

Public Document Pack



Neuadd y Sir
Y Rhadyr
Brynbuga
NP15 1GA

County Hall
Rhadyr
Usk
NP15 1GA

Monday, 4 September 2017

Notice of meeting / Hysbysiad o gyfarfod:

Adults Select Committee

**Tuesday, 12th September, 2017 at 10.00 am,
Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA**

Please note that a pre meeting will be held 30 minutes prior to the start of the meeting for members of the committee.

AGENDA

Item No	Item	Pages
1.	Apologies for absence	
2.	Declarations of interest	
3.	Public Open Forum	
4.	To confirm the minutes of the previous meeting held on 25th July 2017	1 - 8
5.	White Paper Consultation: Services Fit for the Future - Quality and Governance in health and care in Wales	9 - 62
6.	Budget Monitoring - Period 2	63 - 90
7.	To consider whether to exclude the press and public from the meeting during consideration of the following items of business in accordance with Section 100A of the Local Government Act 1972, as amended, on the grounds that it involves the information as defined in Paragraph 12 of Part 4 of Schedule 12A to the Act (Proper Officer's view attached).	91 - 92
8.	Future of Private Leasing Scheme: Due Diligence & Options Report	93 - 126
9.	Actions Arising from the last meeting.	127 - 128
10.	Adults Select Committee Forward Work Programme	129 - 132
11.	Council and Cabinet Forward Plan	133 - 148
12.	To confirm the date and time of the next meeting as 24th October 2017 at 10.00am	

Paul Matthews

Chief Executive / Prif Weithredwr

MONMOUTHSHIRE COUNTY COUNCIL
CYNGOR SIR FYNWY

THE CONSTITUTION OF THE COMMITTEE IS AS FOLLOWS:

County Councillors:

S. Howarth
L.Brown
L.Dymock
M.Groucutt
P.Pavia
J.Pratt
R. Harris
R. Edwards

Public Information

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Watch this meeting online

This meeting can be viewed online either live or following the meeting by visiting www.monmouthshire.gov.uk or by visiting our Youtube page by searching MonmouthshireCC.

Welsh Language

The Council welcomes contributions from members of the public through the medium of Welsh or English. We respectfully ask that you provide us with adequate notice to accommodate your needs.

Aims and Values of Monmouthshire County Council

Sustainable and Resilient Communities

Outcomes we are working towards

Nobody Is Left Behind

- Older people are able to live their good life
- People have access to appropriate and affordable housing
- People have good access and mobility

People Are Confident, Capable and Involved

- People's lives are not affected by alcohol and drug misuse
- Families are supported
- People feel safe

Our County Thrives

- Business and enterprise
- People have access to practical and flexible learning
- People protect and enhance the environment

Our priorities

- Schools
- Protection of vulnerable people
- Supporting Business and Job Creation
- Maintaining locally accessible services

Our Values

- **Openness:** we aspire to be open and honest to develop trusting relationships.
- **Fairness:** we aspire to provide fair choice, opportunities and experiences and become an organisation built on mutual respect.
- **Flexibility:** we aspire to be flexible in our thinking and action to become an effective and efficient organisation.
- **Teamwork:** we aspire to work together to share our successes and failures by building on our strengths and supporting one another to achieve our goals.

Monmouthshire Scrutiny Committee Guide

Role of the Pre-meeting

1. Why is the Committee scrutinising this? (background, key issues)
2. What is the Committee's role?
3. What outcome do Members want to achieve?
4. Is there sufficient information to achieve this? If not, who could provide this?
5. Discuss the committee's approach:
 - Agree the order of questioning and which Members will lead
 - Agree questions for officers and questions for the Cabinet Member

Questions for the Meeting

Scrutinising Performance

1. How does performance compare with previous years? Is it better/worse? Why?
2. How does performance compare with other councils/other service providers? Is it better/worse? Why?
3. How does performance compare with set targets? Is it better/worse? Why?
4. How were performance targets set? Are they challenging enough/realistic?
5. How do service users/the public/partners view the performance of the service?
6. Have there been any recent audit and inspections? What were the findings?
7. How does the service contribute to the achievement of corporate objectives?
8. Is improvement/decline in performance linked to an increase/reduction in resource? What capacity is there to improve?

Scrutinising Policy

1. Who does the policy affect ~ directly and indirectly? Who will benefit most/least?
2. What is the view of service users/stakeholders? Do they believe it will achieve the desired outcome?
3. What is the view of the community as a whole - the 'taxpayer' perspective?
4. What methods were used to consult with stakeholders? Did the process enable all those with a stake to have their say?
5. What practice and options have been considered in developing/reviewing this policy? What evidence is there to inform what works?
6. Have all relevant sustainable development, equalities and safeguarding implications been taken into consideration? For example, what are the procedures that need to be in place to protect children?
7. How much will this cost to implement and what funding source has been identified?
8. How will performance of the policy be measured and the impact evaluated.

Questions for the Committee to conclude...

Do we have the necessary information to form conclusions/make recommendations to the executive, council, other partners? If not, do we need to:

- (i) Investigate the issue in more detail?
- (ii) Obtain further information from other witnesses – Executive Member, independent expert, members of the local community, service users, regulatory bodies...
- (iii) Agree further actions to be undertaken within a timescale/future monitoring report...

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Public Document Pack Agenda Item 4

MONMOUTHSHIRE COUNTY COUNCIL

**Minutes of the meeting of Adults Select Committee held
at Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Tuesday, 25th July,
2017 at 9.30 am**

PRESENT: County Councillor S. Howarth (Chairman)
County Councillor L.Brown (Vice Chairman)

County Councillors: L.Dymock, P.Pavia and J.Pratt

Also in attendance County Councillor(s): A. Easson and V. Smith

OFFICERS IN ATTENDANCE:

Wendy Barnard	Democratic Services Officer
Hazel Ilett	Scrutiny Manager
Richard Jones	Policy and Performance Officer
Sian Schofield	Management Information Officer

APOLOGIES:

County Councillors M.Groucutt, R. Harris and R. Edwards

1. Appointment of Vice Chair

Councillor L. Brown was appointed as Vice Chair.

2. Declarations of interest

No declarations of interest were made.

3. Public Open Forum

No members of the public were present.

4. To confirm the minutes of the previous meeting

The minutes of the meeting held on 20th June 2017 were confirmed as a true record and signed by the Chair.

Arising from the minutes, the Chair sought confirmation of the affordable housing allocation, in particular where a specific number of affordable homes are to be delivered and are then sold, and queried if the figures are adjusted accordingly.

5. Performance Report 2016/17

Context

The purpose of the report is for the Adults Select Committee to scrutinise the 2016/17 performance information under its remit, this includes:

- Reporting back on how well we did against the objectives which the previous Council set for 2016/17:
- Information on how we performed against a range of nationally set measures for Adults Social services used by all councils in Wales.

MONMOUTHSHIRE COUNTY COUNCIL

Minutes of the meeting of Adults Select Committee held at Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Tuesday, 25th July, 2017 at 9.30 am

Key Issues

The council currently has an established performance framework, this is the way in which we translate our vision - building sustainable and resilient communities - into action and ensure sure that everyone is pulling in the same direction to deliver real and tangible outcomes. This is shown at appendix 1. Further information on the council's performance framework is available on the hub.

Over the coming years the shape of public services in Wales is likely to change significantly influenced by two very significant pieces of Welsh legislation, The Well-being of Future Generations Act and The Social Services and Well-being Act as well as financial pressures, demographic changes, changes in customer needs and expectations and regulatory and policy changes. Services need to continue to think more about the long-term, work better with people and communities, look to prevent problems before they arise and take a more joined-up approach.

The council has recently completed two substantial assessments of need as a result of this legislation and these are available on www.monmouthshire.gov.uk/our-monmouthshire. This information has provided a much deeper evidence base of well-being in the county and, as required by the Future Generations Act, this has been used to produce the council's well-being objectives and statement 2017 available on www.monmouthshire.gov.uk/improvement.

The shift in focus in the well-being objectives means that activities will need to be focused on longer term challenges at a community level rather than some of the internal process issues and outputs that could sometimes be found in its predecessor, The Improvement Plan. When dealing with more complex societal challenges it will take longer for measurable change to come about and longer still to be able to evidence those changes in a meaningful way. In the short-term there will continue to be milestones that can be used to track our improvement journey. This will be supported by a range of performance reports select committee can request as part of their work programme and the structure of performance reports received by committee will be revised to reflect this emphasis.

Appendix 2 sets out performance achieved in 2016/17 against the actions and performance measures approved by Council in May 2016 as part of its Improvement Plan. As well as being presented to select committees the objectives will be included alongside a further evaluation of performance in 2016/17 that will be reported to Council and published by October. The Welsh Government have recently consulted on plans to repeal the Local Government (Wales) Measure 2009 which means this is likely to be the final plan and report in this format.

Appendix 3 provides a report card on Adults social services performance in 2016/17. This presents data from the new measurement framework introduced in 2016/17 as part of the Social Services and Well-being Act and sets it within the context of the requirements of the act and contribution to the Council's objectives. The performance measures are a blend of quantitative (numerical) data and qualitative data collected through questionnaires to service users and carers about their experience of social services and whether this has contributed to improving their well-being. A full list of the measures are provided at the end of the report card. Targets for 2016/17 were set where feasible and targets for 2017/18 have been included where available and applicable, these will be better informed when comparable local authority data is available in autumn 2017. Appendix 3 also sets out some further key national performance indicators from other service areas that are under the committee's remit.

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3.7 Activity that contributes to the delivery of some objectives cross cuts select committee remits and these have also been reported to the other relevant committee(s). Therefore it is suggested members particularly focus their scrutiny on the activity relevant to the committee with consideration of its contribution to the objective as a whole. In some cases there may be duplication of indicators already included in other sections of the report. Where indicators relate to the performance of services that are under the remit of more than one committee these will also be reported to the other relevant committee(s).

Member Scrutiny

In response to a question regarding a survey circulated to adult recipients of care, and carers, it was explained that there was a 25% response rate from adults. It was also confirmed that officers were happy with the 79% response rate (44 responses) from the smaller cohort of carers.

A question was asked about the information provided to people when, for example, a spouse enters a residential care home, as there can be confusion regarding losing the home and savings. Whilst it was explained that there are carer support workers and social workers who can direct enquiries to the correct information and guidance, it was agreed to seek a full explanation from the service.

A question was asked about the number of carers in the authority and responded that there is a Gwent Association of Voluntary Organisations (GAVO) database that contains a register of approximately 900 carers who want to receive information, newsletters etc. Considering the 44 responses, it was explained that the authority complied with Welsh Government instructions to send questionnaires only to those carers with a formal care and support plan.

A Member asked what measures are taken to support carers and also how much care at home packages have been explored before the option of a residential home. It was agreed to seek responses to these questions for the Select Committee.

A question was asked about the target measure for adult safeguarding enquiries and responded that the target for this year is 90%.

Considering the numbers of fulltime staff, a full breakdown was requested to include agency staff.

A Member challenged the figure provided for the average age of persons entering care (79) and asked how that compared with other authorities. It was explained that the figures provided referred to adults of all ages and consequently, the younger adults would reduce the overall average age. It was added that there are currently no comparison figures available for the rest of Wales. A request was made for figures to include an age breakdown (numbers and percentages) and reason for going into care to provide clarity.

A Member queried the statistics for delayed transfer from hospital to care and it was confirmed that the figures were inflated last year due to the inclusion of figures relating to some patients in Maindiff Court Hospital who weren't normally resident in Monmouthshire. It was reported that assurances have been given that this issue is now resolved.

A Member commented that changes of carers can be difficult for recipients to cope with and promoted the need for more consistency.

MONMOUTHSHIRE COUNTY COUNCIL

Minutes of the meeting of Adults Select Committee held at Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Tuesday, 25th July, 2017 at 9.30 am

Committee's Conclusions:

The Chair thanked officers for presenting the report to the Committee.

The Committee sought further information in order to effectively scrutinise:

- Arrangements to provide advice to family members regarding funding care;
- Measures taken to support carers;
- How much care at home packages have been explored before the option of a residential home;
- Breakdown of Staffing numbers; and
- A breakdown of ages (numbers and percentages), and reasons, for individuals going into care.

It was resolved to receive the report and the contents were noted.

6. Work Programme Report

Context:

A 'planned approach' to Scrutiny Forward Work Programming in order to maximise the effectiveness and added value of scrutiny activity, ensuring focus upon topics of the highest priority for the Council and those which reflect the public interest.

Key Issues:

Work programme discussion meetings have taken place between the new Chair of the Select Committee and the relevant chief officer for social services and topics that have been highlighted as requiring scrutiny are as follows:

Future Commissioning of Adults Services ~ linked to "Turning the World Upside Down"

Budget Pressures within services and spend analysis

Community Development and Well-being

Supporting People Strategy

Welfare ~ Discussion with Monmouthshire Housing Association on current stock and new home development, support for welfare reform

Housing: (suggested September 2017)

- Housing Support Gateway
- Cold Weather Homeless Policy
- Severe Weather Emergency Protocol'
- Removal of the Temporary Accommodation Management Fee
- Homeless Accommodation Report (Future of Private Leasing)
- Local Housing Market Assessment
- Melin Private Leasing Scheme

Gypsy and Traveller Services

Homelessness Prevention Strategy ~ early 2018

Disabled adaptations further to the additional funding for 2017/18

Annual Complaints Report for Social Services

MONMOUTHSHIRE COUNTY COUNCIL

Minutes of the meeting of Adults Select Committee held at Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Tuesday, 25th July, 2017 at 9.30 am

The following items were identified for Joint Scrutiny with Children and Young People's Select Committee:

"Information, Advice and Assistance Service ~ responsibility of the Social Services and Well-being Act 2014 ~ (January/February 2018)

The implementation of the Social Services and Well-being Act 2014 ~ (October 2017)

Mental Health and Learning Disabilities ~ linked to implications of the DOLS (Deprivation Liberty Safeguards) Grant

Well-being ~ responsibilities of the Social Services and Well-being Act 2014 around connected communities and meeting needs

Implementation of the Social Services and Well-being Act 2014 ~ review post 18 month together with the duties around prisons ~ (March 2018)

Progress of Regional Safeguarding Boards ~ Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

Regional Integrated Autism Service

Member Scrutiny:

Select Committee Members commented as follows:

- Housing is a priority;
- Removal of the Severn Bridge toll and the consequent forecasted rise of private rents and property prices was raised a priority. This will be considered by all Select Committees led by Economy and Development.
- Care at Home was suggested as a topic for scrutiny, in particular, how this is provided and the training received and the turnover of carers. It was agreed that these issues will be added to the work programme as part of the consideration of Future Commissioning of Adults Services ~ linked to "Turning the World Upside Down"
- That as the 65+ population is rapidly growing, loneliness and isolation will be more widespread and there is a need to identify gaps across the county that voluntary groups don't meet to assess when more care is required. It was agreed that this will be added to the work programme as part of the discussion on Community Development and Wellbeing.
- A Member identified five overarching themes affecting Health and Social Care in Wales in terms of models of care, service and quality. He questioned how best the public sector can harness the experience and capacity of the voluntary and private sector in planning, commissioning and delivery of services and spoke of trying to understand what commissioning arrangements are, and if there will be an alternative delivery model. The need to understand, in view of the Welsh Government collaboration and integration agenda, how to deliver services with the NHS was highlighted. Consequently, the importance of Select Committee arranging session with the local health board was emphasised. Future governance arrangements were raised as to what they would look like in order to deliver the collaboration required under the new legislation. Regarding workforce, he spoke of the need to understand capacity, demands and needs within the County and to consider how to balance resources and demands for Health and Social Care speaking of the challenges of delivering real change whether this is nationally, regionally or locally.

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The Member referred to delayed hospital transfers, understanding Community Service Delivery and expressed a wish to understand the Health Board's assessment of service pressures in light of the development of the M4 and the removal of the Severn Bridge tolls. He mentioned service pressures in the South of the County and observed that some residents of Chepstow were choosing to access services in England. It was commented that the Community Health Council holds significant amounts of relevant information. Whilst the belief was stated that minutes of CHC meetings are closed and the minutes unavailable, it was agreed to check the current position.

The Adults Select Committee defined topics for its scrutiny as per the report recommendations and suggested scrutiny of the quality of future health and social care, as follows:

- Planning, commissioning and delivery of future services and the contribution of the voluntary and the private sector
- Scrutiny with ABUHB on the Welsh Government's collaboration/integration agenda and the delivery of services with the NHS
- Community Service Delivery and ABUHB's assessment of service pressures
- Governance arrangements of any collaborative model in line with new legislation
- Workforce, capacity, demands and need within Monmouthshire

7. Co-option onto Adult Select Committee

The decision was taken to defer consideration of this matter and to revisit it at the next meeting.

8. Actions arising from the previous meeting

Two elected Members expressed concerns about the White Paper "Services Fit for the Future" published on 8th June 2017 referring to the role of Community Health Councils across Wales. Of particular concern was the proposed removal of the access to independent Patient Voice and the support of the Committee was sought. A paper was circulated summarising concerns accordingly. The Committee agreed that this is a very serious issue. A Member agreed that the proposals appeared to weaken not strengthen Patient Voice and questioned how service users will report complaints noting dissatisfaction that spending on health is being reduced in Wales. The effectiveness of the Patient Advisory and Liaison Service (PALS) in England. It was explained that the CHC distribute leaflets but that approach can be seen as low profile.

A response from the Council is required by the end of September and it was suggested that an e mail is sent to all Members for opinions in view of short timescales, taken to the Cabinet Member for Social Care, Safeguarding and Health and that a question/motion or agenda item is put to Council to enable a debate with the full support of this Select Committee.

Further concerns were expressed regarding the unavailability of CHC minutes that prevents public scrutiny. The Scrutiny Manager agreed to circulate the minutes of the Adults Select Committee in April when it was established that the CHC minutes are not published.

9. Adults Select Committee Forward Work Programme

MONMOUTHSHIRE COUNTY COUNCIL

Minutes of the meeting of Adults Select Committee held at Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Tuesday, 25th July, 2017 at 9.30 am

The forward work programme was discussed earlier in the meeting.

10. Council and Cabinet Forward Plan

The Council and Cabinet Forward Plan was noted. It will be e mailed to all members each Friday. It was advised that a Special Cabinet meeting will be held on the 9th August 2017.

11. To confirm the date and time of the next meeting as Tuesday 12th September 2017 at 10.00am

The meeting ended at 11.35 am

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Welsh Government
White Paper Consultation Document

Services fit for the future

Quality and Governance in health and care in Wales

Date of issue: 28 June 2017

Action required: Responses by 23:59 on 29 September 2017

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Overview

This White Paper seeks views on proposals covering a number of health and social care issues which may require future legislation. The aim of any new legislation would be to enable organisations and empower citizens. Proposals include the strengthening of local health boards so they function as integrated, accountable, population-based organisations; new duties of candour and quality; areas where health and social care can act more collaboratively; and more effective inspection, regulation and capture of citizens' voices.

Your responses will be considered in developing any new legislation.

How to respond

The closing date for responses is 29 September 2017.

You can respond by

- using the online form or
- downloading a copy of the response form and returning it either by e-mail to:

HQDMailbox@wales.gsi.gov.uk

Or by post to

Healthcare Quality Division
Health and Social Services Group
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

Data protection

How the views and information you give us will be used

Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Government staff to help them plan future consultations.

The Welsh Government intends to publish a summary of the responses to this document. We may also

publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out properly. If you do not want your name or address published, please tell us this in writing when you send your response. We will then blank them out.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

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Foreword by Vaughan Gething, Cabinet Secretary for Health, Well-being and Sport and Rebecca Evans, Minister for Social Services and Public Health



As citizens of Wales we are fortunate to enjoy some of the best health and social care services, provided by committed staff at all levels.

However, over the years, meeting everyone's needs has become an increasing challenge and the system is now under great pressure. People are living longer than ever, which is good news. We all hope for good health as we approach our later years but sadly this is not always the reality. Many people in Wales continue to face numerous health problems, causing them to rely heavily on health and social care services. A number of factors contribute to the current position, including economic disadvantage, the effects of our industrial past, smoking, drinking, lack of physical exercise and poor eating habits.

If we are to be sure of having good quality services available to us for a long time into the future, then all of us - citizens, health and social care organisations, educators, housing providers, national and local government and others - need to come together to prevent illness and reduce overall demand on services.

The Welsh health and care system does not rely on market forces, competition and the sort of fractured picture we see in some other parts of the UK. Our local health boards are not just there to provide services - they have a unique responsibility for the health and well-being of their populations which can only be fulfilled through co-ordinated planning and working with citizens and partners. Understanding the needs of the people living in their areas and meeting those needs requires talented leaders capable of communicating the vision and working both within and across organisational boundaries to deliver high quality services. It also requires continuous improvement, including the engagement of local people on an ongoing basis.

The report published last year by the highly respected Organisation for Economic Co-operation and Development (OECD) assessed our health service as a system which is committed to quality improvement, with the building blocks largely in place to provide excellent, sustainable services to the people of Wales. However the OECD also challenged us to do more to embed prudent healthcare, to strengthen the voice of the citizen, build more accountability and challenge into the system and unlock the undoubted potential of our local health boards.

This White Paper sets out how we may use legislation, either primary or secondary, to respond to some of these challenges. It builds on work already started by the

Social Services and Well-being (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016. It also acts as a potential platform for any recommendations arising from the Parliamentary Review of Health and Social Care, which is currently underway and which we await with interest. We look forward to receiving your views on our proposals.

