uptake in all target groups; reporting to the Health Overview and Scrutiny Panel In November 2017.

- 5.3 Public Health will work with the Communications team to conduct a comprehensive health promotion campaign promoting the service through digital and traditional channels.
- 5.4 Public Health will evaluate the new service model in between January and March 2018 with a view to refining future commissioning intentions.

Appendix 1: Evidence Table

Target Group	Evidence sources	Comments
Relevant to all target groups and general population	Stop smoking services. Public health guideline [PH10] February 2008	Details the evidence of effectiveness underpinning smoking cessation interventions.
Young People	<p>The National Institute for Health and Care Excellence. Smoking prevention in schools [PH23]. https://www.nice.org.uk/guidance/PH23</p> <p>The National Institute for Health and Care Excellence. Smoking: preventing uptake in children and young people [PH14]. https://www.nice.org.uk/guidance/PH14</p> <p>Health & Social Care Information Centre Smoking, Drinking and Drug Use Among Young People in England – 2014 http://www.hscic.gov.uk/catalogue/PUB17879/smok-drin-drug-youn-peop-eng-2014-rep.pdf</p> <p>Public Health Research Consortium. A Review of Young People and Smoking in England http://phrc.lshtm.ac.uk/papers/PHRC_A7-08_Final_Report.pdf</p>	<p>Risk factors associated with increased likelihood of smoking initiation among young people include associated, exposure to parent, carer, sibling and peer smoking, lower socio economic status, higher levels of truancy and substance misuse.</p> <p>Smoking prevention is therefore not achieved by youth targeted interventions alone.</p> <p>School based interventions; mass media interventions and enforcement to restrict illegal access to tobacco among young people are effective.</p>
Vascular Dementia	Smoking, dementia and cognitive decline in the elderly, a systematic review. Peters R1, Poulter R, Warner J, Beckett N, Burch L, Bulpitt C.	Smoking increases risk of Alzheimer's disease and may increase risk of other dementias. This reinforces need for smoking cessation, particularly aged 65 and over.
Pregnant women	<p>NICE 26 – Quitting Smoking in Pregnancy and Following childbirth.(2010) http://www.nice.org.uk/guidance/pH26</p> <p>Challenge Group Report (2013). Smoking cessation in pregnancy: A call to action</p> <p>NICE 48 -Smoking: acute, maternity and mental health services. Public health guideline</p>	<p>NICE provided evidence-based recommendations on stopping smoking for people using maternity, mental health and acute services.</p> <p>Smoking during pregnancy is strongly associated with a number of factors including age and social economic position.</p> <p>Mothers aged 20 or under are five times more likely than those aged 35 and over to have smoked throughout pregnancy</p>

Target Group	Evidence sources	Comments
Persons with Mental Health Problems	NICE 48 -Smoking: acute, maternity and mental health services. Public health guideline	<p>People with mental health problems smoke significantly more and are more dependent on nicotine than the population as a whole, with levels about three times those observed in the general population.</p> <p>NICE provided evidence-based recommendations on stopping smoking for people using maternity, mental health and acute services</p>
Long term conditions	<p>Smoking and long term conditions ASH (accessed 24/4/17)</p> <p>Stop Smoking Service Activity Data 2013-2016</p>	<p>Activity data from the stop smoking service 2013 to 2016 shows that persons with hypertension, asthma and depression were more likely than other persons with a long term condition (LTC) to set a quit date.</p> <p>People suffering from asthma who smoke experience higher rates of hospitalisation, worse symptoms and more rapid decline in lung function than those with asthma who do not smoke.</p> <p>Smoking significantly increases the risk of heart disease and stroke.</p> <p>Smokers are 2-4 times more likely to have a stroke.</p>

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Subject:	Ways into Work Social Enterprise – Annual Review 2016-2017
Reason for briefing note:	To report on the performance of the supported employment provision delivered by Ways into Work (WiW)
Responsible officer(s):	Nick Davies – Head of Commissioning Adults and Children’s
Senior leader sponsor:	Hilary Hall – Deputy Director Strategy and Commissioning
Date:	Adults & Health Overview and Scrutiny 17th May 2017

