

Adult Select Committee: Individual mandates for Pressures and Savings

Proposal Title	Adults with Disabilities	Lead/Responsible Officer:	Eve Parkinson/Ty Stokes
Your Ref No:	CSCH003	Directorate:	SCH
Version No:	1	Section:	Adults
Date:	3/12/19		

- 1. Proposal Description** Please include a brief description of the proposal being explored and the core objectives. Please also include supporting evidence for the identified saving and/or pressure

1. **£1,044,000 pressure due to the additional in year placements as a result of ageing parents, move towards greater independence and demand for residential and/or college placements.** To date as at month 7 outturn for 2019/20 we have had an additional 8 high cost placement sin excess of £1,000 per week, which makes a total of 36 to date in excess of £1,000. This budget has demand from transitional children moving into adulthood. There are added pressures trying to get Continuing Health Care funding from Aneurin Bevan University Health Board and once funding is agreed, there is often a dispute around when Health should accept the placement and consequently the cost.

To offset the above pressure we are proposing the following savings: -

2. To align the non- staffing element of the S128 budget relating to the My Day My Life Services to reflect savings derived from the relocation of one service to premises with lower rental and business rates costs. There is no anticipated negative impact to this proposal and the non-staffing budgets will have sufficient funds to support the on-going premises costs. It is proposed that this will deliver a saving of £15,000.
3. To reduce the Disability Services Budget (S115) in line with projected spend for 2019/2020. This budget has historically been used to support strategic and service development initiatives and operational expenditure such as specialist equipment, furniture or adaptations. The spend has reduced over the last few years as a result of improved operational efficiency across the disability services area which has enabled the service to fund directly from their operational budgets. Therefore, the anticipated level for the forthcoming years is reduced and the proposal is to reduce the budget by £7,000 to reflect this.

- 2. Budget Impact** In this section please include the savings and pressures identified and the overall budget impact resulting from this proposal. This must cover each year implicated.

Service area	Current Budget £	Proposed Cash Pressure £	Proposed Cash Efficiencies £	Target year				Total Budget Change Proposed
				20/21	21/22	22/23	23/24	
Adult	32,512,293	1,044,000		1,044,000				
			(15,000)	(15,000)				
			(7,000)	(7,000)				

- 3. External Funding:** Has this proposal considered the opportunities for external funding? If yes, what funding avenues have been identified?

Funding Identified	Source	Current status (i.e. confirmed, in application, etc)

- 4. Corporate Alignment:** How does this proposal contribute and align with the current Corporate Plan objectives and have the relevant evaluations been considered and completed? Please consider any implications this proposal may have on our current policies.

Question	Y/N	Comments/Impact
Does this proposal align with the MCC Corporate Plan ?	Y	
Has this proposal been included in your current Service/Business Improvement Plans?	Y	
Has a Future Generation Evaluation been commenced?	Y	
How will this proposal address MCC's Climate Emergency commitment.?	N	
Is an Option Appraisal required? (Please refer to MCC Standard Option Appraisal Process/Template)	N	
Will this proposal require any amendments to MCC policy?	N	

- 5. Additional Impacts** What are the expected impacts of implementing this proposal? Please include the potential impact on other service areas

Description	Who is effected?	Is this impact positive or negative?
1. Adults with Disabilities	Younger adults with learning and physical disabilities	Positive
2. My Day My Life	None	Positive
3. Disability Service	None	Positive

6. Additional Considerations:

Question	Y/N	Comments/Impact
Will this proposal have any staffing implications?	N	
Will this project have any legal implication for the authority?	N	

7. Key actions required to deliver this proposal

Describe the key activities that will be undertaken to deliver the proposal and the responsible action holders. This includes any actions contributed to by other services (i.e. Finance/HR/DPO/Procurement/Legal etc.). Give the timescales to complete the work. This must also factor in any business activities that will need to be done differently or cease in order to achieve the proposal.

Action	Officer/ Service responsible	Timescale

8. Additional skills/ business needs

Describe any additional skills, resource and capability needed in order to carry out the proposal successfully. For example new expertise that will require additional investment etc.

Any additional capability required	Where will this come from	Any other resource/ business need (non-financial)

- 9. Consultation** Describe any initial consultation that has been undertaken in order to inform this proposal and any further consultation that will be required throughout proposal delivery

Consultee	Description	Date (delivered/planned)
DMT	SC&H	02/10/19 and 4/12/19

10. Key Risks and Issues

Are there any potential barriers and risks that will need to be managed in delivering the outcomes expected from investing in the pressure identified, including any negative impacts identified in section 3 that need to be accounted for. Also, set out the steps that will be taken to mitigate these risks.