Introduction

1. This White Paper sets out the Welsh Government's proposals in various areas of quality and governance in health and care services which may require future legislation. First and foremost, it focuses on the principles of enabling and empowering organisations, staff and citizens. In particular, we want to unlock the potential of local health boards to demonstrate that they govern and behave strategically and that quality is at the heart of all they do. This is very much in support of the principles of Prudent Healthcare and its place in securing health and well-being for future generations. We are therefore proposing a number of specific enablers which are set out in the following Chapters.
2. It is now clearer than ever before that we need to future-proof health and social care services for the generations to come. The Well-being of Future Generations (Wales) Act 2015¹ sets the goals, ways of working we all need to adopt, and places duties on public sector organisations, both individually and working together on Public Services Boards, so the Wales we want becomes a reality in the future. This means health and social care services working together, with staff, partners and the public to prevent ill health and to provide the care people need, when they need it. Organisations cannot continue to work in isolation of each other and must now look beyond their own boundaries when making decisions about what services and actions will deliver the best outcomes for citizens. This requires mature partnership working on a national, regional and local level.
3. We must ensure the right levers are in the system to promote continuous improvement, drive high standards and provide the sort of care that meets people's needs and helps them to live the lives they want to lead. People have to be given a real and meaningful say in what happens to them individually and, more widely, in decisions about services. The concept of co-production is seen by many as the way to achieve sustainability in health and social care in the years ahead but this can only be achieved through an open and transparent approach.
4. Co-production is about breaking down the barriers between professionals and the people who use their services. It is about people making joint decisions about their own care. It is also about service planners and providers seeing their users as people with useful skills and experience to bring to the decision-making and care-giving process. Systems across health and social care now need to make a real shift toward this way of working because this is how standards and quality will be driven up.
5. Between July and November 2015, the Welsh Government published a consultation document called *Our Health, Our Health Service*.² This document was a Green Paper. A Green Paper gathers views on issues which

¹ Well-being of Future Generations (Wales) Act 2015

² *Our Health, Our Health Service* Green Paper, Welsh Government, July 2015

might appear in future Government policy. The purpose of *Our Health, Our Health Service* was to seek views on what else we might do to improve the quality of services provided by the NHS in Wales, as well the governance and accountability of the organisations and the people who manage them. It asked how we might encourage closer working with other public services, what the barriers are to more joined up working and ultimately whether the Welsh Government should use legislative powers to help achieve continuous improvement and stronger accountability

6. The responses to the Green Paper consultation showed there was an appetite for further work and potential legislation across a number of areas related to quality and governance. These include greater partnership working across local health boards; more effective engagement with the public and representation of citizens' voices; common processes, such as standards and complaints systems to underpin services; openness and transparency and clarity in the remit of inspection.
7. This White Paper develops these areas in more detail and sets out the Welsh Government's proposals for areas which could be addressed in future legislation. We fully intend to dovetail these proposals with the outcome of the Parliamentary Review of Health and Social Care in Wales. We are keen to ensure that any legislation acts as an enabler for real change, and is not just something which papers over the cracks. This has been the overarching principle guiding the development of these proposals.

We look forward to receiving your views.

The reasoning behind our proposals

8. Before proposing any legislative change we need to be clear about the issues we are trying to address, what we are building on, and the intended effect of the changes. We also need to be clear on the principles which are guiding us and we have already described how above all we want to enable and empower organisations and citizens to work together.
9. It is almost 20 years since the publication of *Quality Care and Clinical Excellence*,³ which set out a framework for NHS organisations in Wales to continually improve the quality of care. Since that time, there have been a number of policies, pieces of legislation, campaigns and initiatives designed to gradually build a culture of quality improvement within the NHS in Wales.
10. The OECD Review of Health Care Quality in the UK⁴, published in 2016, made a number of positive observations about systems for quality improvement in Wales. They noted that the Welsh health service is committed to quality improvement, with the building blocks largely in place to promote high quality care and excellent, person-centred health services. This is very good news and testament to all the work which has been done. There are indeed many examples across health and social care in Wales of people working in partnership and with citizens to deliver person-centred care; however, there is still a lack of a truly systematic approach. It is also the case that systems for ensuring quality have developed separately both within health as well as across health and social care in Wales.
11. The OECD made a number of recommendations on how we might tackle some of these issues in Wales and we have taken these into account in developing this White Paper.
12. In terms of the effectiveness of our organisations, the OECD commented that some years after their establishment, local health boards are showing less innovation, and fewer radical approaches to system change and quality improvement that might have been expected. The OECD recommended that the Welsh Government play a more supportive and prescriptive role in order to maximise the potential of local health boards. We are pursuing our direct support of local health boards in a number of ways which do not require legislation, for example, through the current planning process (IMTPs) and actions taken through the escalation and intervention arrangements. Through these measures we are now holding organisations to account much more directly. Our specific proposals in this White Paper therefore look for ways to enable local health boards to demonstrate their effectiveness and their ability to work strategically and in partnership with others. We also propose some specific duties of quality and candour, to help reinforce our commitment to quality and a culture of openness and transparency.

³ *Quality Care and Clinical Excellence*, Welsh Office, 1998

⁴ *Review of Health Care Quality in the UK*, Organisation for Economic Co-operation and Development, 2016

13. The OECD also looked at the system for inspection and regulation and noted the international trend for moving to system-wide methods for accreditation and inspection, in particular inspections which better reflect patient pathways. This would mean an approach to inspection and regulation which spanned the whole experience of the individual, across organisational boundaries traditionally represented by primary care, hospital care and social care, and measured in accordance with common standards. Our specific proposals in this White Paper therefore look at how we might better align our inspection and regulation systems to allow for more joint working in accordance with common standards.
14. In terms of promoting the citizen's voice in the system, the OECD noted the role of Community Health Councils (CHCs) in representing Wales and acknowledged their potential. However they questioned the value added by some of the CHCs' functions and indicated a need to focus on reflecting the patient voice, closer working with other scrutiny bodies in Wales and ensuring that the concerns of citizens are heard and followed through. Other reports have raised concerns about the visibility of CHCs and the duplication of their functions with other bodies. The Welsh Government has also for some time had concerns about the sustainability of the membership model for CHCs. Recruiting members through public appointments, local authorities and the third sector is not delivering a sufficient level of diversity and experience to fully reflect the citizen voice. We have considered all of this and set out some specific proposals in this White Paper on how we might better focus on ensuring the voice of citizens is properly reflected across health and social care, both strategically and locally. We also set out a clearer process for service change and how citizens' views will be woven into plans and decision-making.
15. Taking into account the above, there are now a number of enablers which might need to be set out in primary legislation which will take us further on our journey towards integrated services. These are:

Enabler	How these are addressed in the White Paper
Measures to promote effective governance	<p>Board membership and composition and also flexibility for Welsh Ministers' to make particular appointments (e.g. under special measures)</p> <p>Protection for the role/function of Board Secretaries to ensure independence</p>
Duties for health and social care which promote cultural change	Wide Duty of Quality to encompass the needs of population of Wales to facilitate collaborative, regional and all Wales planning and solutions to service change and delivery including

	<p>extending the powers of LHBs and Trusts to work in partnership.</p> <p>Duty of Candour to encourage individual and organisational openness and transparency.</p>
Common processes to underpin person-centred health and care	<p>Common standards across NHS, independent health sector and social care (where appropriate) which organisations are required to comply with Joint investigations of health and social care complaints.</p>
Focus on promoting citizen voice and clarity in inspection and service change	<p>A new arrangement for citizen voice replacing the existing Community Health Council (CHC) model to focus on how organisations are held to account for the way they engage the public.</p> <p>A clear process for service change decision-making.</p> <p>Addressing the legislative gaps underpinning Healthcare Inspectorate Wales.</p> <p>Proposals for a new independent body to bring together inspection, regulation and citizen voice in health and social care.</p>

Chapter 1: Effective Governance

16. The Green Paper said that local health boards need to have the right powers, governance and accountabilities to enable leaders to take the right decisions with and for the people. Boards also need to be of the right size and have the right people on them to act strategically and in partnership with citizens and other organisations.
17. This Chapter sets out our proposals to help bring about this mix of culture, strong leadership and partnership approach which will be essential if local health boards are, in line with the recommendations of the OECD, to unlock their promise as population-based organisations.

1.1. Board Membership and Composition

Where are we now and where do we need to be?

18. Since the creation of local health boards in 2009, we have seen numerous changes and challenges across health and social care. Therefore it is the right time to review the governance of the local health boards to support continuous improvement and future proofing. This will help to deliver a more effective service with focus on strong leadership, key priorities, strategic decision making and a consistent culture.
19. At the heart of a person-centred health service should be a robust governance framework which continually improves the quality of services and experience to ensure that the best possible care is delivered for patients.
20. NHS Wales Board governance has come under increased scrutiny following the Betsi Cadwaladr Targeted Intervention Report (2015)⁵, and the OECD Review of Healthcare Quality (2016)⁶. These reports questioned whether Boards have the correct representation and skills to oversee quality and service improvement.
21. The current legislation framework is underpinned by the National Health Service (Wales) Act 2006⁷ which makes provisions for the constitution and membership of local health boards and NHS trusts, with regulation making powers that include appointments, tenure and procedure.
22. The current composition of health boards is provided for by the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009⁸. This model currently has:

⁵ Betsi Cadwaladr Targeted Intervention Report, Anne Lloyd CBE, March 2015

⁶ See footnote 4

⁷ National Health Service (Wales) Act 2006

⁸ The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009

- Nine non-officer members (four positions are specified by the regulations) with a Chair and Vice Chair appointed by the Minister, following a public appointment process;
- Nine executive officer members (all positions are specified by the regulations);
- Three associate members. Standing Orders state these associate members should be: the chair of the local health board's Healthcare Professionals Forum, the chair of the local health board's Stakeholder Reference Group and a director of social services from a local authority within the local health board's area. The health board is also, subject to Ministerial approval, able to appoint a fourth associate member.

23. The NHS trusts each have their own Establishment Orders (including subsequent Amendment Orders) which determine the composition of the Boards. The key difference with the NHS trusts' Boards are that they are smaller in size and do not have an appointed Vice Chair.

24. Due to the size and complexity of NHS organisations, it is not possible to have everybody who needs to serve the Board as a fully fledged Board member. However it is crucial that the Board is supported by experienced and skilled membership and support which understands and reflects current priorities but can adapt to changing needs.

What are we proposing to do?

25. Taking into consideration the findings of recent reviews, the feedback from the Green Paper and research within the field of governance, we believe there are a number of key principles that Boards should adopt.

26. We believe key core principles should be consistent and applied across all NHS organisations under the same suite of legislation. We recognise that not all of these principles are necessarily achieved by primary legislation and alternative interventions could assist in meeting these objectives including secondary legislation and improved guidance and training.

Core Key Principles for all NHS organisations

- The Board has a culture of openness and transparency and operates within a highly trusting, challenging and engaging environment;
- It will show clear leadership in quality improvement which will be embedded in everything it does, including board member training;
- It works in partnership with the public and partners to plan and deliver person-centred care;
- There should be a majority of independent members over executive officers on the Board to provide independence and challenge;

- The independent members should be referred to as “public member” as they are there to bring the perspective of the population to board discussions;
- The Board infrastructure is underpinned by a strong governance framework which enables the Board to work effectively and meet its statutory duties including achieving financial balance;
- It should be supported by a well functioning and supporting committee structure that ensures it involves and receives views and input from a wide range of stakeholders including the professions and patients;
- Every chair is supported with a vice chair;
- There should be provision for Welsh Ministers to appoint additional Board Members based on time limited appointments during times of poor performance and escalation as set out in the NHS Wales Escalation and Intervention arrangements. This would allow the Board to call upon the necessary skills and experience to provide specialist advice and closer scrutiny to drive change and improvements within the organisation at a time when it is needed;
- The Board to involve and are supported by the senior management below the Executive Directors to ensure wider professional and staff engagement
- Associate membership of Boards should address citizen representation.

Local Health Boards

27. Local health boards should be the right size and mix of executive, non-executive and associate members in order to be dynamic, ideally no more than 20 full members. As mentioned above, currently the roles of all the executive members of the Board are set out in regulations. This has proved restrictive and some local health boards have sought to merge roles and/or include the roles in the Chief Operating Officer post. This can result in a loss of focus in some important areas, such as primary care and mental health, not meeting the requirements of existing law. In order to address this issue we have considered whether there should be a “core” membership together with some flexibility for Boards to decide what further roles are required to meet their population needs.
28. One option could be to set out a core membership in regulations, allowing a small amount of flexibility for other roles. This would ensure key roles are covered, and provide an element of consistency between all local health boards. However, we are conscious to achieve smaller, more agile Boards together with some element of flexibility, could mean some executive Board members not being regarded as “core” and this could be unpopular.
29. Another option could be to be altogether less prescriptive in regulations about Board membership and allow Boards to decide on almost all the executive

members themselves, apart from one or two and noting the spilt between clinical and non-clinical members. The advantage of this would be to allow Boards to decide on executive membership to meet local needs; however complete flexibility would mean that consistency across health boards would inevitably be sacrificed. We welcome views on both these options.

NHS Trusts

30. For NHS Trust Boards we believe executive members should continue to be determined through the regulations to include a Chief Executive Officer and Finance Director. The trust Boards should be able to appoint up to three additional executive officer posts to support it to deliver on its purpose.

Questions on Board Membership

The Welsh Government believes that the Boards of both health boards and NHS trusts should share some core key principles which are outlined including delivering in partnership to deliver person centred care and a strong governance framework to enable the Board to work effectively and meet its responsibilities.

All Boards should have Vice Chairs in order to support focussed and skilled leadership.

The Welsh Government also believes that Ministers should have the authority to appoint additional Board members on time limited appointments if an NHS Health Board/Trust is under performing or under escalation procedures in accordance with the NHS Wales Escalation and Intervention arrangements.

The Welsh Government believes that Board Executive Officer membership for local health boards should probably include some key positions which are consistent across local health boards but also allow some flexibility to appoint based on remit and priorities.

Do you agree with these proposals?

What further issues would you want us to take into account in firming up these proposals?

1.2. The role of the Board Secretary

Where are we now and where do we need to be?

31. The Welsh Ministers issued directions in April 2011 (updated in March 2014), in the form of Model Standing Orders for adoption by local health boards and NHS trusts. They describe the Board Secretary as the guardian of good governance within the local health board and as an advisor to the Board.
32. The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within NHS organisations. As principal advisor to the Board and the organisation, they are a key source of advice and support on all aspects of good governance and the assurance framework. The Board Secretary is not a Board member, and the independence of the role is an important element of the assurance mechanism to ensure that the Board is properly equipped to fulfil its responsibilities and meet its statutory duties.
33. The role of Board Secretary has come under scrutiny following the Overview of Governance Arrangements at Betsi Cadwaladr University Health Board report 2014 undertaken jointly by the Wales Audit Office and Healthcare Inspectorate Wales. The report raised issues in relation to unsustainable wider responsibilities and the potential for considerable conflict of priorities.
34. The importance of the separation and accountability of the Board Secretary role is understood and consideration should be given to providing statutory protection for the role.
35. The role of Board Secretary across each NHS Wales organisation varies considerably in terms of their responsibility, scope of portfolio, reporting lines and available resources. One of the key issues is whether there should be a legislative requirement for the key principles of the Board Secretary role which strengthen good governance to be adopted consistently across all local health boards and NHS trusts.

What are we proposing to do?

36. Taking into consideration the findings of recent reviews, the feedback from the Green Paper consultation and models used within other public sectors, we believe there are a number of key principles to adopt for the role of Board Secretary.

Key Principles

- There is statutory protection to have a Board Secretary and for the role;
- There is protection to cover raising concerns and independently challenging the decisions of the Chief Executive and the Board more widely.

- An independent process is put in place to dismiss a Board Secretary from post.
- The Board Secretary should be able to highlight in a report when/if there is a key issue of concern to either the Board Chair or Chief Executive, depending on where the concern lies;
- There should be a standard job description that is clear on the requirements and duties that should and also should not be undertaken by the Board Secretary, to avoid potential conflicts of priorities and interests.
- NHS organisations should ensure an appropriate level of resource to support Board Secretaries to effectively carry out their role.

37. We recognise to deliver on these principles does not necessarily require primary legislation and alternative interventions could assist in meeting these objectives such as secondary legislation (regulations), guidance and training.

Questions on Board Secretary

In order to deliver on the key principles outlined the Welsh Government believes that the role of Board Secretary should be placed on a statutory basis and have statutory protection to allow the role to be independent with safeguards in place to challenge the Chief Executive of an NHS organisation or the Board more widely.

Do you agree with these proposals?

What further issues would you want us to take into account in firming up these proposals?

Chapter 2: Duties to Promote Cultural Change

38. The Green Paper said that in order to promote a culture of co-production, we must explore options for further enhancing openness, transparency and candour in health and social care. It also talked about the need for local health boards to look beyond their own statutory boundaries and population when making decisions in order to focus on the quality and safety of health and care services. To do this they may need to plan and make decisions collectively working with our NHS Trusts and other partners. The Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 are landmark pieces of legislation which impact on the statutory duties of NHS organisations to plan in partnership.

39. This Chapter sets out our proposals for two new duties to be placed on local health boards and NHS Trusts which we believe will further support cross boundary working and bring more focus to their actions and decision-making.

2.1. Duty of Quality for the Population of Wales

Where are we now and where do we need to be?

40. NHS bodies are already under a duty of quality which is set out in legislation dating back to 2003⁹. This duty was put in place when our landscape looked very different - when it was largely made up of smaller NHS Trusts which were divorced structurally from primary care. It therefore predates our planned, integrated health system. This duty is focused on having arrangements in place to monitor and improve the quality of health care provided by or on behalf of an organisation. The current duty is particularly focussed on the quality of services provided to an individual rather than at a wider population level. This is not suited to local health boards which should no longer see themselves as mere providers of care but as organisations responsible for the health of their population. As such, local health boards must be prepared to apply quality across the planning and provision of services for their populations. Within NHS Wales we have adopted the model of the Triple Aim¹⁰ - a quality system based on securing better outcome, better user experience and better value, underpinned by the internationally accepted Institute of Medicine definition of quality¹¹ which is to provide safe, effective, patient-centred, timely, efficient and equitable care.

41. The NHS (Wales) Act 2006 also sets out the responsibilities of local health boards in developing plans for improving the health of the local population. The Well-being of Future Generations (Wales) Act 2015 also sets out responsibilities for Health Boards as statutory partners on Public Services Boards to work in partnership on local well-being assessments and plans.

42. All health systems are facing significant challenges to provide sustainable services. Changes in demographics, the evidence base, innovative treatments, the need to meet standards as well as the resource constraints contribute to this. There will be times when services need to be planned and provided across health board boundaries whether regionally or all Wales. Local health boards perceive the need to plan and deliver across boundaries conflicts with their current duties outlined above.

43. We also need to have a changing focus to promoting good health and wellbeing so developing services to promote wellness rather than the traditional focus on treating ill health. This means enabling individuals to take more control of their own health as well as being directly involved and engaged in co-designing and co-producing solutions. The introduction of the

⁹ Health and Social Care (Community Health and Standards) Act 2003

¹⁰ Institute for Healthcare Improvement (IHI)

¹¹ *Crossing the Quality Chasm* Institute of Medicine, 2001

prudent healthcare principles provides a universal framework to help make this shift. This encompasses the six domains which make up our definition of quality and particularly the need to tackle inequalities in service provision and outcomes.

44. We are mindful other legislation has also come onto the statute book which is not sufficiently aligned with the current duty of quality. The legislation that underpins the requirement to have an integrated medium term plan¹², whilst requiring bodies to plan services to improve health or provision of health care services focuses very much on doing so within budgets available and makes no explicit reference to quality. It is also, as already noted above not explicit about giving consideration to planning beyond organisational boundaries. Under the Social Services and Well-being (Wales) Act 2014, local authorities are under a duty of cooperation with their relevant partners, persons or bodies to ensure well-being and safeguarding of those requiring care, and improve the quality of care and support needed.
45. Taking all this into account we therefore consider the existing duty of quality and the local population planning duty to be outdated, too provider focussed and too narrow in their scope.
46. When we consulted on the Green Paper there was considerable support for a duty of quality to span organisations, including social health and for it to align with the Well-Being of Future Generations Act and the Social Services and Well-being Act to enable a greater focus on quality.

What are we proposing to do?

47. We are looking to place a new enhanced and extended duty of quality on NHS bodies to enable and require them to demonstrate that where needed they collaborate on planning and agree regional or all-Wales solutions to secure quality services for the population of Wales. For local health boards this would ensure there is an explicit need to extend this to the development of their integrated plans and future service proposals. To better enable the planning and provision of person centred care we would also look to extend that duty and also broaden the powers of local health boards and trusts to co-operate and work in partnership with local authorities and/or other bodies including the third sector, aligning it with the duties already placed on local authorities.
48. We consider this will enable a system shift to promote services based on the person, rather than the organisation. There are also situations where more specialist services may be required but cannot be provided in every local health board area as demand and resources - human, physical and financial could not deliver this, let alone meet the clinical service standards required. We believe this new duty would facilitate planning and decision making within and by NHS bodies if they were under a wider duty of quality requiring them to

¹² Section 175(2), NHS (Wales) Act 2006 – as amended by the NHS Finance (Wales) Act 2014

take in account a regional or all Wales population perspective. To further support this we propose to strengthen the existing planning duty to make sure of this.

Questions on Duty of Quality for the population of Wales

The Welsh Government believes that the duty of quality should be updated and enhanced to better reflect our integrated system. This duty should be sufficiently wide in scope to facilitate the needs of the population of Wales to facilitate and enable collaborative, regional and all-Wales solutions to service design and delivery

NHS bodies should also be placed under a reciprocal duty with local authorities to co-operate and work in partnership to improve the quality of services provided.

Welsh Government also believes that strengthening the existing planning duty will make sure health boards work together on the needs of the population of Wales in the planning and delivery of quality healthcare services.

Do you agree with these proposals?

What further issues would you want us to take into account in firming up these proposals?

2.2. Duty of Candour

Where are we now and where do we need to be?

49. The 2016 Welsh Labour Manifesto¹³ promised a consultation on a potential statutory duty of candour so as to further promote a culture of openness in our health and care system. We are not starting from scratch because the existing Putting Things Right arrangements for the investigation of concerns and complaints in the NHS already promotes openness and the underpinning regulations¹⁴ contain a duty to be open with patients when harm has been caused. In social care, there are also proposals out to consultation¹⁵ to place a duty, in regulations, on regulated providers in Wales to be open and transparent in all dealings with people, not just when concerns are being raised. The details of how regulated providers should comply with this requirement will be set out in guidance.