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SUMMARY

- 1 In March 2015, Ways into Work, the Royal Borough’s award winning employment and training service supporting people with learning disabilities, became an independent social enterprise with the ambition of expanding its operation for the benefit of Royal Borough residents.
- 2 The report confirms that in its second year after the spin out, the service has provided a service to 370 people with a disability living within the Royal Borough. The core contracted services deliver to 126 people who have a learning disability to support them to get and sustain employment; 91 who have Autistic Spectrum conditions and 53 with a mental health need. The growth of Ways into Work has secured a financial benefit of £183,248 in relation to Learning Disability services of cost avoidance.
- 3 The report sets out the targets for the service for 2017-2018 financial year and identifies areas for development

1 BACKGROUND

- 1.1 In March 2015, the Ways into Work supported employment service was spun out as a social enterprise in order to have greater freedoms and flexibilities to expand the service, by accessing additional funding streams.
- 1.2 A five-year contract was agreed with the Ways into Work Social Enterprise with a number of targets. All the targets for the second year have been achieved, see table 1.

Table 1: Ways into Work targets and achievements

Target / Output	Baseline (2014/2015)	Year 1 Achievement (2015/2016)	Year 2 Target (2016/17)	Year 2 Achievements
a) Expand the number of employers providing employment	50 employers	Two additional employers – 0-1 additional per quarter. 57 cumulative	Two additional (0-1 additional per quarter) 54 cumulative	Numbers of new employers supported: 22 new Employers 76 cumulative
b) Support increased number of RBWM residents		13	Seven additional (1-2 per quarter) 14 cumulative	39 new referrals 53 cumulative
c)				
d) i. New funding / markets assessed. Securing additional contracts to provide a sustainable and resilient service.		2	One new funder cumulative	Two confirmed new funders: West Berkshire Council Berkshire College of Agriculture (BCA) Hampshire CC
ii. New income generated		£148k	<i>*Future targets past March 2016 will be agreed with the Purchaser within three months of this date.</i>	
d) Demonstrate Adult Social Care (ASC) Cost Avoided based on the amount of day services or 121 support that people would require if they were not in employment calculated by the social care team on an		£40k avoided	£4k avoided £8k cumulative	£183k avoided

Target / Output	Baseline (2014/2015)	Year 1 Achievement (2015/2016)	Year 2 Target (2016/17)	Year 2 Achievements
individual basis. (Details in Appx 2)				
e) Number of people supported into paid employment per year (Reporting and data captured should support the Local Authorities statutory reporting of ASCOF measures 1E & 1F).	People with a Learning Disability: 69 People with Autistic Spectrum Condition: 20 People with a Physical Disability: 9 People with a Sensory Impairment: 6 People with HIV: 6 Total: 110	83 people supported into employment, compared to a Learning disability cohort of 334 = 24.8% compared to last year which was people compared to 327.	Five additional (one-two per quarter) 120 cumulative	31 new people Learning Disability 18 Autistic Spectrum condition 11 Physical Disability 1 ASCOF figures for 16/17 are yet to be calculated.
f) Percentage of people who have retained employment (post 20 weeks) *excluding death.	75% of all new jobs	100% of all new jobs	75% of all new jobs	85% of all new jobs
g) Number of people in retained employment now not requiring support or significant reduction of 10 hours less ongoing support	10	12 (three per quarter)	12 (three per quarter)	Waiting for information from ASC.