Barrier or Risk	Strategic/ Operational	Reason why identified (evidence)	Risk Level (High, Medium or Low) Based on a score assessing the probability & impact	Mitigating Actions

11. Assumptions

Describe any assumptions made that underpin the justification for the option.

Assumption	Reason why assumption is being made (evidence)	Decision Maker

12. Measuring and monitoring performance

How do you intend to measure the impact of this proposal? This will include budget measures and further possible measures that cover process, staff and customers. Targets need to be set over the duration of the proposal where appropriate.

Focus - Budget/Process/Staff/Customer	Indicator	Target 2020/21	Target 2021/22	Target 2022/23	Target 2023/24

The proposal will be monitored through directorate budget monitoring. This will lead into corporate budget monitoring. In addition, the action plan, performance measures and the risk assessment must be transferred into the service plans for the business area in order to monitor and challenge the delivery of the pressure proposal, including the performance being achieved and the level of impact.

13. Additional considerations:

Question	Y/N	Comments/Impact
Will this proposal require procurement of goods, services or works?	N	
Will this proposal impact on the authorities built assets?	N	
Will this proposal present any collaboration opportunities?	N	
Will this project benefit from digital intervention?	N	

Proposal Title	Adults Service Delivery	Lead/Responsible Officer:	Eve Parkinson/Ty Stokes
Your Ref No:	CSCH002	Directorate:	SCH
Version No:	1	Section:	Adults
Date:	3/12/19		

- 1. Proposal Description** Please include a brief description of the proposal being explored and the core objectives. Please also include supporting evidence for the identified saving and/or pressure

1. Each year we engage with the care provider market to understand their costs, margins and pressures they expect. For the past 4 years we have built in a pressure due to the rise in living wage following the then Chancellor in 2015 committing to a year on year increase until 2019/20. No further announcement has been made on how the living wage will increase past 2019/20, however CPI is running at 1.7% as at the end of September 2019 and we are contractually obliged to meet with providers and consider how cost pressures affect them in agreeing our rates of pay. The pressure amounts to £373,000.

2. Domiciliary care across the UK is mainly a traditional model of care and support; providing time allocated personal care to people unable to manage independently. There is a growing acknowledgement across the sector that the traditional model of time allocated slots to provide personal care tasks is outdated and requires remodelling. We have evidence that the current system can lead to less person centred outcomes, difficulties in carer recruitment and providers struggling to continue to operate.

Over the last year, we have seen a decrease in the level of capacity providers have to meet demand and an increase in the number of people waiting for care at home services. A number of national providers with whom we contract have pulled out of areas of the county, as they are unable to sustain sufficient levels of recruitment and retention. This position is not unique to Monmouthshire, Councils across Wales are struggling to secure sufficient care at home and many are trying to change the current task and time model to one which is person centred and consistent with the aspirations of the Social Services and Wellbeing Act 2014. To transform this traditional model we have embarked upon our programme of Turning the World Upside Down. We recognised that the Council could not and should not do this alone and needed to develop a new model with providers; requiring us to work in a fundamentally different way. We have built meaningful relationships and come together to design a genuinely co-produced model of support, which achieves better outcomes for people. This co-produced new model of care has an agreed System Design, a set of Operating Principles and Relationship Principles, which will underpin the Turning the World Upside Down approach :

Patch based – to allow a flexible response for people

Providers integrated into Health and Social Care teams

Finding Individual Solutions Here (FISH)/Discharge Liaison Nurse agree the most appropriate expertise to send – including a provider

Providers have access to FLO, the Authority's current care recording system.

Support is based on what matters, and builds on existing networks and community assets – not time and task

Predictable payments based on patch

Providers support each other if capacity is reached

There is a common measurement system – based on what matters to citizens

Quality assurance is based around the use of the measurement system.

We have also rigorously progressed and achieved key successes with the themes set out in the Turning the World Upside Down Design, including:

Co-producing 12 patches through the Turning the World Upside Down Leadership Group.

Using a rational approach; taking account of key factors affecting the costs of delivering care at home through the Turning the World Upside Down model, we have arrived at a price per patch and are now able to provide a price per patch based on contemporary data.