¹³ *Together for Wales*, Welsh Labour Manifesto, 2016

¹⁴ The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011

¹⁵ Consultation on Phase 2 implementation of the Regulation and Inspection of Social Care (Wales) Act 2016

50. There have been several calls for a stronger legal duty of candour in the NHS in Wales. Mr Keith Evans's review¹⁶ of Putting Things Right in 2014 supported these calls. The Green Paper consultation responses also revealed significant support for a statutory duty of candour.
51. The Welsh Ministers do not currently have the power to provide for an express statutory duty of candour for the health service. The existing NHS complaints regulations referred to above, are drawn from powers set out in the Health and Social Care (Community Health and Standards) Act 2003. These are limited to making regulations about the handling and consideration of complaints, including the action to be taken as a result of complaints. In order to trigger the duty to be open, therefore, a member of staff must first notify a concern under the procedure. It seems clear that the current duty on NHS organisations in Wales, as set out in the Putting Things Right regulations needs to go further.
52. The proposed regulations in social care in Wales (referred to above) are drawn from the Regulation and Inspection of Social Care (Wales) Act 2016. They are arguably wider since they encourage candour at all levels and do not necessarily rely on a concern being notified.

What are we proposing to do?

53. We want to ensure that all health and social care organisations and providers are under similar duties to be open and transparent, because then the public will know what they should be able to expect. More consistency will encourage the health and care system to behave culturally as one and will be in the interests of a person-centred system of health and social care.
54. We have looked at the situation in the rest of the UK. There is currently a legal duty of candour for the NHS in England, set out at Regulation 20 of duty of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014¹⁷. This duty of candour was put in place in England following the Mid Staffordshire NHS Foundation Trust inquiry. It only applies to health service bodies (hospitals and special health authorities), so it does not cover GPs, dentists or pharmacists.
55. In Scotland, a duty of candour procedure is set out in Part 2 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016¹⁸. This duty applies across all health and social care services, including independent health care, GPs, dentists and pharmacists. It means that if an unintended or unexpected incident occurs in the course of providing a health service, a care service or a social work service, then the person responsible is under a duty to be open and honest.

¹⁶ *Using the Gift of Complaints*, Keith Evans, 2014

¹⁷ The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

¹⁸ Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016

56. We would like to achieve a position where all health and social care bodies are under a statutory duty to be open and transparent, in all dealings with individuals as well as at a population level. In taking this forward, we would look to build on the work already done on duty of candour under the Regulation and Inspection of Social Care (Wales) Act 2016.

Questions on Duty of Candour

The Welsh Government believes that the development of a statutory duty of candour across health and social services in Wales would consolidate existing duties and be in the interests of a person centred system.

Do you support this proposal?

What further issues would you want us to take into account in firming up this proposal?

Chapter 3: Person-Centred Health and Care

57. Every person in Wales who uses health and social care services or supports others to do so has the right to receive excellent care as well as advice and support to maintain their health and wellbeing. This right exists whether the care is received in their own home, in their community, in a primary care setting, a residential home, a nursing home, or a hospital. All health and social care service providers in Wales need to demonstrate that they are doing the right thing, in the right way, in the right place, at the right time and with the right staff. Their care should be 'person centred' and individualised.

3.1. Setting and Meeting Common Standards

Where are we now and where do we need to be?

58. The current system consists of separate standards for NHS health care, independent health care and social care. The Health and Care Standards for Wales¹⁹ have been designed so that they can be implemented in all NHS health care services, settings and locations. They establish a basis for improving the quality and safety of healthcare services by providing a framework which can be used in identifying strengths and highlighting areas for improvement. This includes services and arrangements to promote health and well being and not merely those focused on treating ill health. They also provide the framework for wider governance and accountability within NHS bodies. Healthcare Inspectorate Wales (HIW) inspects NHS services against the Health and Care Standards, whilst it inspects and regulates the

¹⁹ Health and Care Standards, Welsh Government, April 2015

independent sector against the National Minimum Standards for Independent Healthcare²⁰.

59. Social Care possesses its own separate standards and regulations. A number of Acts and Regulations govern the standards of social care in various settings. The Care Standards Act 2000 makes provision for the registration and regulation of social care services. Care and Social Services Inspectorate Wales (CSSIW) is the regulator for social care and social services in Wales and inspects services from child minders and nurseries to residential and nursing homes for older people.
60. There have been numerous developments in social care in Wales in recent years. The Regulation and Inspection of Social Care (Wales) Act 2016 provides for requirements to be placed on providers of regulated services and responsible individuals in regulations and statutory guidance, currently being consulted on.²¹ The aim of these requirements is to assist individuals to achieve the outcomes they wish to achieve.
61. The existence of different standards can be confusing for service users and care providers alike and makes for complexity for commissioners of services if they are not commissioning services for individuals against a common framework, wherever they may be receiving a service. In the absence of common standards there is potential for care to be fragmented and poorly coordinated. In a system without common standards, care can appear to be complex and confusing to the recipient. Individuals receiving care can be left perplexed as to why different standards operate in different settings when they feel that they have the right to the same standard of care regardless of where they receive it.

What are we proposing to do?

62. The person receiving care needs to feel confident that the standard of care will remain the same regardless of where they receive their care. The care should be focused on meeting the person's needs and helping the person to achieve the outcome they desire.
63. The standards that underpin care should therefore have common principles regardless of whether the focus is health care or social care. Care and the standards that underpin care needs to be perceived principally through the eyes of the person receiving care and not through the eyes of the organisations delivering the care. There should therefore be common standards.
64. We are proposing that a common set of high level standards are developed which applies to health and social care and regardless of the location where care is delivered.

²⁰ National Minimum Standards for Independent Healthcare Services in Wales, Welsh Government, April 2011

²¹ See footnote 15

65. Common standards will provide a common set of requirements applying across all health and social care organisations to ensure that services commissioned and provided are both safe and of an acceptable quality. Common standards also provide a framework for continuous improvement in the overall quality of care people receive.
66. Person centred care aims to be people focused, to promote independence and autonomy and to provide choice and control. The principle of individual care is that people are treated as individuals, reflecting their own needs and responsibilities. All those who provide care have a responsibility to ensure that whatever care they are providing includes attention to basic human rights. Where people are unable to ensure these rights for themselves, when they are unable to express their needs and wishes as a result of a sensory impairment, a mental health problem, learning disability, communication difficulty or any other reason, access to independent advocacy services must be provided. This includes complying with the Welsh Language standards and considering how they can be delivered in the form of an active offer which is a key element of the *More Than Just Words*²² strategic framework. Every person has unique needs and wishes. Individual needs and wishes vary with factors such as age, gender culture, religion and personal circumstances, and individual needs change over time, respecting people as individuals is an integral part of all care.

Questions on Common Standards

The Welsh Government believes there should be a common set of high level standards applied to health and social care and that the standards should apply regardless of the location of care.

Do you support this proposal?

What further issues would you want us to take into account in firming up this proposal?

3.2. Joint Investigation of Health and Social Care Complaints

Where are we now and where do we want to be?

67. More than ever before, services are being provided to individuals by organisations working together. For example, packages of care for individuals may be arranged by local health boards and local authorities working together, or provided by staff employed by different bodies, or by care homes. This way of working puts people at the heart of their own health and care and is something we want to build on. People receiving health and social care

²² More Than Just Words

may not, and should not need to, understand that different organisations are responsible for different parts of their care. To the individual, this should appear seamless.

68. If something goes wrong with a person's care, organisations should work to discover what went wrong, and to put things right. When the concern spans health and social care, it should not be for the person receiving the care or their family to make multiple complaints or to be passed around between organisations. We want to make it easier for people to complain when their complaint covers care provided by different organisations. By working together to investigate complaints, health and social care organisations can learn lessons and improve the quality of their services. There are several examples in the Public Services Ombudsman for Wales's casebooks of complaints which span both health and social care.
69. Complaints about health services in Wales are dealt with under the Putting Things Right²³ process and complaints about social care follow the Social Services Complaints procedure.²⁴ Complaints about private care homes are dealt with by the individual businesses. The Care and Social Services Inspectorate for Wales (CSSIW) has an overview of these concerns, although CSSIW cannot investigate them.
70. The statutory health service process came into effect in 2011. The process is:
- You are encouraged to talk to the staff involved with your care or treatment as soon as possible, so they can try to resolve your complaint immediately.
 - If this does not help, you should contact the health board or trust's concerns team.
 - The concerns team will look into your concern (complaint) and aim to respond within 30 working days.
 - If you are not happy with their response you can contact the Public Services Ombudsman for Wales.
71. The statutory social services process came into effect in 2014. The process is:
- You talk to the local authority about your complaint as soon as possible. They will try to resolve it within 10 working days.
 - If this does not help, you should contact the local authority's complaints officer.
 - An independent investigator will work with the complaints officer to look into your complaint and aim to respond within 25 working days.
 - If you are not happy with their response you can contact the Public Services Ombudsman for Wales.

²³ Putting Things Right - raising a concern about health services in Wales

²⁴ A guide to handling complaints and representations by local authority social services

72. At present, people whose complaint covers health, social care, or a private care home have to make at least two complaints. This also means the staff in the organisations concerned may be looking at the same complaint for different reasons. We want organisations to work together when investigating these complaints. Mr Keith Evans noted this when he reviewed Putting Things Right in 2014. His report²⁵, recommended that we need a complaints process which is people centred not service centred.

What are we proposing to do?

73. We want to make it a requirement for organisations to work together to investigate and resolve complaints which cover both health and social care. This will benefit the citizen but will also help those working in health and social care to understand how to investigate complaints together and learn lessons which can be used to improve their services.

74. We propose that health and social care organisations and independent providers of health and social care will need to come together to agree to follow a joint complaints process for these types of complaint. When people make a complaint about health and social care, organisations will need to explain to them that they will be following this joint process rather than the separate existing complaints processes. We acknowledge that there may be a number of operational challenges to overcome, for example, the consideration of the redress arrangements in relation to health service related concerns, but feel that seeking to have a joint process for certain complaints will be in the best interests of citizens.

75. In order to make these changes it may be necessary to change the regulations which underpin Putting Things Right²⁶ and the Social Services Complaints procedure regulations²⁷. Primary legislation may also be required to provide the Welsh Ministers with the powers to make revisions to the regulations.

Questions on Joint Complaints

The Welsh Government believes that requiring different organisations to work together to investigate complaints will make it easier for people to complain when their complaint is about both health and social services. We also believe it will encourage organisations to learn lessons to improve their services.

Do you support this proposal?

What further issues would you want us to take into account in firming up this proposal?

²⁵ See footnote 16

²⁶ NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011

²⁷ The Social Services Complaints Procedure (Wales) Regulations 2014

Chapter 4: Effective Citizen Voice, Co-production and Clear Inspection

76. The Green Paper described how the direction of travel is for health and social care services to be provided in a more integrated fashion, aiming to provide a seamless, person centred experience, along a pathway which potentially encompasses primary, community, hospital and social care. The system of inspection and regulation and the representation of citizens' views should support this direction of travel. Co-production means continuous involvement and engagement with the public on how decisions are reached and working with individuals to make decisions about their own health care.
77. This Chapter sets out our proposals for further strengthening the voice of citizens in health and social care, for how services should be co-created with citizens and how further clarity and future-proofing might be brought to the work of Healthcare Inspectorate Wales and Care and Social Services Inspectorate Wales.

4.1. Representing the Citizen in Health and Social Care

Where are we now and where do we need to be?

78. With organisations now increasingly starting to collaborate to provide seamless services to individuals and communities, there needs to be a way of capturing people's views about services across the whole system. This will mean that people are more involved in the way services develop and how they are delivered. There are a number of arrangements already in place from which we can build better, stronger ways to represent the voice of people in health and social care and work collaboratively to engage and involve the public. At a cross-boundary level, the statutory Regional Partnership Boards (RPBs) established under the Partnership Arrangements (Wales) Regulations 2015, bring together organisations to effectively assess and plan for the health and social care needs of local populations. The Public Services Boards, established under the Well-being for Future Generations (Wales) Act 2015 also bring together public services organisations on a local level to work together to develop local well-being assessments and plans. They need to all be informed about people's views in undertaking their functions and potentially work together to engage with the public.
79. For health services, there are a number of mechanisms for engaging with patients and the public. Local health boards are under a duty to involve and consult service users in the way services are planned and delivered and they carry out this duty in numerous ways. GPs are required to have Patient Participation Groups. The statutory Community Health Councils (CHCs) represent the public's interest in the way services are planned and provided. There are seven CHCs in Wales, which mirror the boundaries of, and are responsible for the same local populations as the local health boards. They are comprised of both paid staff and volunteer members. Members are appointed in part by the Welsh Government as well as selected from local

authorities and third sector organisations. There is also a Board of CHCs which oversees the work and performance of the seven CHCs. CHCs can be said to have four broad functions:

- Scrutiny of the operation of the health service, including the entry and inspection of premises;
- Engagement with the public on issues;
- Referral by individual CHCs of matters to Welsh Ministers in connection with service changes;
- Independent complaints advocacy services (a function of Welsh Ministers which has been conferred on CHCs through regulations).

80. Local authorities are also under a duty to promote user-led services and to involve people in the design and provision of services²⁸. There are no specific statutory bodies for citizen engagement in social care, as in health with CHCs. Instead, effective citizen engagement is an expectation of the implementation of the Social Services and Well-being (Wales) Act 2014 and the Care and Support (Area Planning) (Wales) Regulations flowing from that Act require engagement with citizens. It is largely left to regions to decide the most effective method within their area and the Welsh Government has not been prescriptive as to how citizen engagement should look.

81. As part of this picture, a number of reports in recent years have questioned whether the CHC model for representing the public voice in the health service, which has been in place since 1974, is flexible enough to respond to a health and care services that works increasingly across organisational boundaries^{29,30,31}. The Green Paper asked whether the current CHC model needed to change or if its activities needed to be refocused. We received a large number of responses to these questions, expressing a wide range of views. What is certain, and supported by the findings of the OECD, is that there is now a need to take some action.

82. The way CHCs are currently configured enables them to represent the public's interest in the health service, something which is not reflective of an increasingly integrated approach to service delivery. As highlighted above, their attachment to a particular geographical area and population also causes challenges when cross-boundary working or service change is proposed. More broadly, while members are appointed according to their skills and ability to represent patients, the membership is not at all representative of local communities. The member appointments process has over recent years

²⁸ Section 16, Social Services and Well-being (Wales) Act 2014

²⁹ *Moving Towards World Class? A Review of Community Health Councils in Wales*, Professor Marcus Longley, June 2012.

³⁰ *Lessons Learned Independent Review into NHS Service Change Engagement and Consultation*, Ann Lloyd CBE, January 2014

³¹ *An Independent Review of the Work of Healthcare Inspectorate Wales*, Ruth Marks MBE, November 2014

grown increasingly unsustainable and it is becoming difficult to attract sufficient people to the role, whether it is through the public appointments process, local authority or third sector nominations. Overall CHCs also lack visibility within communities.

83. There is also a perception, highlighted by the OECD review that some of the CHCs' activities, such as inspections, duplicate the work of other bodies and detract from the true representation of citizens' voices. However we are aware that the CHCs have been mindful of this and changing the focus away from inspection to one of engagement which includes visiting premises to gain feedback on the experience of care.

What are we proposing to do?

84. We want to further strengthen the voice of people in the way health and social care is planned and delivered by setting up a new arrangement which will have a national and local focus, but will be flexible, look at the whole system and work within the context of increased joint working and planning across public services through the regional partnership boards and public services boards

85. We would therefore propose the creation of a new, independent, arrangement to replace CHCs, based in some respects on the Scottish Health Council³² and working across health and social care. This new national citizen voice arrangement would represent the interests of the public in health and social care and would sit alongside Healthcare Inspectorate Wales and the Care and Social Services Inspectorate Wales and work closely with them. We want these bodies to be organised in such a fashion that they can take a unified approach when required, for example, through joint planning or advisory structures, but similarly can continue to operate independently of each other when necessary. Some further discussion on how this arrangement could work in practice is set out in the final chapter 4.3.

86. The new citizen voice body would have considerable operational autonomy and be free to decide its own work programme and recruit volunteers locally in line with a number of refreshed functions. We propose the current functions of CHCs could be replaced by a new set of functions which could include:

- Working with local community organisations, user groups and others to promote the co-design and co-creation of services;
- Support the building of local networks and effecting join up across health and social care groups;
- Providing support for health and social care organisations (local health boards, NHS trusts, local authorities, Regional Partnership Boards, etc.) in improving the way they engage individually and jointly with their communities on health and social care service matters;

³² <http://www.scottishhealthcouncil.org/home.aspx>

- Monitoring and evaluating the way in which health and social care organisations involve local people, probably in accordance with agreed standards;
- Providing advice to local health boards and/or the Cabinet Secretary in relation to the level of engagement undertaken on substantial changes (as outlined below).

87. We believe this refreshed citizen voice arrangement will provide better assurance and the impetus for health and social care organisations to improve the way they engage with the public and work in partnership to gather views and involve citizens in planning and delivery of services. Positioning the new arrangement alongside the inspectorates, will increase profile and visibility, remove a number of duplicative activities and functions currently invested in CHCs (for example inspection of premises) and embed patient voice more systematically within the work of the inspectorates. We think this is the best way to strengthen the public voice in line with the recommendations of the OECD and will be more sustainable than the current system which relies on the recruitment and retention of members.

88. We would propose some of the resources and staffing currently allocated to CHCs could be repurposed to support the new arrangements but this would need further detailed consideration as part of the development of the proposals. The current independent advocacy service provided by CHCs in relation to NHS complaints has proved valuable and this could be continued under the new arrangements. We may want to consider how such a service could be extended to also cover complaints about social care services, in order to mirror the proposals about the joint investigation of complaints outlined in Chapter 3.2.

89. To abolish CHCs in their current form and establish a new body with responsibility for representing the interests of the public across health and social care, would require primary legislation.

Questions on Citizen Representation

The Welsh Government believes that local health and social care organisations should be working with the public to co-design and co-create services and that the way they do this needs to be independently monitored. We propose replacing the current statutory CHCs and their functions with a new national arrangement to represent the citizen voice in health and social care, to advise and provide independent assurance. The new body will work alongside Healthcare Inspectorate Wales and Care and Social Services Inspectorate Wales and have autonomy to decide how it will operate at local level.

Do you support this proposal?

Can you see any practical difficulties with these suggestions?

4.2. Co-producing Plans and Services with Citizens

Where are we now and where do we need to be?

90. The NHS in Wales is finding it difficult to bring about the sort of change which will place services on a more sustainable long-term footing and deliver improvements in service quality and safety, whilst at the same time ensuring that the voice of the citizen is an integral part of decision-making. Services may need to be provided locally, regionally or nationally in order to provide the best possible outcomes for Welsh people. However, making decisions about how and where services should be provided is not easy within the current NHS Wales structure where local health boards have responsibility for the population within specific geographical boundaries.
91. It is particularly hard to agree change when services affect large numbers of people and it is often these changes which end up being referred to the Minister for a decision. This will sometimes be the right thing to do, but it should be the last resort. We feel that changes need to be made to the process to ensure everything possible has been done to allow decision-making to take place locally. This means supporting more of a shift towards the genuine involvement of people in drawing up plans, together with better and more independent scrutiny of any substantial service change and reconfiguration proposals.
92. We describe in Chapter 2.1 how we think a Duty of Quality for the Population of Wales will facilitate collaborative all-Wales and regional planning and service delivery.
93. Proposals for service change must of course be based on strong clinical evidence on what will provide the right health outcomes for people; but plans will have a greater chance of success if citizens are involved in co-designing and co-creating them. People must have an opportunity to weigh up the arguments and consider how a possible service change will affect them and others. Local health boards must be able to show they have listened to the views of citizens and taken their views into account in their proposals to deliver sustainable services for the future. This process requires a very open approach by local health boards which must find ways to balance the clinical evidence with the views and experiences of local people. They must also be able to demonstrate they have done so.
94. The National Health Service (Wales) Act 2006 already places a duty on local health boards to involve and consult local people or their representatives in the planning and delivery of services, including proposed service changes. Whilst this duty, and associated guidance, sets a broad framework for involving the public in decision-making, there is currently quite a wide interpretation of what this means. To date, NHS organisations in Wales have

taken different approaches to involving citizens in service planning, delivery and change.

95. Our goal is for inclusive continuous engagement that fully reflects public voice to become the norm, so we can “co-create” improved patient outcomes. We want to place more emphasis on the importance of regional and strategic working and the range of modern digital and social media options available to better target engagement and make it more inclusive and representative. As a first step we will be revising existing guidance to illustrate what effective engagement based on co-production principles looks like and to provide greater clarity on what is meant by substantial service change.
96. Community Health Councils (CHCs) currently have a role in scrutinising change proposals to promote a better understanding and ensure they meet the health needs of local communities. Under present arrangements, CHCs, on behalf of the public, can refer a matter to the Cabinet Secretary for decision if they are not satisfied a proposal would be in the best interests of their local communities. In these circumstances they are expected to represent wider public views in proposing alternative change options and plans, a function which has not been consistently delivered.
97. Disagreement may arise between local health boards and/or CHCs, particularly on proposals which cross local health board and CHC boundaries that could deliver important benefits for the wider population. This is because there is usually an expectation from local communities and politicians that CHCs will act in the interests of their local population and prioritise these local interests ahead of wider, national interests. In such cases, implementing essential improvements to services can become cumbersome and involve lengthy delays to resolve disputes. In turn, higher quality, safer services and improved patient outcomes take longer to deliver.
98. As indicated in Chapter 4.1, we propose to replace CHCs with a different arrangement which enables citizens to have a stronger, continuous voice in contributing to the planning and development of their health and social care services.

What are we proposing to do?