2 DETAILS

- 2.1 The individual outcomes for residents delivered by the service are detailed in Appendix 1. Case studies demonstrating some of the success stories Ways into Work service has achieved are available at <http://waysintowork.com/news/>
- 2.2 The contract value is £216k per year for five years from 1 March 2015, totalling £1,081,756 across the contract period. It was anticipated that this would provide savings over the five years of the contract of £18.5k. In addition, it was anticipated that there would be cost avoidance benefits based on expensive day services not being required because people with a learning disability would be in employment. The savings are on track for delivery and the cost avoidance has been delivered, see Appendix 2 for details.
- 2.3 Ways into Work has, as promised, won new contracts:
- **Elevate**- Ways into Work are a partner within the RBWM Elevate offer for young people aged 16-24, all the evidence shows that while youth unemployment in the region is low, individuals with protected characteristics remain significantly under represented within the workforce. Ways into Work are applying the bespoke, targeted approach to meet the needs of those young people, who are unable to access main stream routes to employment. Elevate RBWM are currently exceeding the targets around numbers of people with a Disability into Employment.
 - **Elevate Berkshire**- Ways into Work were commissioned separately and are providing match funding for the Berkshire wide program and supporting 100 young people across the Berkshire region who due to a disability or disadvantage have been unsuccessful in gaining employment through other interventions. Ways into Work have a small dedicated team of people working across East and West Berks. Elevate Berkshire is exceeding the targets around numbers of people with a Disability into Employment and therefore Ways into Work will be flexible in helping to achieve the other targets which require targeted support.
 - **Manor Green School**- Ways into Work are commissioned directly by MGS to deliver supported Employment services to their key stage 5 students. This work is now cited on the Preparing for Adulthood website as an example of best practice and the video is used within training sessions <https://www.youtube.com/watch?v=dvdVZWeZ4Qs>. The school has seen great success in individuals gaining Saturday jobs, part time work, Supported Apprenticeships and full time paid employment.
 - **Ways into Work** are in the process of setting up the first Supported Internship within the Borough, working in partnership with Manor Green School and a major local employer.
 - **Hampshire CC** have commissioned Ways into Work to deliver supported employment to Adults with a Learning Disability throughout the county. The contract has been set up so that other areas of Adults or Children's services could add onto the contract in the future. The team are now actively working in the area and have already achieved positive outcomes for individuals living in the county.
 - **Dove House School**- On the back of the great success that has been achieved with Manor Green School, Ways into Work have been commissioned to work in collaboration with the school to support six young people into paid employment..

- 2.4 The priority for the first year has been to ensure that Ways into Work provides a good quality service for the direct benefit of Royal Borough residents in the medium term. Accordingly, profits have been used to:
- Ensure there is an operating reserve.
 - Increase the support available to staff working with residents.
 - Employ a young resident with a disability as an apprentice.
- 2.5 This has benefitted the Royal Borough through the increase in the number of people supported. The value of this benefit has been calculated as 2.5% of the contract value, approximately £5k.

3 NEXT STEPS

- 3.1 Targets for the remaining years of the contract have been set, see table 2.

Table 2: Targets for the remaining years of the contract

Target / Output	Year 3 (2017/18)	Year 4 (2018/19)	Year 5 (2019/20)
a) Expanding the numbers of employers providing employment	Two additional (0-1 additional per quarter) 56 cumulative	Two additional (0-1 additional per quarter) 58 cumulative	Three additional (0-1 additional per quarter) 61 cumulative
b) Support increased number of RBWM residents	Seven additional (1-2 per quarter) 21 cumulative	Seven additional (1-2 per quarter) 28 cumulative	Seven additional (1-2 per quarter) 35 cumulative
c) i. New funding / markets assessed. ii. New income generated	Two new funders cumulative *	Three new funders cumulative *	Five new funders cumulative *
e) Adult Social Care (ASC) cost avoided	£4k avoided £12k cumulative	£4k avoided £16k cumulative	£4k avoided £20k cumulative
f) Number of people supported into paid employment per year.	Five additional (one-two per quarter) 125 cumulative	Five additional (one-two per quarter) 130 cumulative	Five additional (one-two per quarter) 135 cumulative
g) Number of people who have retained (post 20 weeks) employment *excluding death	75% of all new jobs	75% of all new jobs	75% of all new jobs
h) Number of people in retained	12 (three per quarter)	12 (three per quarter)	12 (three per quarter)

Target / Output	Year 3 (2017/18)	Year 4 (2018/19)	Year 5 (2019/20)
employment now not requiring support / significant reduction of 10 hours less ongoing support			

- 3.2 Any new entity will face challenges and as part of the annual review, Ways into Work identified some ways in which the Royal Borough can work alongside it without additional financial investment, in its role as a local employer:
- Through the Local Area Framework in championing the business benefits of employing people with a disability.
 - For the council are in a position to connect Ways into Work with local business to enable them to begin developing more relationships at a strategic level.
 - Promoting Supported Apprenticeships and have been cited by Learning and Work institute as an example of innovation.
 - RBWM have applied for the DWP funded proof of concept for Supported Employment and are expecting to hear by the end of June 2017. This pilot project would enable the service to demonstrate the wider savings that can be made to the overall welfare benefits budget and on an investment to save program.