Whilst we are yet to move to formal integration, across the integrated teams, providers meet regularly with the care team in a solution-focused way to consider capacity issues and work together to address these.

The Leadership Group has also agreed an approach which, enables organisations to reduce and increase packages of care themselves if outcomes can still be met, families are willing and it is appropriate.

Providers are piloting the use of FLO. This is underpinned with a co-produced Information Sharing Protocol.

A Common Measurement System and an agreed means of measuring against this has been co-produced.

Our reflections of progress towards the implementation of Turning the World Upside Down to date gives us confidence that we are making significant progress iteratively as we develop and understand the model better. The key remaining elements to implement are:

- Working in patches,
- Making predictable payments by patch
- Supporting people with what matters.

By implementing these three elements next, we will be able to fully test the whole Turning the World Upside Down concept in real time. We will do this over a reasonable period (three years) and during this will be able to tailor and refine the model and generate high levels of engagement.

In moving towards the next stage of the implementation, we recognise that there will be a staff related cost pressure in respect of this new way of working. The pricing model takes accounts of factors including:

National living wage levels

NI contributions

Pensions costs

Rurality

Market pressures

Training

Travel

This mandate relates to the pressure arising from the additional factors of the Turning the World Upside Down pricing model only. A separate pressure mandate has been produced in respect of annual uplifts for all commissioned adult services, which includes the care at home costs relating to non-staff cost increases. The associated cost pressure is £1,048,000.

To offset the above pressures we are proposing the following savings within Adult Services: -

3. Within Adult Services there has been a direction of travel for Practice Change since 2012/13. The first saving mandate was submitted in 2013/14 putting forward savings as a result of Practice Change which has continued right up to the last MTFP and resultant budget allocation of 2019/20. This mandate saving is looking at potential to push the Practice Change agenda into a further year being 2020/21 and explore the viability of further efficiencies, by capitalising on current work and direction to date, with prediction of savings totalling £150,000.
4. Additional income if the Government increased the current maximum weekly cap on non-residential charges from the current £90 per week to £100 per week from 1st April 2020. This proposal is in line with the Government pledge to increase the maximum weekly cap and Local Authorities across Wales have been contacted by Welsh Government officials to ask for data for Ministerial consideration. If the maximum weekly cap is increased to £100, our modelling suggests there will be an additional annual income stream for 2020/21 of £116,000.

2. Budget Impact In this section please include the savings and pressures identified and the overall budget impact resulting from this proposal. This must cover each year implicated.

Service area	Current Budget £	Proposed Cash Pressure £	Proposed Cash Efficiencies £	Target year				Total Budget Change Proposed
				20/21	21/22	22/23	23/24	
Adult	32,512,293	373,000		373,000				
		1,048,000		1,048,000				
			(150,000)	(150,000)				1,155,000
			(116,000)	(116,000)				

3. External Funding: Has this proposal considered the opportunities for external funding? If yes, what funding avenues have been identified?

Funding Identified	Source	Current status (i.e. confirmed, in application, etc)

4. Corporate Alignment: **How does this proposal contribute and align with the current Corporate Plan objectives and have the relevant evaluations been considered and completed? Please consider any implications this proposal may have on our current policies.**

Question	Y/N	Comments/Impact
Does this proposal align with the MCC Corporate Plan?	Y	
Has this proposal been included in your current Service/Business Improvement Plans?	Y	
Has a Future Generation Evaluation been commenced?	Y	
How will this proposal address MCC's Climate Emergency commitment.?	N	
Is an Option Appraisal required? (Please refer to MCC Standard Option Appraisal Process/Template)	N	
Will this proposal require any amendments to MCC policy?	N	

5. **Additional Impacts** What are the expected impacts of implementing this proposal? Please include the potential impact on other service areas

Description	Who is effected?	Is this impact positive or negative?
4. Provider fee uplifts	Care providers and the clients they support	Positive
5. Turning the World Upside Down	Care providers and the clients they support	Positive
6. Practice Change	Service users	Both
7. Increase in non-residential maximum weekly charge cap	Service users	Can be both

6. **Additional Considerations:**

Question	Y/N	Comments/Impact
Will this proposal have any staffing implications?	N	
Will this project have any legal implication for the authority?	N	

7. **Key actions required to deliver this proposal**

Describe the key activities that will be undertaken to deliver the proposal and the responsible action holders. This includes any actions contributed to by other services (i.e. Finance/HR/DPO/Procurement/Legal etc.). Give the timescales to complete the work. This must also factor in any business activities that will need to be done differently or cease in order to achieve the proposal.