99. When a change can be described as substantial, then we need a very clear process in terms of decision-making. Under the current arrangements, independent expert advisory panels have been convened on an ad hoc, non-statutory basis when a disputed substantial service change decision has been referred to the Minister by a CHC and there is a need for stronger clinical evidence. If the proposed changes are made to CHCs, there will no longer be a mechanism for referring disputed substantial service change proposals to the Cabinet Secretary. We have considered a number of options for introducing independent scrutiny into the process to provide advice on all health board service change proposals that meet agreed criteria for substantial change and reconfiguration.

100. We are aiming to establish an approach similar to that currently in place in Scotland, in which health boards in Wales will be required to identify all change proposals meeting the criteria. This will then trigger a process of further scrutiny relating to the clinical evidence and an assessment of whether adequate involvement of the public has been achieved in drawing up the proposals.
101. We propose to establish an independent mechanism to provide clinical advice and assurance on substantial change proposals; the new citizen voice body referred to in Chapter 4.1 will provide an independent assessment on the adequacy or otherwise of the involvement of citizens. Health boards will be expected to reach a decision through their existing governance arrangements, based on both these sources of evidence. In the event that they are unable to reach consensus, then as a **last resort** the Welsh Ministers will be able to intervene and make a decision based on the independent evidence, both clinical and how well public opinion has been integrated into the proposals. The diagram at Figure 1 shows, at a high level, how this process could work in practice.

Figure 1

Service change phase	Action and broad steps	C O N T I N U O U S E N G A G E M E N T
Planning	Step 1: Health Board/s develop and set out their service change proposals engaging with the population and staff	
Assessment	Step 2: Health board considers whether change could be described as a substantial proposal. If yes it moves to step 3 and 4. If no, it moves straight to Step 5	
Advice – citizen voice	Step 3*: Independent citizen voice body advises whether public engagement process undertaken by the health board complies with guidance. This could result in more engagement.	
Advice – clinical	Step 4*: Independent clinical panel considers the relevant clinical evidence for the change proposal.	
Decision	Step 5: Health board(s) make decision through their existing governance mechanisms, based on independent clinical panel recommendation, advice from the citizen voice body and any other relevant factors	
Call in	Step 6: If health board(s) cannot reach a decision on a substantial proposal , Minister may call in the proposal. In making a decision the Minister will consider the advice received, including from the clinical panel and citizen advice body and any other relevant factors	

*Steps 3 and 4 are undertaken simultaneously

102. Following our consultation on the Green Paper, there was support for the principle that ultimate accountability for making such decisions should rest with the Welsh Ministers, however there will need to be careful consideration of the point at which Ministers will intervene and call in decisions.

Questions on Service Change

The Welsh Government believes that introducing an independent mechanism to provide clinical advice on substantial service change decisions, with advice from the proposed new citizen voice body, will encourage continuous engagement and increase the pace of strategic change through enabling a more evidence-based, transparent process and a more directive and guiding role on the part of Welsh Government.

Do you agree with this proposal?

What further issues would you want us to take into account in firming up this proposal?

4.3. Inspection and Regulation

Where are we now and where do we need to be?

103. Healthcare Inspectorate Wales (HIW) is the inspectorate and regulator of healthcare in Wales. It is responsible for reviewing and inspecting NHS and independent healthcare organisations to provide assurance for patients, the public, the Welsh Government, and healthcare providers, that services are safe and of good quality. Although HIW is part of the Welsh Government and carries out functions on behalf of Welsh Ministers, its independence is secured through operational autonomy. This is also the case for the Care and Social Services Inspectorate Wales (CSSIW).
104. Over the last three years, there has been a continuing discussion about the role of HIW and an assessment of whether the scope of its work needs to be reformed and broadened^{33, 34, 35, 36}. The wider opportunities for better joined up working with other bodies, such as CSSIW and CHCs have featured as a prominent part of these discussions. In relation to CHCs, their ability to enter and inspect premises has raised concerns about duplication with HIW's role. These reviews culminated in the Green Paper consultation exercise which sought views on enhancing HIW's independence, enabling collaboration with CSSIW, and further exploring opportunities for setting up a single inspectorate.
105. In parallel to the reviews of HIW and the Green Paper consultation, the introduction of the Social Services and Well-being Act 2014 and the Regulation and Inspection of Social Care Act 2016 (the 2016 Act) has led the way in placing service quality and improvement at the heart of social care in Wales.
106. The 2016 Act created a clear statutory framework for CSSIW and a clearer platform for assurance that services are meeting people's needs. This has highlighted the constraints that the existing legislation underpinning HIW creates practically, which we would like to future-proofed in a similar vein to that which now underpins CSSIW. Legislative reform for HIW would address the fact that there are insufficient powers to regulate in some areas, and that different arrangements apply across NHS and independent healthcare settings. There is also some seemingly illogical use of HIW resources, for

³³ *The work of Healthcare Inspectorate Wales*, Health and Social Care Committee, March 2014

³⁴ See footnote 29

³⁵ *Wider issues emanating from the governance review of Betsi Cadwaladr University Health Board*, Public Accounts Committee, February 2016

³⁶ See footnote 4

example the regulation of lasers in tattoo and beauty parlours. Services are also regulated and inspected on an establishment, rather than service basis, which is at odds with the way CSSIW regulate and inspect under the 2016 Act.

107. While legislation may be required, it is important to acknowledge the ongoing work that has been and continues to develop in terms of joint working and the sharing of intelligence, for example, a planned pilot joint review of healthcare provision in care homes. This work has informed our considerations as to what is currently preventing good practice and what mechanisms are necessary in order to improve and build on the opportunity for bodies to work together

What are we proposing to do?

108. We want to ensure the system of regulation and inspection across health and social services is aligned and future-proofed in order to provide the relevant assurances to support improvement within organisations from a person-centred perspective. In improving well-being, preventing ill-health and providing services in health and social care, there should be a consistent approach to inspection and to examining the quality and safety of services received. People should expect the inspectorates to work together where those health and care services overlap. In practical terms there appears to be no strong appetite at the moment for merging the two inspectorates or for making them legally independent. Both HIW and CSSIW are already operationally independent and can work together if they need to – but this may be too narrow a view.
109. It would clearly be desirable and beneficial to, at the very least, overhaul HIW's underpinning legislation to ensure it has a clear, single, legislative framework to work to, as CSSIW now does following the Regulation and Inspection of Social Care (Wales) Act. Working to a similar framework would no doubt lead to more integration and common methodologies, and this in turn will benefit citizens.
110. However, we would also like to seek views on a wider proposal to create a new independent body, picking up on some of the recommendations made in the Ruth Marks review. We could, for example set up a Welsh Government Sponsored Body to encompass both inspectorates, as well as the national citizen's voice body proposed in 4.1. Such a new body could see the pooling of significant existing resources to create a more independent entity which could provide further rigour and focus on quality in a more integrated system.

Questions on Inspection and Regulation and single body

The Welsh Government believes that ensuring a clearer underpinning legislative framework for HIW will help to foster closer integration and joint working with CSSIW and at the very least this should be taken forward.

What do you think of this proposal?

Are there any specific issues you would want us to take into account in developing these proposals further?

However we also believe there could be merit in considering a new body – for example, a Welsh Government Sponsored Body – to provide more independence in regulation and inspection and citizen voice.

Would you support such an idea?

What issues should we take into account if this idea were to be developed further?

Summary of questions

Chapter 1: Effective Governance

1.1. Board Membership and Composition

The Welsh Government believes that the Boards of both health boards and NHS trusts should share some core key principles which are outlined including delivering in partnership to deliver person centred care and a strong governance framework to enable the Board to work effectively and meet its responsibilities.

All Boards should have Vice Chairs in order to support focussed and skilled leadership.

The Welsh Government also believes that Ministers should have the authority to appoint additional Board members on time limited appointments if an NHS Health Board/Trust is under performing or under escalation procedures in accordance with the NHS Wales Escalation and Intervention arrangements.

The Welsh Government believes that Board Executive Officer membership for local health boards should probably include some key positions which are consistent across local health boards but also allow some flexibility to appoint based on remit and priorities.

Do you agree with these proposals?

What further issues would you want us to take into account in firming up these proposals?

1.2. Board Secretary

In order to deliver on the key principles outlined the Welsh Government believes that the role of Board Secretary should be placed on a statutory basis and have statutory protection to allow the role to be independent with safeguards in place to challenge the Chief Executive of an NHS organisation or the Board more widely.

Do you agree with these proposals?

What further issues would you want us to take into account in firming up these proposals?

Chapter 2: Duties to Promote Cultural Change

2.1. Duty of Quality for the Population of Wales

The Welsh Government believes that the duty of quality should be updated and enhanced to better reflect our integrated system. This duty should be sufficiently wide in scope to facilitate the needs of the population of Wales to facilitate and enable collaborative, regional and all-Wales solutions to service design and delivery

NHS bodies should also be placed under a reciprocal duty with local authorities to co-operate and work in partnership to improve the quality of services provided.

Welsh Government also believes that strengthening the existing planning duty will make sure health boards work together on the needs of the population of Wales in the planning and delivery of quality healthcare services.

Do you agree with these proposals?

What further issues would you want us to take into account in firming up these proposals?

2.2. Duty of Candour

The Welsh Government believes that the development of a statutory duty of candour across health and social services in Wales would consolidate existing duties and be in the interests of a person centred system.

Do you support this proposal?

What further issues would you want us to take into account in firming up this proposal?

Chapter 3: Person-Centred Health and Care

3.1. Setting and Meeting Common Standards

The Welsh Government believes there should be a common set of high level standards applied to health and social care and that the standards should apply regardless of the location of care.

Do you support this proposal?

What further issues would you want us to take into account in firming up this proposal?

3.2. Joint Investigation of Health and Social Care Complaints

The Welsh Government believes that requiring different organisations to work together to investigate complaints will make it easier for people to complain when their complaint is about both health and social services. We also believe it will encourage organisations to learn lessons to improve their services.

Do you support this proposal?

What further issues would you want us to take into account in firming up this proposal?

Chapter 4: Effective Citizen Voice, Co-production and Clear Inspection

4.1. Representing the Citizen in Health and Social Care

The Welsh Government believes that local health and social care organisations should be working with the public to co-design and co-create services and that the way they do this needs to be independently monitored. We propose replacing the current statutory CHCs and their functions with a new national arrangement to represent the citizen voice in health and social care, to advise and provide independent assurance. The new body will work alongside Healthcare Inspectorate Wales and Care and Social Services Inspectorate Wales and have autonomy to decide how it will operate at local level.

Do you support this proposal?

Can you see any practical difficulties with these suggestions?

4.2. Co-producing Plans and Services with Citizens

The Welsh Government believes that introducing an independent mechanism to provide clinical advice on substantial service change decisions, with advice from the proposed new citizen voice body, will encourage continuous engagement and increase the pace of strategic change through enabling a more evidence-based, transparent process and a more directive and guiding role on the part of Welsh Government.

Do you agree with this proposal?

What further issues would you want us to take into account in firming up this proposal?

4.3. Inspection and Regulation and single body

The Welsh Government believes that ensuring a clearer underpinning legislative framework for HIW will help to foster closer integration and joint working with CSSIW and at the very least this should be taken forward.

What do you think of this proposal?

Are there any specific issues you would want us to take into account in developing these proposals further?

However we also believe there could be merit in considering a new body – for example, a Welsh Government Sponsored Body – to provide more independence in regulation and inspection and citizen voice.

Would you support such an idea?

What issues should we take into account if this idea were to be developed further?

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Llywodraeth Cymru
Welsh Government

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White Paper Consultation: 28 June – 29 September 2017

Services fit for the future

Quality and Governance in health and care in Wales

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Papur Gwyn Ymgynghori: 28 Mehefin – 29 Medi 2017

Gwasanaethau sy'n addas i'r dyfodol

**Ansawdd a Llywodraethiant ym maes iechyd a gofal
yng Nghymru**

Purpose

Future-proof health and social care services

Putting people at the centre of care



The Bigger Picture

Building on the work of recent **Social Services legislation**

The **Green Paper consultation** showed there was an appetite for further work and potential legislation

Page 53

The **OECD** made a number of **recommendations** on how we might tackle some of the issues in Wales

White Paper will act as a platform for the findings of the **Parliamentary Review into Health and Social Care**



4 Key Enablers working towards integrated services:

Measures to promote effective governance

Duties for health and social care which promote cultural change

Common processes to underpin person-centred health and care

Focus on promoting citizen voice and clarity in inspection and service change

Measures to promote effective governance: Board Membership and Composition

Core Key Principles for Health Boards and Trusts

All Boards should have Vice Chairs.

Ministerial Appointments

Board Executive Officer membership: mix of key positions and flexible positions.

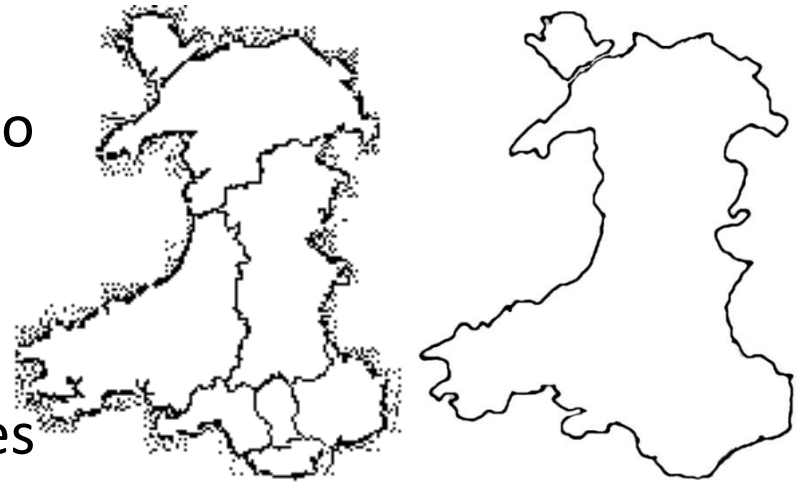
Statutory protection for the role of Board Secretary



Duties for health and social care which promote cultural change: Duty of Quality | Duty of Candour

Extended duty of quality on NHS bodies:

- Regional or all-Wales solutions to population's health needs
- NHS bodies to work in partnership with local authorities



New duty of candour:

- Introduce statutory duty across health and social care
- Openness and Transparency

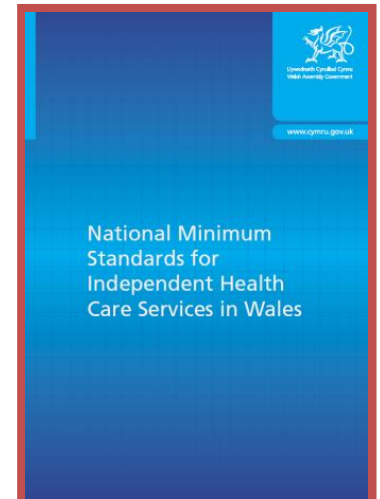
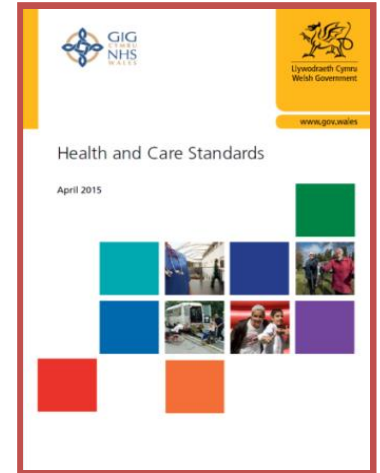
Common processes to underpin person-centred health and care: Common Standards | Joint Complaints

Common Standards:

- Person-centred
- Across Health and Social Care settings

Joint Complaints:

- Person-centred
- Requiring health and social care partners to investigate complaints together
- Lessons learned/ promoting further integration



Focus on promoting citizen voice and clarity in inspection and service change: Representing the Citizen in Health and Social Care

- Strengthen the people's voice across health and social care
- Establish an independent national body to represent the citizen's voice
- More flexible membership arrangements
- Support people raising concerns through advocacy
- Provide independent assurance of public involvement and engagement
- Strong relationship with the Inspectorates



Focus on promoting citizen voice and clarity in inspection and service change: Co-Producing Plans and Services with Citizens

Promoting co-production and co-design

Page 59

Introducing independent clinical advice on substantial service change decisions

Role for citizen voice body

Ministers may call in proposals



Focus on promoting citizen voice and clarity in inspection and service change: **Inspection and Regulation**

Social Services and Well-being (Wales) Act 2014 | Regulation and Inspection of Social Care (Wales) Act 2015

Provide Healthcare Inspectorate Wales with a single legislative framework

Consider the opportunity for a Welsh Government Sponsored body to encompass both inspectorates and national citizen's voice body?



Responding to the Consultation – 29th September 2017

Respond online at:

<https://ymgyngoriadau.llyw.cymru/ymgyngoriadau/gwasanaethau-syn-addas-ir-dyfodol>

<https://consultations.gov.wales/consultations/services-fit-future>

Or send your responses to:

HQDMailbox@wales.gsi.gov.uk

Or

Healthcare Quality Division
Health and Social Services Group
Welsh Government
Cathays Park
Cardiff
CF10 3NQ



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SUBJECT	REVENUE & CAPITAL MONITORING 2017/18 OUTTURN STATEMENT
DIRECTORATE	Resources
MEETING	Adults Select Committee
DATE	12th September 2017
DIVISIONS/ WARD AFFECTED	All Authority

1. PURPOSE

- 1.1 The purpose of this report is to provide Members with information on the revenue and capital outturn positions based on activity data at month 2.
- 1.2 This report will also be considered by Select Committees as part of their responsibility to,
 - assess whether effective budget monitoring is taking place,
 - monitor the extent to which budgets are spent in accordance with agreed budget and policy framework,
 - challenge the reasonableness of projected over or underspends, and
 - monitor the achievement of predicted efficiency gains or progress in relation to savings proposals.

2. RECOMMENDATIONS PROPOSED TO CABINET

- 2.1 That Members consider a net revenue outturn overspend of £164,000.
- 2.2 Members consider a capital outturn spend, forecast by service managers to agree with budget.
- 2.3 Members note that the low level of earmarked reserves, which will severely reduce the flexibility the Council has in meeting the financial challenges of reducing settlements and consequent need to re-design services.
- 2.4 Members note the significant forecast reduction in the overall school balance at the end of 2017/18 and supports the continuing work with schools to ensure that the Council's Fairer Funding scheme requirements are met and that the overall schools balance reverts to positive position at the earliest opportunity. This will be explored in greater detail in a separate report of CYP Directorate.

3. MONITORING ANALYSIS

3.1 Revenue Position

3.1.1 Revenue budget monitoring information for each directorate's directly managed budgets is provided together with information on corporate areas.

3.1.2 Responsible Financial Officer's Summary of Overall Position (month 2 based)

Table 1: Council Fund 2017/18 Outturn Forecast Summary Statement at Period 1

Service Area	Initial 2017-18 Annual Budget	Forecast Outturn	Forecast Over/ (Under) @ Outturn	2016-17 Budget	2016-17 Outturn	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Adult Services	6,972	6,872	-100	7,109	6,929	-180
Children Services	10,018	10,419	401	9,765	10,338	573
Community Care	22,162	22,128	-34	20,625	21,413	788
Commissioning	1,600	1,561	-39	1,543	1,427	-116
Partnerships	350	350	0	347	398	51
Public Protection	1,455	1,416	-39	1,460	1,378	-82
Resources & Performance	864	865	1	869	869	0
Total Social Care & Health	43,421	43,611	190	41,718	42,752	1,034
Individual School Budget	43,166	43,166	0	43,161	43,191	30
Resources	1,425	1,431	6	1,508	1,523	15
Standards	4,983	5,362	379	5,083	5,084	1
Total Children & Young People	49,574	49,959	385	49,752	49,798	46
Business Growth & Enterprise	824	847	23	814	801	-13
Planning & Housing	1,852	1,908	56	1,362	1,151	-211
Tourism Life & Culture	3,140	3,241	101	2,982	3,424	442
Total Enterprise	5,816	5,996	180	5,158	5,376	218
Governance, Engagement & Improvement	4,333	4,437	104	4,599	4,502	-97
Legal & Land Charges	446	456	10	448	401	-47
Operations	16,562	16,943	381	16,796	16,425	-371
Total Chief Executives Unit	21,341	21,836	495	21,843	21,328	-515
Finance	2,287	2,206	-81	2,242	2,011	-231
Information Communication Technology	2,421	2,421	0	2,282	2,328	46
People	1,583	1,613	30	1,463	1,505	42
Place	-504	-434	70	-680	-576	104
Total Resources	5,787	5,806	19	5,307	5,268	-39

Precepts and Levies	17,075	17,070	-5	16,484	16,488	4
Coroners	100	119	19	80	100	20
Gwent Joint Records	182	182	0	183	182	-1
Corporate Management (CM)	181	176	-5	186	553	367
Non Distributed Costs (NDC)	733	733	0	726	818	92
Strategic Initiatives	654	204	-450	488	0	-488
Insurance	1,264	1,230	-34	1,218	1,396	178
Total Corporate Costs & Levies	20,189	19,714	-475	19,365	19,537	172
Net Cost of Services	146,128	146,922	794	143,143	144,059	916
Fixed Asset disposal costs	123	123	0	75	75	0
Interest and Investment Income	-138	-138	0	-55	-89	-34
Interest payable & Similar Charges	3,673	3,173	-500	3,498	2,923	-575
Charges required under regulation	3,815	4,065	250	3,489	3,373	-116
Contributions to Reserves	165	165	0	105	318	213
Contributions from Reserves	-1,653	-1,653	0	-1,665	-1,880	-215
Capital Expenditure funded by revenue contribution			0	109	109	0
Appropriations	5,985	5,735	-250	5,556	4,829	-727
General Government Grants	-61,380	-61,380	0	-63,567	-63,567	0
Non Domestic rates	-30,418	-30,418	0	-27,981	-27,981	0
Council Tax	-66,450	-66,700	-250	-63,411	-64,076	-665
Council Tax Benefits Support	6,135	6,005	-130	6,258	5,852	-406
Financing	-152,113	-152,493	-380	-148,701	-149,772	-1,071
Budgeted contribution from Council Fund		0		2	0	-2
Net Council Fund (Surplus) / Deficit	0	164	164	0	-884	-884

3.1.3 A comparison of the Net Council fund line against previous years activity indicates the following,

Net Council Fund Surplus	2017-18	2016-17	2015-16	2014-15
	£'000	£'000	£'000	£'000
Period 1	164 deficit	1,511 deficit	867 deficit	219 deficit
Period 2		839 deficit	1,066 deficit	116 deficit
Period 3		79 surplus	162 deficit	144 deficit
Outturn		884 surplus	579 surplus	327 surplus

This does suggest 1st period monitoring to be an improving situation on past comparison. However the bottom line situation of a £164k overspend is potentially overoptimistic in a number of areas. One of the more significant illustrations is that Treasury costs currently include £500k underspend in borrowing costs for the schemes identified in para 3.3.4 below which are yet to garner Members agreement for inclusion in the capital programme due to lack of cost certainty, but probability suggests some of these schemes will subsequently derive sufficient Member support to proceed before end of 2017-18.