Appendix 1 – Case Studies

J.W is a young man who attended Manor Green School, he found the school environment challenging and had high levels of absence. His prospects were not looking hopeful and there were concerns that he would be able to sustain school until the end.

Ways into Work began working with J.W and he rarely missed a session with the team. They got to understand his aspirations and realised his passion lay with horticulture. However due to his ASC he had been informed in the past that this wouldn't be possible due to his communication.

Ways into Work set up a targeted work experience placement for him in Dorney, with a clear development plan in place around skills that needed to be developed to support his career aspirations. J didn't miss a single session at work experience, although his attendance at school remained low. During this time, he built up his skill set and we could identify his strengths.

It was clear that JW had a talent for identifying plants and his communication skills around this subject developed. Ways into work set up another work experience placement within HomeBase to enable him to gain experience in a busier more commercial environment.

Running alongside this he was supported to gain a weekend job at LEGOLAND Windsor Resort within the Park Presentation team. This gave JW the opportunity to further develop his communication skills and realise that he was in fact good at communicating with the public.

JW left school and went onto college to undertake a work preparation course and Ways into Work continued to work with him through the RBWM contract. During the first two months of college Ways into Work began working with the Homebase academy and spent considerable time working collaboratively with them around a pathway for J. The family decided that because of his employment options that they didn't need any input from Adult Social Care at this time.

After several assessments {supported by Ways into Work} J was offered a place on the academy. This opportunity has seen him staying away from home for the night, meeting lots of new people and discovering that Education can also be fun.

JW says that he loves his Job, feels hopeful for the future and without Ways into Work doesn't know what he would be doing now.

DN- A gentleman with ASC known to Adult Social Care. D had been supported by Ways into Work to gain employment within an office environment but was sadly made redundant at the end of 2015. D became low in mood and was concerned that he would have to remain on benefits and would be out of work for the rest of his life. Ways into Work continued to work with him and helped to build upon his past employment experiences and helped him to feel positive about the future again.

It became clear that DN had an amazing knowledge and passion for Aeroplanes and could recall flight information without looking it up. DN is personable and friendly person, who with structure, works well in a team.

Ways into Work started engaging with Heathrow and their partner organisations and through this were connected to Omniserve. Heathrow academy worked with Ways into Work to help to advocate a different way of recruiting and DN was supported by Ways into Work at every stage. DN was the only person in the interview that could answer 100% of questions and was successful in being offered a job. Ways into work have provided the job coaching support needed to enable DN to access and have helped the employer with reasonable adjustments. He is now working in the airport, has come off benefits and is very proud to work in one of the busiest airports.

CE- Gentleman with a Learning Disability referred by Adult Social Care. C had always said he wanted to work in the care sector but didn't have an experience or at the time of referral the maturity to take on such a role. Ways into Work supported him with a development plan to help him work towards this aspiration. In 2013 Ways into Work supported him to gain a part time job

at LEGOLAND Windsor resort within the food and beverage department and this provided C the opportunity to work in a team, develop his interpersonal skills and earn some money. C worked for two seasons and during this time developed a level of maturity and decided he wanted a more permanent role. Ways into Work engaged with a school in Slough, where he gained a job as a Lunchtime Controller. This was an opportunity that gave C the chance to work more directly with people and again to further gain the experience he needed to work within a care setting. C grew in confidence and decided after 18 months that he wanted to move on, he left this role well regarded and as an organisation feeling confident about employing someone with a disability again in the future.

Ways into Work had been working with Manor Green School, supporting with their on-going recruitment and a position for Lunchtime Support Assistant came up. CE was supported to attend a volunteering day, which gave him the opportunity to demonstrate his competencies and he was offered the position. C is amazing with the young people and is highly respected by his colleagues. C says he is now in his Dream Job.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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