Action	Officer/ Service responsible	Timescale
Engage with providers to understand the market cost pressures	Ceri York/Nicola Venus Gabolin/Ty Stokes	January 2020
Engage with providers re plans to implement TWUD prototype over 3 years	Ceri York/ Shelley Welton	Dec 19-March 2020
Implement 2 stage plan	Ceri York/ Shelley Welton/ Jill Jones /Annette Brady/ Coli Richings/Nikki Needle	April 2020 – March 2023

8. Additional skills/ business needs

Describe any additional skills, resource and capability needed in order to carry out the proposal successfully. For example new expertise that will require additional investment etc.

Any additional capability required	Where will this come from	Any other resource/ business need (non-financial)
Support to implement Common Measurement System and on – going management and monitoring within Integrated Services	TBA	

9. Consultation

Describe any initial consultation that has been undertaken in order to inform this proposal and any further consultation that will be required throughout proposal delivery

Consultee	Description	Date (delivered/planned)
DMT	SC&H	02/10/19 and 4/12/19

10. Key Risks and Issues

Are there any potential barriers and risks that will need to be managed in delivering the outcomes expected from investing in the pressure identified, including any negative impacts identified in section 3 that need to be accounted for. Also, set out the steps that will be taken to mitigate these risks.

Barrier or Risk	Strategic/ Operational	Reason why identified (evidence)	Risk Level (High, Medium or Low) Based on a score assessing the probability & impact	Mitigating Actions
Providers reluctant to adopt new model of care at home	Strategic & Operational	Totally new way of working which will require organisational and cultural change	Low	Continue co-production ethos and on-going engagement with providers to implement TWUD prototyping
Predicable pricing model not attractive	Operational	Provisional rate is less than some providers spot purchase rate	Low	New model fundamentally more attractive and offsets some of the risks currently reflected in higher spot rates. Predicable payments brings longer term financial security.

11. Assumptions

Describe any assumptions made that underpin the justification for the option.

Assumption	Reason why assumption is being made (evidence)	Decision Maker
Maximum weekly cap will be increased	In line with Government pledge and current engagement by Welsh Government officials	Minister for Social Care and Health

12. Measuring and monitoring performance

How do you intend to measure the impact of this proposal? This will include budget measures and further possible measures that cover process, staff and customers. Targets need to be set over the duration of the proposal where appropriate.

Focus - Budget/Process/Staff/Customer	Indicator	Target 2020/21	Target 2021/22	Target 2022/23	Target 2023/24

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13. Additional considerations:

Question	Y/N	Comments/Impact
Will this proposal require procurement of goods, services or works?	N	
Will this proposal impact on the authorities built assets?	N	
Will this proposal present any collaboration opportunities?	N	
Will this project benefit from digital intervention?	Y	The present digital care prototype may present opportunities than can assist to deliver practice change

SUBJECT: Review of Adult Safeguarding Service, and the Wider Safeguarding Business Administration

DIRECTORATE: Social Care & Health

MEETING: DMT

Date: 13th November 2019

1. PURPOSE:

- To review the Adult Safeguarding Team role and function in light of Legislative changes and the statutory duty for Monmouthshire
- To present the pressures currently impacting performance and quality issues
- consider Safeguarding Business Support needs of the wider Authority and the Safeguarding Unit to ensure quality standards, collation of information and the facilitation of Corporate Safeguarding
- To present the evidence base and business cases to support the proposals.

2. RECOMMENDATIONS:

- Support Adult Services teams in resuming the responsibility of Designated Lead Manger's of the Adult Safeguarding process
- To increase the establishment of Adult Co-ordinator posts and introduce a Screening Officer post to manage increased capacity and develop quality assurance;
- To restructure Safeguarding Unit Business Administration to bring parity, increase quality standards and create contingency;
- To build on existing post to develop a Safeguarding Business Manager post to manage the facilitation of Whole Authority Safeguarding business, and to develop and manage compliant business support processes across the Safeguarding Unit.

3. KEY ISSUES

3.1 Background

In October 2013 Directorate Management Team (DMT) considered a report, which identified some significant risks around the county's ability to deliver the Welsh Guidance for Protection of Vulnerable Adults (POVA). In 2012-2013 Monmouthshire received **145** adult protection referrals. The areas of concern identified in the report included, alongside others, the following:

- Increased demands on the POVA rota (undertaken within Service teams) leading to overload on an already fragile arrangement;
- Changes in the personnel providing the Designated Lead Manager (DLM) function has diluted expertise.