3.1.4 Given the financial challenges that will continue to face the Authority for the foreseeable future, Chief Officers continue to be tasked with ensuring that services live within the budgets and savings targets set for the current financial year.

3.1.5 A summary of main pressures and under spends within the Net Cost of Services Directorates include,

3.1.6 Stronger Communities Select Portfolio (£590k net underspend)

- Chief Executives Unit (£496k overspend)

Legal division exhibited a **£10k deficit**, due to reduced land charge income activity. **Governance, engagement and improvement** exhibited a **£105k deficit** due to delayed restructure in Community Education (£20k), Community Hubs & Contact Centre unbudgeted software and delayed restructure costs (£36k), and senior officer mandate saving not fully delivered (£48k). **Operations exhibited a collective £381k deficit**. The position for each of main Operations areas is as follows, Highways £193k deficit (winter maintenance £35k, utility street lighting costs £85k and £73k redundancies), Property and Procurement £108k deficit, small overspend in grocery supplies for catering 38k, and procurement saving of £100k which as yet is not manifest, and in Waste an £80k shortfall in trade waste income.

- Resources Directorate (£19k overspend)

An underspend in Finance Division costs of £81k, predominantly due to net HB grant inflow, and increased recharge to schools for Finance system support. **People services anticipate a £30k deficit** caused by maternity costs, and consultancy work. **Place division predict £70k deficit**, predominantly the anticipation of cattle market income levels being lower than budgeted.

- Corporate (£475k underspend)

The Council has an annual redundancy provision (£450k) within Corporate budget, to be used if Directorates request use of such of Members. At the moment there is no activity on this cost centre, despite redundancy costs being shown as overspends within Directorates. There also miscellaneous savings totalling £25k across this Directorate.

- Appropriations (£250k underspend)

A temporary underspend of £500k results from the headroom to absorb the schemes mentioned in para 3.3.4, whilst costs remain uncertainty and officers are yet to request schemes be added formally to capital programme. This underspend compensates for £250k additional minimum revenue provision costs, as capital receipt levels predicted during 2017-18 are anticipated insufficient to have supported set aside and the budgeted reduction of the capital financing requirement at the end of 2016-17, from which minimum revenue provision costs are calculated.

- Financing (£380k underspend)

The net effect from an excess of Council tax receipts and less than anticipated Council tax benefit payments

RESOURCES DIRECTOR CONTEXT & COMMENTARY

Overall, the directorate is forecasting a slight overspend position of £19k at the end of month 2. The Directorate is managing some pressures in the areas of Payroll and Asset management, however at this stage in the year these are being offset in part by additional one off grant income on benefits, additional income for financial services. It is expected that the Directorate will achieve its savings targets as approved and included in the budget. The Directorate will continue to work to reduce the areas of overspending wherever possible, or identify further savings if necessary over the coming months.

HEAD OF OPERATIONS CONTEXT & COMMENTARY

At Month 2 Operations is forecasting a £381k overspend. 3 areas are overspending due to increased external costs which are very hard then to reduce. These are street lighting (£85k over due to energy rising), highway operations (£35k weather forecasting service increasing), school catering (£8k increase in food costs). The flooding budget is forecasting an overspend of £73K due to redundancy costs. As per policy if by year end the Service cannot manage the redundancy pressures internally it will request coverage from reserves to manage this pressure. Waste is forecasting an £80k overspend as despite not increasing trade waste fees customers have reduced or purchased smaller bins reducing overall profitability. The Commercial Manager starts shortly so it is hoped this pressure will be reduced. Procurement had a £100k budget saving target proposed through the MTFP and V4 were commissioned to identify key areas for this saving to be met. This work needs escalating but it is not anticipated that if proposals are brought forward the full years saving can be realised. These pressures are currently offset with a £100k underspend in property but it is understood this is being earmarked for J&E block redevelopment which then places further pressures on the department to close the gap.

3.1.7 Economy & development Select Portfolio (£141k net overspend)

- Enterprise Directorate (£180k net overspend)

Business growth and enterprise anticipate a £23k overspend, caused by efficiencies within Enterprise management function not yet being manifest.

Planning & Housing (£55k overspend) – Development control continues to exhibit a deficit of £22k through reduced development and income activity, conversely development policy exhibits £21k surplus, through a temporary salary saving whilst a vacancy remains vacant. The Housing Lodgings scheme continues to be unsustainable, as Welsh Government support no longer makes an allowance for sufficient management costs in administering the scheme.

Tourism, leisure & culture (£101k overspend) – the service forecast £20k savings in Youth service due to temporary vacancy savings and Events are reporting a net surplus of £13k above the £20k net income captured in the budget. Conversely the Directorate report £47k pressure in respect of Cultural services costs (museums, Shire Hall, Old Station), anticipate a shortfall of £20k on Outdoor Education activities and £67k costs above budget at Caldicot Castle. After last year's outturn, and given limited significant intervention to date to improve the financial performance, it wouldn't be intuitive to expect such a positive improvement in forecast, but it remains very difficult to gainsay service forecasts which will be influenced by Member decision in September concerning the future of tourism, leisure and cultural services.

- Social Care & Health (£39k underspend)

Public Protection (£39k underspend) – predominantly an underspend in occupational health costs (£17k), staffing savings and income levels in Registrars beneficially exceeding budget (£34), minor savings in trading standards (£4k) compensation for financial pressures in licencing (£16k).

ENTERPRISE DIRECTOR'S CONTEXT & COMMENTARY

The very dynamic nature of the Tourism, Leisure and Culture service reflects its current outturn position. This is a crucial time for the Events team in their attempts to generate significant income and impact for the county. The team are about to deliver some major income generating events in Month 4, so at this stage in the events calendar the variation illustrated could change significantly. Should income fall short of predictions however, a recovery plan will be implemented with immediate effect. Leisure services stoically continue to generate their targeted income however unexpected capital expenditure in the museums services required to implement lone working has resulted in an overspend, due to additional works required to ensure staff safety. In Planning, Housing and Place Shaping, the loss of income from management fees for leased properties is currently being forecast as causing a pressure in the budget and was recognised as potentially needing reserve funding.

3.1.8 Adult Select Portfolio (net £172k underspend)

- Social Care & Health (£172k underspend)

Adult Services (£100k underspent) – staffing savings of circa £150k and income from partnership working with Bridges (£47k) compensates for a net overspend in Direct Care (£26k) and Mardy Park (£72k).

Community Care (£34k underspend) – underspends in disability aids and net savings on intermediate care budget with costs incurred elsewhere within the Directorate together with an anticipated saving on the Frailty partnership contribution compensate for the deficit forecast in general disability services for adults.

Commissioning (£39k underspend) – predominantly a net saving in commissioning strategy costs.

Resources (£1k overspend)

SCH DIRECTOR'S CONTEXT & COMMENTARY

The overall directorate position as at month 2 is an overspend of £190,000.

Adult services pressures were fully recognised in the 2017/18 budget agreed by Council. The division is currently reporting an underspend of £172,000 due to vacancies in the divisional management team, commissioning and My Day My Life which are being filled.

Children's service had an overspend of £572,000 at the end of 2016/17. Pressures of £86,000 have been recognised in the 2017/18 budget so whilst disappointing, an overspend of £400,000 represents a slightly improved position. There are 3 key pressure areas – the placement budget which funds the care and support for Looked After Children, the transport budget- these are the costs of transport associated with a high number of looked after children (e.g. transport to and from school) and workforce costs. Whilst really good progress has been made to reduce the number of agency workers (agency workforce reduced from 17 to 8 in the last year), there are still considerable risks in the service, particularly as a consequence of the high numbers of children on the Child Protection Register which means agency workers will only be stepped down once the risks have been mitigated and it is safe to do so. One positive movement since last year is the Court Improvement plan which has, at month 2, realigned the budget.

Public Protection is reporting a £39,000 underspend mainly due to income generation mainly from Registrars and public/environmental services which is a pleasant addition to the month 2 directorate position.

Recognising the pressures in social care, Welsh Government grants have been indicated which will support the costs of commissioning a quality domiciliary care service. The terms and conditions of these grants are very detailed. The implications are being considered and will be reported in future months.

3.1.9 Children & Young People Select Portfolio (net £786k overspend)

- Social Care & Health (£401k overspend)

Children's Services (net £401k overspend) – the predicted overspend exhibits a significant improvement against the 2016-17 outturn, partly the predicted effect of 60 cases rather than 73 looked after cases last year. Looked after children costs are anticipated to be £129k overspent despite this. Children's services team costs exhibit a forecast overspend of £272k, much of this still to do with the continued use of agency staff, however the Directorate has also sought to identify more transparently the transport costs associated with child care management. Within this £272k, £128k is anticipated to relate to an excess of such travel costs against budget.

Youth offending team partnership (breakeven) – this service is a partnership administered by the Council on behalf of itself and others and any balance is effectively transferred through Appropriations to a ring-fenced reserve so should have no bottom line effect on MCC's management accounts.

- Children and Young People (net £385k overspend)

School Budget Funding exhibited a breakeven position although the school use of their reserves remains a cause of concern to be explored in Reserves section below. There is an **overspend of £6k** within the **Resources subdivision** caused by unbudgeted IT system upgrade costs. However the main cost pressure manifests itself in **Standards subdivision** (£379k) caused by out of county placement costs exceeding budget, a decision to fund a further formal ALN unit, together with an overspend in the general ALN provision for all 4 secondary schools.

SOCIAL CARE & HEALTH DIRECTOR'S CONTEXT & COMMENTARY

The overall directorate position as at month 2 is an overspend of £189,000.

Adult services pressures were fully recognised in the 2017/18 budget agreed by Council. The division is currently reporting an underspend of £172,000 due to vacancies in the divisional management team, commissioning and My Day My Life which are being filled.

Children's service had an overspend of £572,000 at the end of 2016/17. Pressures of £86,000 have been recognised in the 2017/18 budget so whilst disappointing, an overspend of £400,000 represents a slightly improved position. There are 3 key pressure areas – the placement budget which funds the care and support for Looked After Children, the transport budget- these are the costs of transport associated with a high number of looked after children (e.g. transport to and from school) and workforce costs. Whilst really good progress has been made to reduce the number of agency workers (agency workforce reduced from 17 to 8 in the last year), there are still considerable risks in the service, particularly as a consequence of the high numbers of children on the Child Protection Register which means agency workers will only be stepped down once the risks have been mitigated and it is safe to do so. One positive movement since last year is the Court Improvement plan which has, at month 2, realigned the budget.

Public Protection is reporting a £39,000 underspend mainly due to income generation mainly from Registrars and public/environmental services which is a pleasant addition to the month 2 directorate position.

Recognising the pressures in social care, Welsh Government grants have been indicated which will support the costs of commissioning a quality domiciliary care service. The terms and conditions of these grants are very detailed. The implications are being considered and will be reported in future months.

CHILDREN & YOUNG PEOPLE DIRECTOR'S CONTEXT & COMMENTARY

At this early stage in the year, the Directorate's Month 2 position is a forecasted overspend of £385,000. Clearly, this is not a position that we wish to be in and we are anticipating that it will fall as we progress through the year. All parts of the directorate are working to reduce those areas of pressure and bring the budget back to a balanced position.

However, the Additional Learning Needs budget continues to remain under significant pressure due to the requirement to support more of our pupils with complex needs. This is a particularly challenging budget given the volatility of children arriving into the area and younger children requiring more complex packages of support.

Along with the rest of the organisation, schools are facing a challenging financial settlement and have, for the first time, budgeted to be in a collective deficit by the end of the year. This forecasted position has improved since budgets were set and we continue to work closely with our school colleagues to ensure their plans are as robust as possible to minimise any impact whilst continuing to improve standards for our young people.

3.2 2017/18 Budget Savings Progress

3.2.1 This section monitors the specific savings initiatives and the progress made in delivering them during 2017-18 as part of the MTFP budgeting process.

In summary they are as follows,

Disinvestment by Directorate 2017-18	2017/18 Budgeted Savings	Value of Saving forecast at Month 2	Value of Saving forecast at Month 7	Value of Saving achieved at Outturn	Delayed Savings	Savings deemed Unachievable YTD
REVENUE MONITORING 2017-18	£000	£000	£000	£000	£000	£000
Children & Young People	(395)	(395)	0	0	0	0
Social Care & Health	(627)	(627)	0	0	0	0
Enterprise	(84)	(84)	0	0	0	0
Resources	(266)	(257)	0	0	(9)	0
Chief Executives Units	(1,324)	(1,055)	0	0	(129)	(140)
Corporate Costs & Levies	(118)	(118)	0	0	0	0
Appropriations	(1,608)	(1,608)	0	0	0	0
Financing	(885)	(885)	0	0	0	0
DIRECTORATE Totals	(5,308)	(5,030)	0	0	(138)	(140)

3.2.2 Forecasted mandated savings are currently running at 95%, with currently £140,000 being deemed potentially unachievable, and a further £138,000 unlikely to crystallise in 2017-18.

3.2.3 The emphasis of reporting savings has changed from previously where savings were reported when they were manifest, however the judgement is now whether saving is forecast to be achieved.

3.2.4 Consequently the savings appendix (appendix 1) also has a traffic light system to indicate whether savings are likely to be achieved or have justifiable reasons explaining delayed implementation. The following summary of savings mandates are highlighted as requiring further work to crystallise or exhibit an anticipated degree of volatility.

3.2.5 **Stronger Communities Select Portfolio**

Resources Directorate

- Estates restructure proposals (£9k) affecting markets and community development officer are yet to be enacted.

Chief Executive's Office

- Contact Centre (£14k) and whole place (£100k) review proposals are still ongoing such that savings are reported as delayed.
- The procurement saving (£100k) is not yet manifest across Directorates to apportion from the reduced Procurement budget.
- Reduced grass cutting and maintenance schedules (£15k) at Monmouth sports grounds haven't reverted to level of original lease agreement as yet.
- Trade waste income levels are reported to be down by circa £80k, with neither (£10k plus £30k) of the extra income savings yet being manifest deliverable.

3.2.6 **Economy & Development Select Portfolio**

Enterprise (ENT) Directorate

- Directorate colleagues report current year savings are anticipated to be delivered in full.

3.2.7 **Adult Select Portfolio**

Social Care & Health (SCH) Directorate

- Directorate colleagues report current year savings are anticipated to be delivered in full, however without any progress narrative supplied, the more significant have still been flagged as medium risk based on past pressures and experience, and members may wish to check progress with service officers around adult social care transformation, adult detailed contract review, transport policy changes proposed, live in carer proposals, and charges increases.

3.2.8 **Children and Young People Select Portfolio**

Children and Young People (CYP) Directorate

- Directorate colleagues report current year savings are anticipated to be delivered in full, although Members may wish to substantiate how £150k savings in ALN and childcare voluntary organisations can be achieved, whilst Standards subdivision and ALN costs exhibit £379k adverse situation.

3.3. Capital Position

3.3.1 The summary Capital position at Month 2 is as follows

MCC CAPITAL BUDGET MONITORING 2017-18 at Month 2 by SELECT COMMITTEE						
SELECT PORTFOLIO	Forecast Spend at Outturn	Slippage Brought Forward	Total Approved Budget 2017/18	Forecast Capital Slippage to 2018/19	Revised Capital Budget 2017/18	Capital Expenditure Variance
	£000	£000	£000	£000	£000	£000
Children & Young People	43,600	15,302	43,600	0	43,600	0
Adult	0	0	0	0	0	0
Economic & Development	966	966	966	0	966	0
Strong Communities	7,278	1,100	7,484	(206)	7,278	0
Capital Schemes Total 2017-18	51,844	17,368	52,050	(206)	51,844	0

Slippage to 2018-19

3.3.2 Total Provisional Slippage at Month 2 is (£206,293), which relates to Cae Meldon S106 funded schemes. A three month delay in receiving the funding from the developer via the Brecon Beacons National Park has meant a delay in offering Grant offer letters to the various scheme recipients.

Capital Outturn

3.3.3 Service Managers consistently maintain that their spending will accord exactly with the budgets available to them.

3.3.4 There were further priorities acknowledged by Members during the capital budget consultation, where there is a commitment to invest, however for clarity most of these (other than DFG aspect) currently sit outside the 2017-18 programme as work progresses to identify the funding requirements and will necessitate a further Council report before added to capital programme. These were:

- Monmouth Pool – commitment to reprovide the pool in Monmouth as a consequence of the Future schools programme
- Abergavenny Hub – commitment to reprovide the library with the One Stop Shop in Abergavenny to conclude the creation of a Hub in each of the towns
- Disabled Facilities Grants – the demand for grants is currently outstripping the budget, work is being undertaken to assess the level of investment required to maximize the impact and benefit for recipients. Subsequently Members agreed to supplement the existing DFG budget by £300k, from 2017-18
- City Deal - 10 Authorities in the Cardiff City region are looking at a potential £1.2 billion City Deal. Agreement to commit to this programme is being sought across the region in January and so would impact on the capital MTFP. The potential impact on individual authority budgets

is currently being modelled in advance of decisions on specific projects and profiles in order for authorities to start reflecting the commitment in their MTFPs.

- J and E Block – the office rationalization programme is being considered to see if there is a solution that would enable the Magor and Usk sites to be consolidated, releasing funding to pay for the necessary investment to bring the blocks into use.

Capital Financing and Receipts

3.3.5 Given the anticipated capital spending profile reported in para 3.4.1, the following financing mechanisms are expected to be utilised.

MCC CAPITAL FINANCING BUDGET MONITORING 2017-18 at Month 2 by FINANCING CATEGORY						
CAPITAL FINANCING SCHEME	Annual Financing	Slippage Brought Forward	Total Approved Financing Budget 2017/18	Provisional Budget Slippage to 2018/19	Revised Financing Budget 2017/18	Forecast Capital Financing Variance 2017/18
	£000	£000	£000	£000	£000	£000
Supported Borrowing	2,402	0	2,402	(0)	2,402	0
General Capital Grant	1,462	0	1,462	0	1,462	0
Grants and Contributions	15,185	5,629	15,185	(0)	15,185	0
S106 Contributions	316	522	522	(206)	316	(0)
Unsupported borrowing	9,524	5,662	9,524	(0)	9,524	(0)
Earmarked reserve & Revenue Funding	320	302	320	(0)	320	(0)
Capital Receipts	22,635	5,253	22,635	(0)	22,635	(0)
Low cost home ownership receipts	0	0	0	0	0	(0)
Unfinanced	0	0	0	0	0	0
Capital Financing Total 2017-18	51,844	17,368	52,050	(206)	51,844	(0)

Useable Capital Receipts Available

3.3.6 In the table below, the effect of the changes to the forecast capital receipts on the useable capital receipts balances available to meet future capital commitments is shown. This is also compared to the balances forecast within the 2017/21 MTFP capital budget proposals.

Movement in Available Useable Capital Receipts Forecast

TOTAL RECEIPTS	2017/18	2018/19	2019/20	2020/21
	£000	£000	£000	£000
Balance b/f 1 st April	19,043	(577)	(289)	509
Add:				
Receipts received in YTD	0			
Receipts forecast received	3,015	6,460	5,560	5,660
Deferred capital receipts	4	4	4	4
Less:				
Receipts to be applied	(22,635)	(6,172)	(509)	(509)
Set aside	0	0	(4,257)	(4,749)
Predicted Year end receipts balance	(577)	(289)	509	915
Financial Planning Assumption 2017/21 MTFP Capital Budget	608	0	5,156	4,861
Increase / (Decrease) compared to MTFP Capital Receipts Forecast	(1,185)	(289)	(4,657)	(3,946)

3.3.7 The balances forecast to be held at the 31st March each year are generally lower than forecast in the MTFP. The decrease of £4.0m remaining at 31st March 21 is due to the reduced capital receipt for the Abergavenny Cattle Market, which was replaced by £4.0m of deferred income to be received over 25 years.

3.3.8 The expected slippage of LDP receipts has been offset by a delay in the set aside of capital receipts in 2016-17 and likely 2017-18.

3.3.9 At Month 2, Capital receipts budgeted to be applied are greater than those brought forward into 2017-18 plus those that are likely to be generated within the 2017-18 financial year. This may result in the need to substitute unsupported borrowing (£577,000) for capital receipts at year-end. This situation is fluid and does not require immediate action as during the year capital receipt funded schemes maybe slipped into 2018/19 financial year therefore easing the necessity to switch financing streams mid-year.

3.3.10 There is still an increasingly significant risk to the Council resulting from the need to utilise capital receipts in the same year that they come into the Council. This provides no tolerance or flexibility should the receipts be delayed, which isn't uncommon, and would necessitate compensatory temporary borrowing which is more costly than utilising capital receipts and would necessitate additional revenue savings annually to afford.

3.4 Reserves

Reserve Usage

3.4.1 Revenue and Capital monitoring reflects an approved use of reserves. At month 2, service managers' presumptions are to fully utilise the reserve funding conveyed to them in 2017-18 budget. Additionally there is proportion of 2016-17 reserve funded expenditure that was approved by Members on 6th June to transfer into 2017-18. This wasn't formally vired into the ledger during the monitoring period involved, so is shown as a separate column in the forecast year end position below.

Summary Earmarked Reserves Month 2 2017-18								
Earmarked Reserves		Revenue			Slippage		Capital	
Name of Reserve	Apr-17	Budgeted Usage	Budgeted Replenishment	Total Budget	Slippage From 1617	Slippage To 1819	Predicted Usage	Mar-18
Invest to Redesign	-960,943	166,345	-134,779	-929,377	109,026		152,214	-668,137
IT Transformation	-727,784			-727,784	146,500		22,888	-558,396
Insurance & Risk Management	-1,083,295			-1,083,295				-1,083,295
Capital Receipt Generation	-347,511	121,918		-225,593	20,526			-205,067
Treasury Equalisation	-990,024			-990,024				-990,024
Redundancy & Pensions	-795,297	298,484		-496,813				-496,813
Capital Investments	-775,522			-775,522			145,185	-630,337
Priority Investments	-1,000,171	966,053		-34,118	106,454	-411,087		-338,751
Museum Acquisitions	-56,760			-56,760				-56,760
Elections	-133,183	100,000	-25,000	-58,183				-58,183
Grass Routes Buses	-184,391		-5,000	-189,391			38,307	-151,084
Sub Total	-7,054,881	1,652,800	-164,779	-5,566,860	382,506	-411,087	358,594	-5,236,847
Restriicted Use Reserves								
Youth Offending Team	-273,567			-273,567				-273,567
Building Control Trading	-25,987			-25,987				-25,987
Outdoor Education Centres	-190,280			-190,280				-190,280
Plant & Equipment (Highways)	-75,000			-75,000				-75,000
Homeless Prevention Fund	-4,619			-4,619				-4,619
Rural Development Plan	-86,471			-86,471	62,717	-62,717		-86,471
CYP Maternity	-93,590			-93,590				-93,590
Total Earmarked Reserves	-7,804,395	1,652,800	-164,779	-6,316,374	445,223	-473,804	358,594	-5,986,361

3.4.2 Earmarked reserves remain at limited levels unlikely to provide any material capacity/headroom to meet unanticipated volatility or significantly facilitate future service re-engineering and design. Current predicted use of the Priority investment reserve means it will expired at the end of 2017-18. Replenishment of earmarked reserves is considered at year end, subject to a favourable outturn position and if necessary redistribution of reserves will ensure positive balances are available to meet the following year's requirement.

3.4.3 Given the forecast use of earmarked reserves, Cabinet has previously approved a policy on earmarked reserves to ensure that earmarked reserves are focused on investment in areas where they can achieve most impact.

Schools Reserves

3.4.4 Each of the Authority's Schools is directly governed by a Board of Governors, which is responsible for managing the school's finances. However, the Authority also holds a key responsibility for monitoring the overall financial performance of schools. The net effect of an individual school's annual surplus or deficit is shown in a ring-fence reserve for the particular school. Details of the 2017-18 indicative outturn position based on their recent sc52 formal budget returns is shown in the table below.

Outturn movement on reserves

	Opening reserves 2017-18 (Surplus)/ Deficit	In Year position at Month 2 (Surplus)/ Deficit	Projected carry forward at year end 2017-18 (Surplus)/ Deficit	Notes
<u>Abergavenny cluster</u>				
E003 King Henry VIII Comprehensive	139,355	162,345	301,700	
E073 Cantref Primary	(52,766)	24,658	(28,108)	
E072 Deri View Primary	(27,297)	(30,871)	(58,168)	Restructure due to Special Needs Resource Base closure.
E035 Gilwern Jnr & Inf	(39,636)	22,203	(17,433)	Additional teacher employed to cover senior management release time.
E037 Goytre Fawr Jnr & Inf	(25,371)	33,110	7,739	Incremental teaching and midday supervisory costs.
E093 Llanfoist Fawr	(68,056)	33,402	(34,654)	Restructure of support staff has resulted in a saving.
E044 Llantillio Pertholey Jnr & Inf	(20,967)	20,765	(202)	
E045 Llanvihangel Crocorney Jnr & Inf	3,117	22,369	25,486	
E090 Our Lady and St Michael's RC Primary School	(45,505)	38,862	(6,643)	Additional Key Stage 1 teacher from 1/9/17 due to increase in pupil numbers above 60
E067 Ysgol Gymraeg Y Fenni	(48,966)	16,298	(32,668)	Reduction in supply teacher allocation.
<u>Caldicot cluster</u>				
E001 Caldicot Comprehensive	(33,736)	31,425	(2,311)	
E068 Archbishop Rowan Williams Primary	(49,657)	23,223	(26,434)	
E094 Castle Park	46,115	(6,750)	39,365	
E075 Dewstow Primary School	(90,125)	51,302	(38,823)	2 Teaching Assistants have left plus additional income from grants
E034 Durand Jnr & Inf	(53,931)	16,529	(37,402)	
E048 Magor Vol Aided Jnr & Inf	(35,179)	11,339	(23,840)	Saving on energy and additional income from grants
E056 Rogiet Jnr & Inf	(34,184)	24,415	(9,769)	Maternity Leave and Sabbatical
E063 Undy Jnr & Inf	50,037	(26,343)	23,694	Administrative Team Restructure
E069 Ysgol Gymraeg Y Ffin	67,410	15,481	82,891	
<u>Chepstow cluster</u>				
E002 Chepstow Comprehensive	81,068	(83,460)	(2,392)	

E091 Pembroke Primary School	(8,826)	4,578	(4,248)	
E057 Shirenewton Jnr & Inf	(87,369)	13,550	(73,819)	Additional management time for staff. While this will be funded via grants, the additional time was not factored into the budget, but the income was.
E058 St Mary's Chepstow RC Jnr & Inf	13,192	(5,036)	8,156	Additional Teaching Assistant hours/Midday Supervisory absence and back dated incremental pay progression.
E060 The Dell Jnr & Inf	(46,094)	21,637	(24,457)	Staff changes to hours from September and a TA post not being backfilled has resulted in savings being forecasted in comparison to the budget set.
E061 Thornwell Jnr & Inf	20,534	(32,512)	(11,978)	
Monmouth cluster				
E004 Monmouth Comprehensive	100,573	214,945	315,518	An increase in the income forecast, mainly relating to prior financial year which was not accrued, has resulted in an improved position in relation to the budgeted figure. A recovery plan has been formulated and will be presented to the the Chief Officer at the end of June.
E032 Cross Ash Jnr & Inf	(45,620)	9,106	(36,514)	
E092 Kymin View Primary School	(10,294)	4,949	(5,345)	
E039 Llandogo Jnr & Inf	9,736	1,754	11,490	
E074 Osbaston Church In Wales Primary	(18,570)	2,573	(15,997)	
E051 Overmonnow Jnr & Inf	(3,959)	3,399	(560)	Staff savings
E055 Raglan Jnr & Inf	111,977	40,340	152,317	Staff savings
E062 Trellech Jnr & Inf	(85,762)	17,003	(68,759)	
E064 Usk CV Jnr & Inf	(56,108)	50,228	(5,880)	
	(344,862)	746,816	401,954	
Special Schools				
E020 Mounton House	142,417	(61,166)	81,251	Additional agency staff currently being used to cover a staff sickness absence and to offer additional support to pupils. The school is working, however, to reduce costs further in order to bring forecast back in line with budget.
E095 PRU	(66,340)	11,119	(55,221)	
	76,077	(50,047)	26,030	
	(268,786)	696,769	427,983	

3.4.5 12 schools exhibited a deficit position at the start of 2017/18. By the end of this financial year this is anticipated to be 11, with Chepstow and Thornwell coming out of deficit, and Goytre Fawr going into deficit. The main concern here though is that collectively schools enter a combined deficit reserve position contrary to current Fairer Funding guidance that Governing bodies have ascribed to. In cashflow terms any collective schools deficit places a minor unforecast strain on the Treasury budget which will reduce its ability to mitigate cost pressures as traditionally has been the case.

3.4.6 Collectively school balances have exhibited the following trend being supplemented late in the year by additional improvement grant funding through Welsh government and EAS.

Financial Year-end	Net level of School Balances
2011-12	(965)
2012-13	(1,240)
2013-14	(988)
2014-15	(1,140)
2015-16	(1,156)
2016-17	(269)
2017-18 forecast	428

3.4.7 Our Fairer Funding Regulations adopted by Council and Governing Bodies have traditionally precluded governing bodies from planning for a deficit position. This was changed last year to allow licensed deficits where a recovery plan is agreed and followed. However this flexibility only extended as far as there being a collective schools reserve surplus i.e.

“There is an arrangement in place whereby schools are allowed to plan for a deficit budget funded by a collective surplus of school balances held by the authority on behalf of schools.”

3.4.8 In addition to the need to establish recovery plan for those schools in deficit, it remains unlikely that the collective level of reserves will sustain the traditional annual draw by schools on reserves in recent years, which will add additional focus to addressing the need to remain within budget going forward rather than passporting the consequences to their reserves, given that flexibility is now pretty much exhausted.

4 REASONS

4.1 To improve budget monitoring and forecasting information being provided to Senior Officers and Members.

5 RESOURCE IMPLICATIONS

5.1 As contained in the report.

6 EQUALITY AND SUSTAINABLE DEVELOPMENT IMPLICATIONS

6.1 The decisions highlighted in this report have no equality and sustainability implications.

7 CONSULTEES

Strategic Leadership Team
 All Cabinet Members
 All Select Committee Chairman
 Head of Legal Services
 Head of Finance

8 BACKGROUND PAPERS

Outturn Monitoring Reports (Period 1), as per the hyperlink provided

<http://corphub/initiatives/Budgetmon/20172018/Forms/Q1.aspx>

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10 CONTACT DETAILS

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Appendices (attached below)

Appendix 1 Mandated Savings Progress Report

APPENDIX 1








Disinvestment by Directorate 2017-18		2017/18 Budgeted Savings	Value of Saving forecast at Month 2	Delayed Savings	Savings deemed Unachievable YTD	Traffic Light based Risk Assessment	ASSESSMENT of Progress	Risk of current forecast saving NOT being achieved (High / Medium / Low)
REVENUE MONITORING 2017-18		£000	£000	£000	£000	£000		
	Children & Young People	(395)	(395)	0	0			
	Social Care & Health	(627)	(627)	0	0			
	Enterprise	(84)	(84)	0	0			
	Resources	(266)	(257)	(9)	0			
	Chief Executives Units	(1,324)	(1,055)	(129)	(140)			
	Corporate Costs & Levies	(118)	(118)	0	0			
	Appropriations	(1,608)	(1,608)	0	0			
	Financing	(885)	(885)	0	0			
	DIRECTORATE Totals	(5,308)	(5,030)	(138)	(140)			
Ref	Children & Young People	2017/18 Budgeted Savings	Value of Saving forecast at Month 2	Delayed Savings	Savings deemed Unachievable	Traffic Light based Risk Assessment	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
		£000	£000	£000	£000	£000		
320	ALN	(150)	(150)					High
	Resources - Removal of training budget	(8)	(8)					Low
	Resources - Loss of 3 posts within support services	(70)	(70)					Low
	Resources - Removal of professional fees for the directorate	(8)	(8)					Low
	Early Years - To remove the funding provided to childcare voluntary organisations - Wales PPA, Mudiad Meithrin & Clybiau Plant Cymru Kids' Club.	(15)	(15)					Medium
	ALN - Reduce the Independent Special School Budget	(50)	(50)				on target, but a fairly volatile service	Medium
	Other - Reduction in pupil numbers	(81)	(81)					Low
	Other - Reduction in contribution required by EAS	(14)	(14)					Low
	CHILDREN & YOUNG PEOPLE Budgeted Savings Total	(395)	(395)	0	0			

Ref	Social Care & Health	2017/18 Budgeted Savings	Value of Saving forecast at Month 2	Delayed Savings	Savings deemed Unachievable	Traffic Light based Risk Assessment	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
		£000	£000	£000	£000	£000		
34	Adult Social Care Service Transformation	(200)	(200)					High
	Adults - Parity on pricing structure between day service and community meals	(25)	(25)					High
	Adults - Development of café at Mardy park and establish private and business partnerships to develop catering services	(2)	(2)					Low
	Adults - Hire of Mardy Park outside or core hours	(1)	(1)					Medium
	Adults - Restructure finance and benefits advice team to replace 2 posts on lower grades	(16)	(16)					Medium
	Adults - Reduce IT Development budget	(10)	(10)					Low
	Adults - alignment of welfare benefits information, advice and assistance services	(13)	(13)					Low
	Adults - Detailed Contract Review	(56)	(56)					Medium
	Adults - Terminate room rental in Abergavenny	(4)	(4)					Low
	Adults - Changing transport practice. two types of transport savings:- mileage incurred by staff to transport service users, and cost of providing transport	(27)	(27)					Medium
	Adults - Review of transport policy to support people who can transport themselves	(32)	(32)					Medium
	Adults - explore live in carer rather than hourly cost via care agency	(47)	(47)					Medium
	Adults - income generation from MDMY	(3)	(3)					Low
	Public Protection - training provided during core time rather than over time	(7)	(7)					Low
	Public Protection - FSA Grant for food safety management work	(7)	(7)					Low
	Public Protection - Start charging for health export certificates	(3)	(3)					Low
	Public Protection - food standards sampling grant	(1)	(1)					Low
	Public Protection - Implement "buy with confidence" trader approval scheme	(3)	(3)					Low
	Public Protection - Regional Animal Health Coordination	(3)	(3)					Low
	Public Protection - WHoTS Coordination -recharge	(3)	(3)					Low
	Public Protection - Set up Primary Authority Partnership scheme for TS proactive work	(2)	(2)					Low
	Public Protection - Restructure of licensing team	(6)	(6)					Medium

Ref	Social Care & Health	2017/18 Budgeted Savings £000	Value of Saving forecast at Month 2 £000	Delayed Savings £000	Savings deemed Unachievable £000	Traffic Light based Risk Assessment £000	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
	Public Protection - Increase charge for marriages at Old Parlour Usk	(1)	(1)					Low
	Public Protection - Increase cost of certificates of "priority certificates"	(6)	(6)					Low
	Social Services income charge rise	(150)	(150)					Medium
	SOCIAL CARE & HEALTH Budgeted Savings Total	(627)	(627)	0	0			



Ref	Enterprise	2017/18 Budgeted Savings	Value of Saving forecast at Month 2	Delayed Savings	Savings deemed Unachievable	Traffic Light based Risk Assessment	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
		£000	£000	£000	£000	£000		
	Development Plans - Reduce 'Premises' budget line B050 by £1,527 to £0	(2)	(2)					Low
	Development Plans - End membership of Severn Estuary Partnership, reducing	(3)	(3)					Low
	Development Plans - Reduce 'Photocopying' budget line D061 by £2,000 to £3,000	(2)	(2)					Low
	Development Plans - Reduce 'Postage' budget line D161 by £1,000 to £1,290	(1)	(1)					Low
	Development Plans - Reduce 'Advertising' budget line by £1,000 to £2,008	(1)	(1)					Low
	Development Plans - Reduce 'Professional Fees' budget line D080 by £8,183 to	(8)	(8)					Low
	Development Management - Additional fee income from pre-application advice fee charges	(5)	(5)					Low
	Development Management - Move towards paperless planning files and consultations; reduction in copying and printing and postage	(5)	(5)					Low
Page 83	Development Management - Additional fee income from i) a new Fast Track pre-application advice service and ii) a new Fast Track applications service for householder developments and lawful development certificates (for a proposed use or development)	(2)	(2)					Low
	Development Management - Fee income from a new Completion certificates service for developers or solicitors/ householders buying and selling their home	(2)	(2)					Low
	Development Management - Reduce Professional & Specialist Fees budget (D080)	(9)	(9)					Low
	Development Control - Reduce supplies and services budget (£33k) by £2,638	(3)	(3)					Low
	Housing - Decision already made to end the joint/shared Housing Solutions Service with TCBC and re-align the service to an MCC only focus.	(20)	(20)					Low
	Housing - Replace Flare grants software with Ferret software	(6)	(6)					Low
	Housing - Continue to tackle the use of B & B through increased prevention and private sector housing development	(8)	(8)					Low
	Housing - Re-structure of Housing Renewal team	(6)	(6)					Low
	ENTERPRISE Budgeted Savings Total	(84)	(84)	0	0			

Ref	Chief Executive's Unit	2017/18 Budgeted Savings	Value of Saving forecast at Month 2	Delayed Savings	Savings deemed Unachievable	Traffic Light based Risk Assessment	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
		£000	£000	£000	£000	£000		
	Garden waste income	(50)	(50)				£35k in to date. Customers still registering so hopeful of target being achieved	Medium
	Communities, Hubs, Libraries - Re-structure of management level of Community hubs and SLS	(52)	(52)					Medium
	Communities, Hubs, Libraries - Cease the purchase and rental of DVD's	(4)	(4)					Low
	Communities, Hubs, Libraries - Amalgamation of SLS supporting posts from 2 into 1	(34)	(34)					Medium
	Contact Centres - Reduction of staff (Information Officer) by half a post	(14)	0	(14)			Delayed restructure - still under review	Medium
	Legal - Colleague reducing days	(31)	(31)					Medium
	Policy - Reduce capacity of team by deleting some posts and replacing them with posts with reduced responsibilities and working hours	(13)	(13)					Low
	Policy - Reduce non-pay budget by promoting more efficient use of mobile phones, printing and copying	(0)	(0)					Low
	Community Safety - Reduce the purchase and maintenance capability for CCTV equipment and repairs to existing system.	(2)	(2)					Low
	Partnerships - £5,900 non staff costs can be made through removal of professional fees and licenses	(6)	(6)					Low
	Communications - Reducing the budget for a post to a budget of £8,841 (this post is currently being filled by contractors on a day rate of £250 per day).	(18)	(18)					Low
	PTU - Collaboration of passenger transport units with Newport CC(saving taken in 15/16 for management support this is in addition through restructuring)	(15)	(15)					Low
	Fleet - To withdraw from renting Severn Bridge Social Club car park, Bulwark.	(9)	(9)					Low
	Fleet - To decrease general contracts maintenance budget	(5)	(5)					Medium
	Fleet - Proactively market the scheme with a view to increase numbers.	(7)	(7)					Low
	Fleet - Restructure/redesign within the Transport Section (posts)	(9)	(9)					Low
	Fleet - Savings on spare parts	(12)	(12)					Low
	Fleet - Savings on consumables & outside contract work	(21)	(21)					Low

Ref	Chief Executive's Unit	2017/18 Budgeted Savings £000	Value of Saving forecast at Month 2 £000	Delayed Savings £000	Savings deemed Unachievable £000	Traffic Light based Risk Assessment £000	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
	Waste - Reduce grass cutting frequency to release core staff to focus on income generation and more external work	(100)	(100)				Not implemented - but saving achieved through other means, mainly through underspends in Pension Contribution	Low
	Waste - Charge schools for the full cost of their waste collections and disposal	(30)	0		(30)		All schools in the South of the County have found alternative contractors. The service has reported a £80k pressure with trade waste to which this contributes.	High
Page 85	Waste - Reduce scheduled cuts and maintenance of Monmouth sports grounds to level of original lease agreement	(15)	0	(15)			This has not yet happened as it has been difficult to engage with the sports associations. Service is attempting to manage the pressure in budget	Medium
	Waste - Project Gwyrdd annuity payment from WG for 17-18	(70)	(70)				Achieved	Low
	Waste - Increase bulky waste collection charges by 50% (£12 to £18) and reduce our contribution to Homemakers accordingly	(10)	(10)				Achieved through negotiation with Homemakers	Low
	Waste - Additional income from trade waste	(10)	0		(10)		Not achieved - see comment above	High
	Waste - Managing impact of reduced activity/ income on tree works	(24)	(24)				Vacancy not yet released from budget so carrying pressure but trying to manage within resources at this stage	Medium

Ref	Chief Executive's Unit	2017/18 Budgeted Savings	Value of Saving forecast at Month 2	Delayed Savings	Savings deemed Unachievable	Traffic Light based Risk Assessment	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
		£000	£000	£000	£000	£000		
	Highways - reduction in maintenance budget to reflect impact of investment in new (led) lanterns	(8)	(8)					Low
	Highways - reduce pumping station maintenance budget	(2)	(2)					Low
	Highways - rsl veb1000 recycling plant : in place and operational saving	(14)	(14)					Low
	Highways - welfare units : in place and operational saving	(10)	(10)					Low
	Highways - overtime back office : adjust start and finish times	(2)	(2)					Low
	Highways - sim cards : review and reduce where not required	(2)	(2)					Low
	Highways - review all wales tenders : subject to 2nd layer of reducing cost	(2)	(2)					Low
Page 86	Highways - reduction in salt budget to reflect reduced usage over recent years. stock levels remain constant (budget pays for what is used rather than what is stocked). actual usage in year may result in overspend depending upon weather conditions	(20)	(20)					Low
	Highways - bartering / hiring kit : partnerships with ncc / tcbc	(4)	(4)					Low
	Highways - reduction in response budget to reflect reduced winter maintenance (response to snowfall) in recent years. actual conditions during the winter will remain at current standards but a risk of resulting overspend exists	(10)	(10)					Low
	Highways - review all wales tenders : subject to 2nd layer of reducing cost	(2)	(2)					Low
	Highways - cross hire within ops : use in house kit before hire	(1)	(1)					Low
	Highways - external hire	(2)	(2)					Low
	Highways - fill structure : release additional hours being worked	(3)	(3)					Low
	Highways - reduce the amount of scrim investigations undertaken each year.	(3)	(3)					Low
	Highways - reduce the amount of revenue structures maintenance undertaken each year.	(41)	(41)					Low
	Highways - to increase road closure charges by 50% and recover costs against appropriate capital scheme	(20)	(20)					Low
	Highways - to increase skips, scaffolding licences and street name & numbering fee by 50% in 2016/ 2017	(10)	(10)					Low
	Highways - to extend charges to other services (to be identified by working group)	(7)	(7)					Low