At that time, DMT agreed to:

- Immediate increase in staffing;
- Change to the way the flow of work into the authority was managed;
- Review the model in Monmouthshire to address areas of concern as above.

Subsequently, on 12th November 2014, a cabinet paper titled Adult Safeguarding Review and Restructure was presented. The purpose of this was to share a review of the Adult Safeguarding Service, the model required for moving forward and to outline the resource implications for decision. The paper recommended a funding proposal to stabilise and improve the Adult Safeguarding service which included establishing:

- a full time Team Manager post;
- 2 full time senior practitioners to act as Adult Protection Co-ordinators, (increase of 42 hours);
- 2 full time administrator posts (increase of 37 hours).

As a result of this:

- the functions of screening referrals and the Designated Lead Manager (DLM) role (taking forward the POVA referral) have been separated, removing the daily Screening Rota from the teams;
- The secure e-mail account designated Adult Protection was the access point for all referrals, which were then screened by using the All Wales Threshold

Tool to decide whether to progress via POVA or via case management services, thus providing a consistent screening process;

- The expectation was that following screening the management of the Safeguarding process would mostly be undertaken at locality team level by a virtual team of DLM's. Referrals screened and agreed to be the responsibility of Health professionals would be managed by Health Board DLMs;

The role of the Adult Safeguarding Team was to support this function by:

- quality assurance of process and decision taking;
- offering expert knowledge and insight;
- undertaking a wider number of non-criminal investigations.

Current Staffing and Roles

Following consideration of resource implications, staffing was adjusted to:

- 1 x Full Time Manager;
- 2 x 30hr Co-ordinator;
- 2 x 30hr Administration support.

3.2 Widening of Safeguarding Profile in Monmouthshire

a) Statutory Wales Adult Protection Procedures: Following the SSWA 2014 Gwent Adult Safeguarding Board was established, with Subgroups to develop Safeguarding Practice across Gwent and meet statutory requirements relating to Procedures and Protocols, Adult Practice Reviews, and Training and Development. The Adult Safeguarding manager is now a key part of the Local Safeguarding Network with Statutory and 3rd Sector partners, and the team have a primary role in Safeguarding training. There has always been a limited capacity for the involvement of the team manager within Regional work however there is an expectation that Monmouthshire will have an active involvement with these processes and contribute to the wider Safeguarding agenda in Gwent. In November 2019 the new Wales Adult Protection Procedures will be launched, with implementation in April 2020. This is also the timescale for the revised Wales Child Protection Procedures itself being a further pressure on the Safeguarding Unit, however the significant change within a Wales

Protection Procedures will be to align current Adult Safeguarding Procedures with the more established Child Protection Procedures.

Implementation will be through the GWASB Subgroups and the Adult Safeguarding Manager will be a key figure in ensuring Monmouthshire is a full party to the development and completion of the new Regional protocols and processes, as well as the need to develop and embed internal processes, and the internal training period required.

b). Corporate Safeguarding and the Welsh Audit Office

In 2017 the Adult Safeguarding Team was moved into the Safeguarding Unit, under Children's Services in order to co-ordinate and develop Safeguarding activity across the authority. Within Monmouthshire Council there has been an extended understanding of the Councils' wider Corporate Safeguarding responsibility. The development of the SAFE Audits and action plans are key to measuring compliance to the Corporate Safeguarding Policy. The Adult Safeguarding Manager and team have had a significant role in supporting this process, ensuring the understanding of staff and managers, and the development of action plans within Adult Statutory and 3rd Sector services directly commissioned. The Safeguarding Unit are the developers and providers of all integrated Safeguarding training at a corporate level, as well as supporting the understanding and dissemination of statutory requirements and to consider emerging issues such as Domestic Abuse, Practice Learning Reviews and Modern Day Slavery/Exploitation procedures.

3.3 Culture and Demand

In 2014 the nominated Adult Safeguarding model was predicated on the safeguarding process being undertaken primarily by locality team based Designated Lead Managers (DLM's) and Health based DLMs. Within the ABUHB this is still the working model. Within Adult Services, there has been an erosion of this role and understanding. Initially it appears to relate to issues of training, support, confidence and experience, and the willingness of the Adult Safeguarding Team to hold and manage cases. This was evidenced historically in that teams who had management with a strong safeguarding background have always been willing to accept the DLM role.