Ref	Chief Executive's Unit	2017/18 Budgeted Savings	Value of Saving forecast at Month 2	Delayed Savings	Savings deemed Unachievable	Traffic Light based Risk Assessment	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
		£000	£000	£000	£000	£000		
	Property Services - Train existing staff to carry out risk assessments	(25)	(25)					Medium
	Property Services - To withdraw the 60% of the Corporate Procurement Training budget.	(6)	(6)					Low
	Property Services - Non replacement of Shared Facilities Manager, following resignation. (£11,500 saving)	(7)	(7)					Low
	Property Services - Mounton House Restructure	(19)	(19)					Medium
	Property Services - Increase School meal price from £2.00 to £2.10 (5p already in MTFP)	(21)	(21)					Low
	Property Services - flexible retirement, reduced 5 days to 3	(11)	(11)					Low
	Property Services - Vehicles – reduction in leasing costs for courier vehicles	(2)	(2)					Low
Page 87	Property Services - Press Notices – cease advertising Bank Holiday office closures in the Press	(3)	(3)				Still under review, savings have been delivered through a reduction in supplies and services expenditure.	Low
	Property Services - Refreshment provision – cease providing refreshment supplies	(1)	(1)					Low
	Property Services - Increase the time between risk assessments for Legionella, Asbestos, Fire & Glazing from the current 2/3 years to minimum of 5 years	(10)	(10)					Medium
	Property Services - 10% reduction in corporate building maintenance reactive budget	(54)	(54)					Low
	Property Services - Realignment of budget for previous efficiencies achieved	(15)	(15)					Low
	Recycling Plant	(70)	(70)					Low
	Whole Place	(100)	0	(100)			Service still under review.	High

Ref	Chief Executive's Unit	2017/18 Budgeted Savings £000	Value of Saving forecast at Month 2 £000	Delayed Savings £000	Savings deemed Unachievable £000	Traffic Light based Risk Assessment £000	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
	Pension Contribution Savings	(160)	(160)					Low
	Procurement Savings	(100)	0		(100)		Procurement savings have yet to be identified. A report from V4 has been commissioned to identify procurement initiatives that could be actioned to improve compliance, quality and vfm but no action has taken place as yet.	High
	CHIEF EXECUTIVES' UNIT Budgeted Savings Total	(1,324)	(1,055)	(129)	(140)			

Ref	Resources	2017/18 Budgeted Savings £000	Value of Saving forecast at Month 2 £000	Delayed Savings £000	Savings deemed Unachievable £000	Traffic Light based Risk Assessment £000	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
	Finance - Delete two part time vacant posts from structure (Cashiers & Systems)	(31)	(31)					Low
	Finance - Revise and reduce the structure of the Benefits Shared service thereby reducing MCC's annual contribution	(20)	(20)					Low
	Finance - Reduce the Sections budget for postage costs to reflect the planned shift to automation, email and self service through the web	(6)	(6)					Low
	Finance - Release savings from Security Carrier tender evaluation	(10)	(10)					Low
	Finance - Cancel contract for folding machine maintenance to reflect reduced mail in 5.3 and planned moved to outsourcing of mail to Canon	(4)	(4)					Low
	Finance - Savings in insurance fees and studies	(30)	(30)					Low
	Finance - Cut the budget for consultancy across the Division	(22)	(22)					Low
	Finance - Reduce the number of cases referred to external Enforcement Agents	(5)	(5)					Low
	Finance - Training budget internal audit	(7)	(7)					Low
	Digital - Reduction in Enterprise Agreement	(13)	(13)					Low
	Digital - General reduction in laptop replacement budget	(30)	(30)					Low
	Digital - Specific Server virtual management software no longer required, using existing software to remove cost	(23)	(23)					Low
	Estates - Removal of Assistant Markets Officer Post	(23)	(18)	(5)			Delayed restructure	Medium
	Estates - Community Development Officer - 3 to 2 days	(7)	(3.5)	(3.5)			Delayed restructure	Medium
	Estates - Facilities Officer reduced hours	(16)	(16)					Low
	Estates - Savings from Solar Farm	(9)	(9)					Medium
	People, HR - Generate income from selling training	(5)	(5)					Low
	People, HR - Stop producing paper payslips for schools and move to electronic payslips	(5)	(5)					Low
	RESOURCES Budgeted Savings Total	(266)	(257)	(9)	0			

Ref	Corporate Costs & Levies	2017/18 Budgeted Savings £000	Value of Saving forecast at Month 2 £000	Delayed Savings £000	Savings deemed Unachievable £000	Traffic Light based Risk Assessment £000	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
	Crematoria Income	(98)	(98)				on target	Low
	Grant Audit Fees	(20)	(20)				on target	Low
	CORPORATE COSTS Budgeted Savings Total	(118)	(118)	0	0			
Ref	Appropriations	2017/18 Budgeted Savings £000	Value of Saving forecast at Month 2 £000	Delayed Savings £000	Savings deemed Unachievable £000	Traffic Light based Risk Assessment £000	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
	MRP Supported borrowing	(1,536)	(1,536)				on target	Low
	Headroom in appropriations	(12)	(12)				on target	Low
	Solar Farm income	(160)	(160)				on target	Low
	Business rates headroom	100	100				on target	Low
	APPROPRIATIONS Budgeted Savings Total	(1,608)	(1,608)	0	0			
Ref	Financing	2017/18 Budgeted Savings £000	Value of Saving forecast at Month 2 £000	Delayed Savings £000	Savings deemed Unachievable £000	Traffic Light based Risk Assessment £000	ASSESSMENT of Progress	'Risk of current forecast saving NOT being achieved (High / Medium / Low)
	Reduced demand for CTRS payments	(370)	(370)				on target	Low
	CT Base, rate & number of properties	(515)	(515)				on target	Low
	FINANCING Budgeted Savings Total	(885)	(885)	0	0			



SCHEDULE 12A LOCAL GOVERNMENT ACT 1972

EXEMPTION FROM DISCLOSURE OF DOCUMENTS

Meeting and Date of Meeting: Adults Select Committee – 12th September 17

Report: Future of Private Leasing & Temporary Accommodation

Author: Ian Bakewell, Housing & Communities Manager

I have considered grounds for exemption of information contained in the background paper for the report referred to above and make the following recommendation to the Proper Officer:-

Exemptions applying to the report:

This report will be exempt under paragraph 12 of Schedule 12A – Information relating to a particular individual

Factors in favour of disclosure:

Openness & transparency in matters concerned with the public

Prejudice which would result if the information were disclosed:

- Negotiated payments being made to individual landlords
- Commercially sensitive information relating to the delivery of the private leasing scheme, which may be advantageous to other organisations who may be interested in tendering to undertake the future management of the scheme,

The above could give unfair advantage to landlords and organisations

My view on the public interest test is as follows:

Factors in favour of disclosure are outweighed by those against.

Recommended decision on exemption from disclosure:

Maintain exemption from publication in relation to report

Date: 12th September 2017

Signed:

Post:

Housing & Communities

I accept/~~I do not accept~~ the recommendation made above:

Signed:

01/09/2017

Mark Hand, Head of Planning, Housing & Place Shaping

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SUBJECT:	Homelessness & Prevention - Future of Private Leasing Scheme
MEETING:	Adult Select Committee
DATE:	12th September 2017
DIVISION/WARDS AFFECTED:	All

1.0 PURPOSE

1.1 This report advises that the Council's contract with Melin Homes to manage the Private Leasing Scheme (PLS) is due to end in June 2018. The purpose of the report is to make the Committee aware of the findings of a due diligence exercise and to consider the options for the future management of the scheme. The report also provides an update on Welsh Government temporary accommodation funding and its relevance to the PLS.

2. RECOMMENDATIONS

2.1 To consider how the PLS supports households accessing it, the Council's duties in relation to homelessness, other responsibilities (eg Public Protection) and to consider the budget implications for the Council.

2.2 The Council explores the available options for meeting its responsibilities for the on-going provision of temporary accommodation, as per the Housing (Wales) Act 2014 and for the Committee to receive a further report as soon as possible.

2.3 Continue to work with Melin Homes and prepare for the ending of the private leased contract in June 2018, including seeking to reduce or eliminate costs wherever possible.

2.4 To continue implementing the process of due diligence include giving particular regard to rent arrears and property condition.

3. KEY ISSUES

3.1 Under the Housing (Wales) Act 2014, the Council has a duty to both respond to homelessness and to prevent homelessness. The Act also provides the power to discharge the associated duties into the private rented sector. In recent years it has been a priority to strengthen prevention activity, including engaging with private landlords to enable access to the private accommodation as an alternative to over relying on social housing and the need to utilise bed & breakfast.

3.2 The Council has operated a PLS for over ten years. It was initially established due to the lack of social housing. The scheme supports the Council to discharge its statutory duties and helps to minimise bed & breakfast use. The PLS was transferred to Melin Homes in 2009 having tendered for the contract. This ends in June 2018. A decision now needs to be made about the future of the PLS and the Council is actively preparing for the end of the contract and undertaking a process of due diligence. **See Appendix 1.** Melin no longer wish to manage the scheme, in part, due to Welfare Reform changes. Of relevance is the Department of Work & Pensions decision from April 2017 to remove the ability to claim a £60 pw per property temporary accommodation management fee subsidy, through housing benefit. Welsh Government have replaced with additional Rate Support Grant.

3.4 Although the Council continually seeks to access private rented opportunities, the ability to deliver the required number of properties is limited for a number of reasons including:

- Homeless applicants typically are low income households and in receipt of benefit. Lettings agencies and landlords are often reluctant to accept households on benefit.
- Many households cannot afford to meet local rents and upfront private sector costs. The Council only has a limited ability to support in this respect.
- Vulnerable households are often perceived, often incorrectly, as a risk to landlords
- Some households with complex needs are difficult to accommodate in any sector

3.5 The following options, which are fully evaluated in **Appendix 1**, are available:

- **Option 1** – Transfer back to the Council and continue to operate whilst seeking to retain but re-negotiate with landlords. The PLS would operate alongside the Shared Housing Scheme. Option 1 is considered the most appropriate option in order to most effectively meet statutory duties. It also supports the development of Monmouthshire Lettings.
- **Option 2** – Transfer back to the Council and phase out the scheme. This would impact negatively on preventing homelessness due to the lack of social housing and other housing options. It would also be detrimental to applicants and other costs would be incurred, such as bed & breakfast and Prevention related expenditure.
- **Option 3** - Identify a new provider, although it is believed there will be little interest due to the unique nature of the service. Equally, it is considered that the Housing Options Team is best placed to manage the PLS directly due to the need for maximum flexibility, particularly in relation to supporting vulnerable households.

4. **REASONS:**

4.1 The Council has a legal duty to prevent and respond to homelessness under the Housing (Wales) Act 2014 and the power to discharge this duty into the private rented sector.

5. **RESOURCE IMPLICATIONS:**

5.1 A decision by the Department of Works and Pensions to remove the temporary accommodation management subsidy from April 2017 (value approximately £383,230) and the 'replacement' funding by Welsh Government of additional Rate Support Grant (£148,000) has created a budget pressure of £228,870 for 2018/19. **See Appendix 2**

6. **SUSTAINABLE DEVELOPMENT AND EQUALITY IMPLICATIONS:**

6.1 Should the Council need to reduce the level of private leasing or phase out the PLS, this will impact negative impacts on homeless applicants in Monmouthshire. **See Appendix 3.**

7. **SAFEGUARDING & CORPORATE PARENTING IMPLICATIONS:**

7.1 Homeless prevention supports both safeguarding and corporate parenting

8. **CONSULTEES:** Chief Officer Enterprise; Cabinet Member for Enterprise; Housing Management Team; Head of Planning, Housing & Place-Shaping; Assistant Head of Finance

9. **BACKGROUND PAPERS:** None

10. **AUTHOR:** Ian Bakewell, Housing & Communities Manager

11. **CONTACT DETAILS:** E-mail: ianbakewell@monmouthshire.gov.uk Telephone: 01633 644479



monmouthshire
sir fynwy

Future Generations Evaluation (includes Equalities and Sustainability Impact Assessments)

<p>Name of the Officer Ian Bakewell</p> <p>Phone no: 01633 644455 E-mail: ianbakewell@monmouthshire.gov.uk</p>	<p>Please give a brief description of the aims of the proposal</p> <p>Transfer of Private Leasing Scheme from Melin Homes to the Council at the end of the contract with Melin Homes in June 2018</p>
<p>Name of Service</p> <p>Housing & Communities</p>	<p>Date Future Generations Evaluation</p> <p>17th July 2017</p>

1. **Does your proposal deliver any of the well-being goals below?** Please explain the impact (positive and negative) you expect, together with suggestions of how to mitigate negative impacts or better contribute to the goal.



Well Being Goal	How does the proposal contribute to this goal? (positive and negative)	What actions have been/will be taken to mitigate any negative impacts or better contribute to positive impacts?
<p>A prosperous Wales Efficient use of resources, skilled, educated people, generates wealth, provides jobs</p>	<p>By maintaining an key housing option in Monmouthshire and continuing to provide sustainable and affordable housing accommodation that is of mutual benefit to applicants and private landlords</p>	<p>Landlords will be engaged with in respect of lease conditions and lease charges. This may result in lower rents for applicants</p>




Well Being Goal	How does the proposal contribute to this goal? (positive and negative)	What actions have been/will be taken to mitigate any negative impacts or better contribute to positive impacts?
A resilient Wales Maintain and enhance biodiversity and ecosystems that support resilience and can adapt to change (e.g. climate change)	Helps create a more resilient homeless service and more resilient community	This scheme is currently operational and is an important resource in Monmouthshire to prevent homelessness
A healthier Wales People's physical and mental wellbeing is maximized and health impacts are understood	The service supports people to access and remain in good quality accommodation or access alternative accommodation which contributes to health and well-being.	The Council already takes on accommodation, which needs to meet minimum standards eg no Category 1 hazards
A Wales of cohesive communities Communities are attractive, viable, safe and well connected	The service supports this by creating sustainable long term affordable accommodation.	The accommodation provides an alternative to bed & breakfast accommodation
A globally responsible Wales Taking account of impact on global well-being when considering local social, economic and environmental wellbeing	N/A	N/A
A Wales of vibrant culture and thriving Welsh language Culture, heritage and Welsh language are promoted and protected. People are encouraged to do sport, art and recreation	N/A	N/A

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Well Being Goal	How does the proposal contribute to this goal? (positive and negative)	What actions have been/will be taken to mitigate any negative impacts or better contribute to positive impacts?
A more equal Wales People can fulfil their potential no matter what their background or circumstances	The scheme will create settled households in which they are better able to fulfil their potential.	This service is already currently available through Melin Homes

2. How has your proposal embedded and prioritised the sustainable governance principles in its development?

Sustainable Development Principle	How does your proposal demonstrate you have met this principle?	What has been done to better to meet this principle?
 <p>Long-term</p> <p>Balancing short term need with long term and planning for the future</p>	<p>The service supports the Council to discharge its legal duty to prevent homelessness as per the Housing (Wales) Act 2014 and aims to reduce the use of short-term measures eg B & B</p>	<p>The PLS is seen as an integral service to the Monmouthshire Lettings service which seeks to offer choice to provide landlords that provides good value for money</p>
 <p>Collaboration</p> <p>Working together with other partners to deliver objectives</p>	<p>Private landlords will be a key partner</p>	<p>Private landlords are already key partners</p>

Sustainable Development Principle	How does your proposal demonstrate you have met this principle?	What has been done to better to meet this principle?
 <p>Involvement Involving those with an interest and seeking their views</p>	None done	<p>The following consultation will be undertaken:</p> <ul style="list-style-type: none"> • Melin Homes • Melin staff due to transfer under TUPE • Individual landlords will be contacted. This started in May
 <p>Prevention Putting resources into preventing problems occurring or getting worse</p>	The service is a preventative service and accesses and utilises external resources to prevent homelessness.	The proposal helps to maintain an existing preventative service
 <p>Integration Positively impacting on people, economy and environment and trying to benefit all three</p>	The services positively impacts upon the local economy by providing an income for private landlords	The service is currently in place.

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3. Are your proposals going to affect any people or groups of people with protected characteristics? Please explain the impact, the evidence you have used and any action you are taking below.

Protected Characteristics	Describe any positive impacts your proposal has on the protected characteristic	Describe any negative impacts your proposal has on the protected characteristic	What has been/will be done to mitigate any negative impacts or better contribute to positive impacts?
Age	The service will continue to be available to this and all groups	There are no negative impacts in relation to this proposal	N/A
Disability	Ditto	Ditto	Ditto
Gender reassignment	Ditto	Ditto	Ditto
Marriage or civil partnership	Ditto	Ditto	Ditto
Race	Ditto	Ditto	Ditto
Religion or Belief	Ditto	Ditto	Ditto
Sex	Ditto	Ditto	Ditto
Sexual Orientation	Ditto	Ditto	Ditto
Welsh Language	Ditto	None	Bi-lingual information is being made available

4. Council has agreed the need to consider the impact its decisions has on important responsibilities of Corporate Parenting and safeguarding. Are your proposals going to affect either of these responsibilities? For more information please see the guidance note <http://hub/corporatedocs/Democratic%20Services/Equality%20impact%20assessment%20and%20safeguarding.docx> and for more on Monmouthshire's Corporate Parenting Strategy see <http://hub/corporatedocs/SitePages/Corporate%20Parenting%20Strategy.aspx>

	Describe any positive impacts your proposal has on safeguarding and corporate parenting	Describe any negative impacts your proposal has on safeguarding and corporate parenting	What will you do/ have you done to mitigate any negative impacts or better contribute to positive impacts?
Safeguarding	The service provides an option that can contribute to Corporate Parenting and Safeguarding	None unless the PLS needs to contract	Level 1 Training
Corporate Parenting	Ditto	None	The service can potentially be used to support cases identified Social Care

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5. What evidence and data has informed the development of your proposal?

Homeless prevention related statistics

Housing (Wales) Act 2014

Welsh Government Code of Guidance for Local Authorities for the Allocation of Accommodation & Homelessness

Good practice information

Landlord feedback

6. SUMMARY: As a result of completing this form, what are the main positive and negative impacts of your proposal, how have they informed/changed the development of the proposal so far and what will you be doing in future?

- The proposal will give the Council full control over property management, expenditure and rehousing future applicants.
- The proposal supports the development of Monmouthshire Lettings

7. Actions. As a result of completing this form are there any further actions you will be undertaking? Please detail them below, if applicable.

What are you going to do	When are you going to do it?	Who is responsible	Progress
N/A	N/A	N/A	N/A

8. Monitoring: The impacts of this proposal will need to be monitored and reviewed. Please specify the date at which you will evaluate the impact, and where you will report the results of the review.

The impacts of this proposal will be evaluated on:	<p>Will be reviewed on an on-going basis through budget monitoring arrangements quarterly performance monitoring reports and Team Meetings</p> <p>The service will be considered during periodic analysis of failed homeless prevention, undertaken to identify possible improvements and understand potential service flaws.</p>
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EXEMPTION FROM DISCLOSURE OF DOCUMENTS

Meeting and Date of Meeting: Adults Select Committee – 12th September 17

Report: Future of Private Leasing & Temporary Accommodation

Author: Ian Bakewell, Housing & Communities Manager

I have considered grounds for exemption of information contained in the background paper for the report referred to above and make the following recommendation to the Proper Officer:-

Exemptions applying to the report:

This report will be exempt under paragraph 12 of Schedule 12A – Information relating to a particular individual

Factors in favour of disclosure:

Openness & transparency in matters concerned with the public

Prejudice which would result if the information were disclosed:

- Negotiated payments being made to individual landlords
- Commercially sensitive information relating to the delivery of the private leasing scheme, which may be advantageous to other organisations who may be interested in tendering to undertake the future management of the scheme,

The above could give unfair advantage to landlords and organisations

My view on the public interest test is as follows:

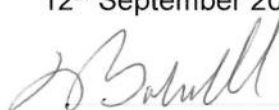
Factors in favour of disclosure are outweighed by those against.

Recommended decision on exemption from disclosure:

Maintain exemption from publication in relation to report

Date: 12th September 2017

Signed:



Post:

Housing & Communities

I accept/~~I do not accept~~ the recommendation made above:

Signed:



01/09/2017

Mark Hand, Head of Planning, Housing & Place Shaping

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

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Agenda Item 9

Adult Select Committee Actions

25th July 2017

Agenda Item:	Subject	Officer	Outcome
4	Affordable Housing allocations	Shirley Wiggam	If allocation figures are adjusted to show where houses have been sold UPDATE: E mail sent to Chair with requested information
5	Performance report	Sian Schofield/Richard Jones	Questions/further information requested on: 1. provision of Information and guidance for carers/ care recipients – on home and savings etc. 2.Measures to support carers 3. Extent that care at home has been explored before residential home decision 4. Full breakdown of staff 5. numbers and percentages (age breakdown), and reasons of entering care.
6	Work Programme	Scrutiny Manager	The scrutiny manager to add the items suggested by members to the work programme. The scrutiny manager to send reports and minutes on topics previously scrutinised and highlighted at the meeting to the committee to ensure the committee is updated on previous work undertaken
8.	Actions from last meeting	Scrutiny Manager	Circulate April Select Committee minutes regarding CHC minutes

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Monmouthshire's Scrutiny Forward Work Programme 2017

Adults Select Committee				
Meeting Date	Subject	Purpose of Scrutiny	Responsibility	Type of Scrutiny
12 th September 2017	White Paper Consultation	The committee to discuss and inform the council's response to the proposals.	Claire Marchant Pat Vernon and Lyn Summers ~ Welsh Government	Consultation
	Budget Monitoring - Period 2	To review the financial situation for the directorate, identifying trends, risks and issues on the horizon with overspends/underspends).	Mark Howcroft	Budget Monitoring
	Future of Private Leasing Scheme: Due Diligence & Options Report	Scrutiny of the options report ~ press and public must be excluded for this item as the appendices contain information defined as exempt in the Local Government Act 1972.	Ian Bakewell	Pre-decision Scrutiny
24 th October 2017	Housing Support Gateway	To review the performance of the services delivered under the Housing Support Gateway.	Ian Bakewell	Performance Monitoring
	Cold Weather Homeless Policy	Pre-decision scrutiny of the new policy.	Ian Bakewell	Pre-decision Scrutiny
	Gypsy and Traveller Services	Outcomes of discussions with the gypsy and travelling community on their needs.	Ian Bakewell	Policy Development
	Severe Weather Emergency Protocol	Scrutiny of new protocol and the associated implications.		Pre-decision Scrutiny
Possible Special for the Budget scrutiny				
12 th December 2017	*TBC*			
23 rd January 2018	Homelessness Prevention Strategy	Pre-decision scrutiny of the strategy.	Ian Bakewell	Pre-decision Scrutiny

Monmouthshire's Scrutiny Forward Work Programme 2017

Adults Select Committee				
Meeting Date	Subject	Purpose of Scrutiny	Responsibility	Type of Scrutiny
20 th March 2018	*TBC*			

Future Agreed Work Programme Items: Dates to be determined

- ✓ **Future Commissioning of Adults Services** ~ linked to "Turning the World Upside Down"
- ✓ **Budget Pressures within services and spend analysis**
- ✓ **Community Development and Well-being**
- ✓ **Supporting People Strategy**
- ✓ **Welfare** ~ Discussion with Monmouthshire Housing Association on current stock and new home development, support for welfare reform
- ✓ **Housing Report: Removal of the Temporary Accommodation Management Fee**
- ✓ **Housing Report: Local Housing Market Assessment**
- ✓ **Disabled adaptations further to the additional funding for 2017/18**
- ✓ **Annual Complaints Report for Social Services**

Joint Scrutiny with Children and Young People's Select Committee:

- ✓ **"Information, Advice and Assistance Service** ~ responsibility of the Social Services and Well-being Act 2014 ~ (January/February 2018)
- ✓ **The implementation of the Social Services and Well-being Act 2014** ~ (October 2017)
- ✓ **Mental Health and Learning Disabilities** ~ linked to implications of the DOLS (Deprivation Liberty Safeguards) Grant
- ✓ **Well-being** ~ responsibilities of the Social Services and Well-being Act 2014 around connected communities and meeting needs

Monmouthshire's Scrutiny Forward Work Programme 2017

- ✓ **Implementation of the Social Services and Well-being Act 2014** ~ review post 18 month together with the duties around prisons ~ (March 2018)
- ✓ **Progress of Regional Safeguarding Boards** ~ Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- ✓ **Regional Integrated Autism Service**

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Council and Cabinet Business – Forward Plan

Monmouthshire County Council is required to publish a Forward Plan of all key decisions to be taken in the following four months in advance and to update quarterly. The Council has decided to extend the plan to twelve months in advance, and to update it on a monthly basis.

Council and Cabinet agendas will only consider decisions that have been placed on the planner by the beginning of the preceding month, unless the item can be demonstrated to be urgent business

Subject	Purpose	Consultees	Author
1ST MARCH 2017 - CABINET			
Welsh Church Fund Working Group	The purpose of this report is to make recommendations to Cabinet on the Schedule of Applications 2016/17 meeting 5 held on the 19 th January 2017.		Dave Jarrett
Outcomes of the Recycling Review.	Cabinet to agree the Final Business Case determining the outcomes of the Recycling Review.		Rachel Jowitt
Safeguarding Progress Report			Teresa Norris
Effectiveness of Council Services: Quarter 3 Progress			Matt Gatehouse
Cemeteries - amendments to charging policy			Deb Hill Howells
The Knoll, Abergavenny Section 106 funding			Mike Moran

Subject	Purpose	Consultees	Author
ADM – Business Case			Tracey Thomas
EAS Business Case			Will Mclean
Community Governance			Will Mclean
2017/18 Education and Welsh Church Trust Funds Investment and Fund	The purpose of this report is to present to Cabinet for approval the 2017/18 Investment and Fund strategy for Trust Funds for which the Authority acts as sole or custodian trustee for adoption and to approve the 2017/18 grant allocation to Local Authority beneficiaries of the Welsh Church Fund.		Dave Jarrett
8th MARCH 2017 – INDIVIDUAL CABINET MEMBER DECISION			
Private sector housing enforcement			Huw Owen
PSPO x 2: Fairfield Car Park and Abergavenny Skate Park			Andrew Mason
Homeless Reserve Fund			Ian Bakewell
Fostering Fees Review			Claire Marchant
Accounts Payable Strategy – Further automation of the procedure to process payment			Lisa Widenham
Appropriation of the land at Rockfield Farm, Undy	From County farms use to planning use		Gareth King
Cemeteries – amendments to charging policy			Deb Hill Howells
Direct Care Leadership Restructure			Colin Richings
Transport Policy			Clare Morgan
Disposal of land on Garden City Way for Affordable			Ben Winstanley

Subject	Purpose	Consultees	Author
Housing			
Cae Maldon Bus Routes			Christian Schmidt
Monmouthshire Museums Centralisation of Staffing Structure			Cath Fallon
9TH MARCH 2017 - COUNCIL			
Council Tax Resolution 2017/18 and Revenue and Capital Budgets 2017/18	To set budget and Council tax for 2017/18		Joy Robson
Treasury Management Strategy 2017/18	To accept the annual Treasury Management Strategy		Joy Robson
Asset Investment Strategy			Peter Davies
Outcome of Recycling Review	To agree the Final Business Case determining the outcomes of the Recycling Review.		Rachel Jowitt
Procurement Strategy for Household Waste Recycling Centre, Transfer Stations and Residual Haulage.	For Council to approve the procurement strategy and affordability envelope for the procurement of a new contract running from 2018-2030 (7 years plus 5 years extension possibility).		Rachel Jowitt
Approval of Car Park Capital Budget in 2017/18			Roger Hoggins
20TH MARCH 2017 - COUNCIL			
ADM Business Case			Tracey Thomas
Pay Policy			Tracey Harry/Sally Thomas
Well-being Assessments for the county and Objective setting for the Council	i) Well-being of Future Generations Assessment (author Matthew Gatehouse) ii) Population Needs Assessment (authors Matthew Gatehouse/Phil Diamond) iii) Council's Well-being Objectives and Plan (author Matthew Gatehouse/Richard Jones) iv) Biodiversity and Ecosystem Resilience Forward Plan (author Matthew Lewis)		Matt Gatehouse
Safeguarding Progress Report			Teresa Norris

Subject	Purpose	Consultees	Author
Position Statement report re: Social Services			Geoff Burrows
Council Diary			Nicola Perry
Chief Office CYP Appointment			Tracey Harry
WAO Kerbcraft			Clare Marchant
Community Governance			W. McLean
29th MARCH 2017 – INDIVIDUAL CABINET MEMBER DECISION			
Contracts Manager – Adult and Children’s Commissioning			Ceri York
Proposed 40 Mph Speed Limit Portal Road And Link Road Monmouth			Paul Keeble
Road Law enforcement policy - Monmouthshire alternative to prosecution policy (mapp)			David H Jones
To make Permanent the current temporary post of the Carers Services Development Manager			Kim Sparrey
Staffing Restructure: Development Management Team			Mark Hand
Staffing Restructure: Planning Policy Team			Mark Hand
Monmouthshire Lettings Service			Steve Griffiths
Permanent appointment of Temporary Admin Support post (RBC13A).			Nigel George
5th APRIL 2017 - CABINET			

Subject	Purpose	Consultees	Author
Introduction of a fast-track service in relation to pre-application advice; lawful development certificates and compliance letters, and amendments to pre-application fees			Mark Hand
12th APRIL 2017 – INDIVIDUAL CABINET MEMBER DECISION			
Young Carers' Strategy 2017 -20			Kim Sparrey
Supporting People Plan and Grant Spend			Chris Robinson
Additional Grant Funding for Local Authority to deliver the High St Rates Relief Scheme			Ruth Donovan
Proposed re-alignment of the Estates team to meet budget mandate savings	Cllr Murphy		Deb Hill- Howells
Living Levels Landscape Partnership:	Cllr P Hobson		Matthew Lewis
Flexible Early Retirement – Planning Services			Mark Hand
Introduction of a fast-track service in relation to pre-application advice; lawful development certificates and compliance letters, and amendments to pre-application fees			Mark Hand
26th APRIL 2017 – INDIVIDUAL CABINET MEMBER DECISION			
Welfare Rights Review	ITEM DEFERRED TO 24/5/17		Tyrone Stokes

Subject	Purpose	Consultees	Author
Proposed 20 MPH Speed Limit, A472 Usk	Cllr B Jones		Paul Keeble
Community Hubs Restructure	Cllr RJB Greenland		Deb Hill Howells
Monmouthshire Local Development Plan Draft Sustainable Tourism Accommodation Supplementary Planning Guidance	Cllr B Greenland		Martin Davies
Monmouthshire Local Development Plan Rural Conversions To A Residential Or Tourism Use (Policies H4 & T2) Supplementary Planning Guidance	Cllr B Greenland		Martin Davies
16TH MAY 2016 – ANNUAL MEETING			
18TH MAY 2017 – DEFERRED BUSINESS COUNCIL			
24TH MAY 2017 – INDIVIDUAL CABINET MEMBER DECISION			
Welfare Rights Review			Tyrone Stokes
Event Opportunities – Summer 2017			Dan Davies
A40/A466 Wyebridge, Monmouth – Proposed Junction Improvement			Paul Keeble
Proposed acquisition of land Magor			Deb Hill Howells
7TH JUNE 2017 – CABINET			

Subject	Purpose	Consultees	Author
To approve the Corporate Safeguarding Policy			Teresa Norris / Claire Marchant
Anti Fraud, Bribery & Corruption Policy Statement – REVISED AND UPDATED			Andrew Wathan
Welsh Language Progress Report.			Alan Burkitt
Highway Grant and Section 106 budgets			Paul Keeble
Welsh Church Fund Working Group	The purpose of this report is to make recommendations to Cabinet on the Schedule of Applications for the Welsh Church Fund Working Group meeting 5 of the 2016/17 financial year held on the 20 th March 2017.		Dave Jarrett
Revenue & Capital Monitoring 2016/17 Outturn Forecast Statement	To provide Members with information on the outturn position of the Authority for the 2016/17 financial year		Mark Howcroft
CYP Support Services Re-Structure	To propose a restructure within CYP support services to achieve saving from the Medium Term Financial Plan		Nikki Wellington / Sharon Randall Smith
14TH JUNE 2017 – INDIVIDUAL CABINET MEMBER DECISION			
Sale of Freehold of Land at Plot 9a Wonastow Rd, Monmouth	The sale of the Freehold has been agreed subject to approval to Mandarin Stone who currently lease the area on a long lease from MCC.		Nicola Howells
Installation of charging points for electric cars in MCC public car parks	To seek approval for the installation of charging points for electric cars in MCC car parks in the county.		Roger Hoggins
Release of restrictive covenant at Former Abergavenny Magistrates Court and Police Station.			Nicholas Keyse

Subject	Purpose	Consultees	Author
28th JUNE 2017 – INDIVIDUAL CABINET MEMBER DECISION			
Social Housing Grant			Shirley Wiggam
Proposed Reduction in the size of the Brecon Beacons National Park Authority	To respond to Welsh Government Consultation on the Proposed Reduction in the size of the Brecon Beacons National Park Authority	CLLR BRYAN JONES	Matthew Lewis
29TH JUNE 2017 - COUNCIL			
CCTAudit Committee Zero Hour Contracts Report			Philip White
Audit Committee Annual Report			Philip White
5TH JULY 2017 – CABINET			
Update and approval of matters arising from the Safeguarding arrangements action plan – kerbcraft scheme			Roger Hoggins / Paul Keeble / Graham Kinsella
Youth Enterprise – European Structural Fund (Esf) Programmes - Inspire2work Extension.			Cath Fallon
Annual Report of the Director of Social Services			Claire Marchant
12TH JULY 2017- INDIVIDUAL CABINET MEMBER DECISION			
14th JULY 2017 - SPECIAL CABINET			
CSC (Compound Semi-Conductor) Project			Peter Davies
26TH JULY 2017 – INDIVIUDAL CABINET MEMBER DECISION			
Allocation of funding to Develop a Town Centre Regeneration Plan, Caldicot			Roger Hoggins
10C Severnbridge Industrial Estate, Caldicot.		Cllr Murphy	Deb Hill Howells

Subject	Purpose	Consultees	Author
Raglan Village Hall Progress Update		Cllr Murphy	Deb Hill Howells
Disposal of agricultural land in Goytre on the open market'		Cllr Murphy	Gareth King
Youth Enterprise – European Structural Fund (Esf) Programmes – Inspire Programmes – Finance Officer Re-Evaluation			Cath Fallon
Rural Development Programme – New Post (Internal Secondment) Pollinator Project Coordinator			Cath Fallon
Caldicot Town Team Funding - Enhancement of Pedestrian Area, Newport Road, Caldicot.	ITEM DEFERRED TO 9 TH AUGUST		Judith Langdon
27TH JULY 2017 - COUNCIL			
Annual Report of the Director of Social Services			Claire Marchant
Safeguarding Policy			Cath Sheen
Monmouth Pool			Ian Saunders
9TH AUGUST 2017 – INDIVIDUAL CABINET MEMBER DECISION			
Caldicot Town Team Funding - Enhancement of Pedestrian Area, Newport Road, Caldicot.			Judith Langdon
9TH AUGUST 2017 – SPECIAL CABINET			
Senior Leadership Realignment			Kellie Beirne
23RD AUGUST 2017 – INDIVIDUAL CABINET MEMBER DECISION			

Subject	Purpose	Consultees	Author
S106 funding: Pen y Fal bridge repairs	To draw down appropriate S106 funding to fund the repairs to the footbridge at the Pen y Fal development in Abergavenny. (MOVED TO 14TH FEB 2018)		Rachel Jowitt/Roger Hoggins
RDP funded Temporary Part time Coach Tourism Visitor Information Officer Post			Nicola Edwards
Staffing Restructure: Development Management Team			Mark Hand
Senior Social Worker Post in the Adult Disability Service, focussing on Continuing Health Care (CHC) Issues			Mike Logan
6TH SEPTEMBER 2017 – CABINET			
Welsh Church Fund Working Group	The purpose of this combined report is to make recommendations to Cabinet on the Schedule of Applications 2017/18, meeting 1 held on the 29 th June and meeting 2 held on 27 th July 2017.		Dave Jarrett
Contaminated Land Inspection Strategy			Huw Owen
Community Engagement Review Update/Whole Place and Partnerships Team restructure			Cath Fallon
Update on Fair Funding Regulations for Schools in a deficit budget	To inform members of the current requirements through the fair funding regulations for schools that are reporting a deficit budgets and the actions required to address		Nikki Wellington
To declare surplus the former sextons lodge at Chepstow Cemetery, Chepstow	To declare the property surplus following the retirement of the previous sexton at the Chepstow Cemetery to enable the Council to begin the disposals process		Gareth King

Subject	Purpose	Consultees	Author
Budget Monitoring report – period 2	The purpose of this report is to provide Members with information on the forecast outturn position of the Authority at end of month reporting for 2016/17 financial year.		Joy Robson/Mark Howcroft
Section 106 Gilwern School			Richard Morgan
13TH SEPTEMBER 2017 – INDIVIDUAL CABINET MEMBER DECISION			
Adoption of Highway Management Plan including appointment of Highway Asset Inspector and changes to Asset Planning Officer posts			Paul Keeble
DELIVERING SAVINGS – POLICY AND PERFORMANCE			Matt Gatehouse
21ST SEPTEMBER 2017 – COUNCIL			
MCC Audited Accounts 2016/17 (formal approval)	To present the audited Statement of Accounts for 2016/17 for approval by Council		Joy Robson
Stage 2 Improvement Plan 2016/17	To seek council approval of the Stage 2 Improvement Plan for 2016/17.		Richard Jones
Payment Guarantee by MCC to WG – City Deal Compound Semiconductor Project.			
ISA260 report – MCC Accounts -	To provide external audits reports on the Statement of Accounts 2016/17		Joy Robson
27TH SEPTEMBER 2017 – INDIVIDUAL CABINET MEMBER DECISION			
Revised Information Strategy following Audit Committee on 19 th Sept			Sian Hayward
4TH OCTOBER 2017 – CABINET			

Subject	Purpose	Consultees	Author
MTFP and Budget Proposals for 2018/19	To provide Cabinet with Revenue Budget proposals for 2018/19 for consultation purposes		Joy Robson
Cash Receipting System Tender	To seek approval and funding for Authority's replacement cash receipting system		Ruth Donovan
Funding for Caldicot Town Team Action Plan 2017/18		Sara Jones	Judith Langdon
Proposed sale of land at Crick Road to Melin Homes			Deb Hill Howells
Office accommodation and the refurbishment of E & J blocks and Pen y Pound Community Learning Centre			Deb Hill Howells
Volunteering Policy			Owen Wilce
People Strategy			Paul Matthews
iCounty strategy 2	Update to the iCounty strategy to incorporate digital maturity and culture		Sian Hayward
14TH OCTOBER 2017 – INDIVIDUAL CABINET MEMBER DECISION			
25TH OCTOBER 2017 – INDIVIDUAL CABINET MEMBER DECISION			
1ST NOVEMBER 2017 – CABINET			
Capital Budget Proposals	To outline the proposed capital budget for 2018/19 and indicative capital budgets for the 3 years 2019/20 to 2021/22		Joy Robson
Review of Fees and Charges	To review all fees and charges made for services across the Council and identify proposals for increasing them in 2018/19		Joy Robson
Welsh Church Fund Working Group	The purpose of this report is to make recommendations to Cabinet on the Schedule of Applications 2017/18, meeting 3 held on the 21 st September 2017.		Dave Jarrett
8TH NOVEMBER 2017 – INDIVIDUAL CABINET MEMBER DECISION			

Subject	Purpose	Consultees	Author
9TH NOVEMBER 2017 – COUNCIL			
Appointment of the Preferred Bidder for the Heads of the Valleys Food Waste Treatment Procurement			Rachel Jowitt
Office accommodation and the refurbishment of E & J blocks and Pen y Pound Community Learning Centre			Deb Hill Howells
22ND NOVEMBER 2017– INDIVIDUAL CABINET MEMBER DECISION			
6TH DECEMBER 2017 – CABINET			
Council Tax base 2018/19 and associated matters	To agree the Council Tax Base figure for submission to the Welsh Government, together with the collection rate to be applied for 2018/19 and to make other necessary related statutory decisions.		Sue Deacy/Wendy Woods
Welsh Church Fund Working Group	The purpose of this report is to make recommendations to Cabinet on the Schedule of Applications 2017/18, meeting 4 held on the 9 th November 2017		Dave Jarrett
13TH DECEMBER 2017 – INDIVIDUAL CABINET MEMBER DECISION			
Local Government (Wales) Act 1994 The Local Authorities (Precepts)(Wales) Regulations 1995	To see approval of the proposals for consultation purposes regarding payments to precepting Authorities during 2018/19 financial year as required by statute		Joy Robson
14TH DECEMBER 2017 - COUNCIL			
3RD JANUARY 2018 – INDIVIDUAL CABINET MEMBER DECISION			
10TH JANUARY 2018 – CABINET			

Subject	Purpose	Consultees	Author
Welsh Church Fund Working Group	The purpose of this report is to make recommendations to Cabinet on the Schedule of Applications 2017/18, meeting 5 held on the 14 th December 2017		Dave Jarrett
Final Draft Budget Proposals or recommendation to Council			Joy Robson
Budget Monitoring Report – Period 7	The purpose of this report is to provide Members with information on the forecast outturn position of the Authority at end of month reporting for 2016/17 financial year.		Joy Robson/Mark Howcroft
17TH JANUARY 2018 – INDIVIDUAL CABINET MEMBER DECISION			
Local Government (Wales) Act 1994 The Local Authorities (Precepts)(Wales) Regulations 1995	To seek members approval of the results of the consultation process regarding payment to precepting Authorities for 2018/19 as required by statute		Joy Robson
18TH JANUARY 2018 - COUNCIL			
Council Tax Reduction Scheme 2018/19			Ruth Donovan
31ST JANUARY 2018 – INDIVIDUAL CABINET MEMBER DECISION			
7TH FEBRUARY 2018 – CABINET			
14TH FEBRUARY 2018 – INDIVIDUAL CABINET MEMBER DECISION			
S106 funding: Pen y Fal bridge repairs	To draw down appropriate S106 funding to fund the repairs to the footbridge at the Pen y Fal development in Abergavenny.		Rachel Jowitt
22ND FEBRUARY 2018 – COUNCIL			

Subject	Purpose	Consultees	Author
28TH FEBRUARY 2018 – INDIVIDUAL CABINET MEMBER DECISION			
1ST MARCH 2018 - COUNCIL			
Council Tax Resolution 2018/19			Ruth Donovan
7TH MARCH 2018 - CABINET			
2018/19 Education and Welsh Church Trust Funds Investment and Fund Strategies	The purpose of this report is to present to Cabinet for approval the 2018/19 Investment and Fund Strategy for Trust Funds for which the Authority acts as sole or custodian trustee for adoption and to approve the 2017/18 grant allocation to Local Authority beneficiaries of the Welsh Church Fund.		Dave Jarrett
17TH MARCH 2018 – INDIVIDUAL CABINET MEMBER DECISION			
Page 7			
28TH MARCH 2018 – INDIVIDUAL CABINET MEMBER DECISION			
11TH APRIL 2018 - CABINET			
Welsh Church Fund Working Group	The purpose of this report is to make recommendations to Cabinet on the Schedule of Applications 2017/18, meeting 6 held on the 22 nd February 2018		Dave Jarrett
18TH APRIL 2018 – INDIVIDUAL CABINET MEMBER DECISION			
19TH APRIL 2018 - COUNCIL			
9TH MAY 2018 – INDIVIDUAL CABINET MEMBER DECISION			

Subject	Purpose	Consultees	Author

Hannah Jones would like to come to Cabinet in July 2018 to update on Youth Enterprise - European Structural Fund (ESF) Programmes - Inspire2Work extension (originally brought to Cabinet July 2017).