In the last 12 months, there has been continued quarterly DLM support meetings, DLM training and refresher training, and shadowing opportunities. However current reluctance by managers and senior practitioners to undertake the DLM role is reported to relate to capacity within teams. The increased need for the Adult Protection Co-ordinators to fulfil the role of the DLM means that the development of this role to be a robust manager of the safeguarding process is unlikely to occur.

3.4 Demand on the Service

Until 2015, the adult protection practice was based on policy, procedure and guidance which operated without a Statutory basis. Under Welsh Assembly Guidance (In Safe Hands 2000) there was a clear definition of a *vulnerable adult* being in need of community care services due to impairments, and unable to protect themselves against a threshold of *significant harm or serious exploitation*.

The Social Services and Well-Being Act (Wales) 2014 has introduced new measures for to adult safeguarding;

- the term 'vulnerable adult' is replaced by 'adult at risk';
- the term 'adult protection' is replaced by 'adult safeguarding';
- there is a definition of an adult at risk, eliminating the 'significant harm' threshold;
- a statutory duty to report, a very low 'threshold' for reporting concerns, which can be based on 'suspicion' only;
- a new type of order (APSO);
- the establishment of adult safeguarding boards.

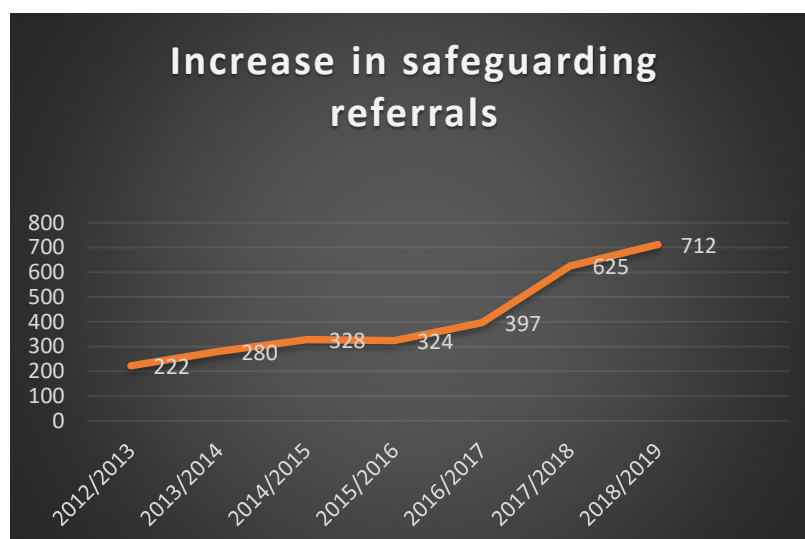
If anyone suspects that someone is an "Adult at Risk", they have a duty to report this to the Local Authority. It is not necessary for someone to be sure that abuse or neglect has occurred, if they have a reasonable cause to suspect, that it has or someone is at risk of, they must report it.

An "adult at risk", is an adult who:

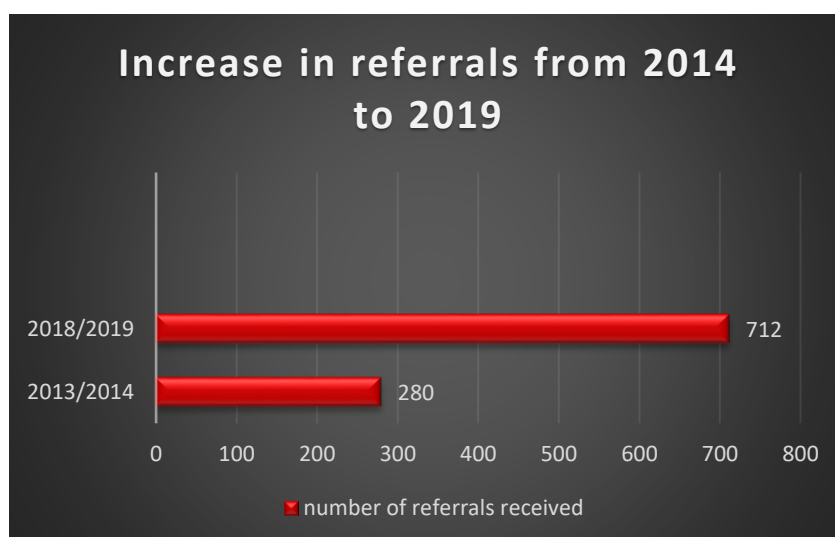
- (a) is experiencing or is at risk of abuse or neglect,
- (b) has needs for care and support (whether or not the authority is meeting any of those needs); and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

3.5 Increase in Referrals for Safeguarding Service

The introduction of the statutory duty to report under the Act, as well as the low threshold for reporting concerns (which can be based on reasonable cause to suspect) have led to a significant increase in the number of safeguarding concerns reported via safeguarding referrals.



In comparison with 2013/2014 when Monmouthshire had 280 referrals, in 2018/2019 there were 712, this is an increase of 256% in referrals.



During 2016/17 (prior to the implementation of FLO) the team had continued to collect data on *closed* DTRs and therefore it was acknowledged we had under-reported reality, although the feeling was there was a genuine increase in DTRs between 2016/17 and 2017/18.

3.6 Increase in Safeguarding Contacts

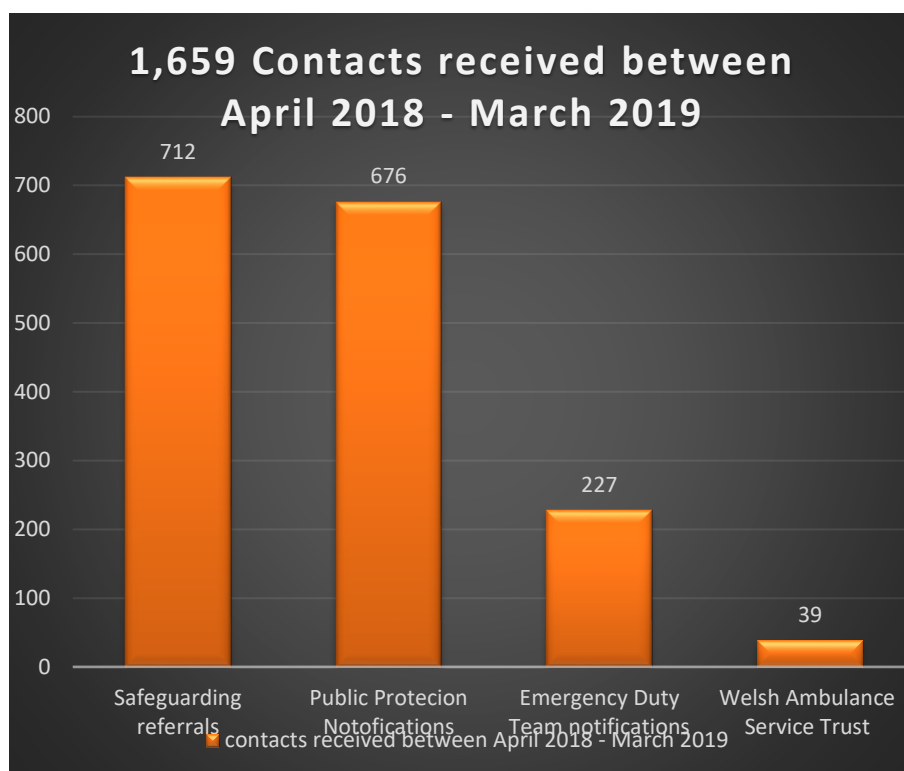
Since this time the Adult Safeguarding team is the portal for all Duty to Report forms (Referrals), but also notifications from the Police, Welsh Ambulance Service and EDT.

These, in line with DTR forms, have also seen a significant increase. It is recognised that these notifications may be Safeguarding Referrals but may also be repeat notifications or issues relating to other teams, therefore forwarded. However, all must be screened for action.

	Referrals/ DTR's	PPN/WAST/EDT notifications	Total no A/S Contacts
2013/2014	280	n/k	280
2014/2015	328	n/k	328
2015/2016	324	n/k	324
2016/2017	397	583	980
2017/18	625	942	1567
2018/19	712	942	1654
Projections based on numbers of contacts up to Sept 19 following screening officer pilot (see below)	550	1164	1714

From June-September 19 the Adult Safeguarding Team have had funding for an agency screening officer whose role was to manage concerns, telephone calls from professionals, and to redirect professionals to appropriate routes. Initially we have seen a drop in the number of Referrals to the Safeguarding process. Decision taking has been Quality Assured and the pilot will continue to be assessed to consider any national or regional issue or trends.

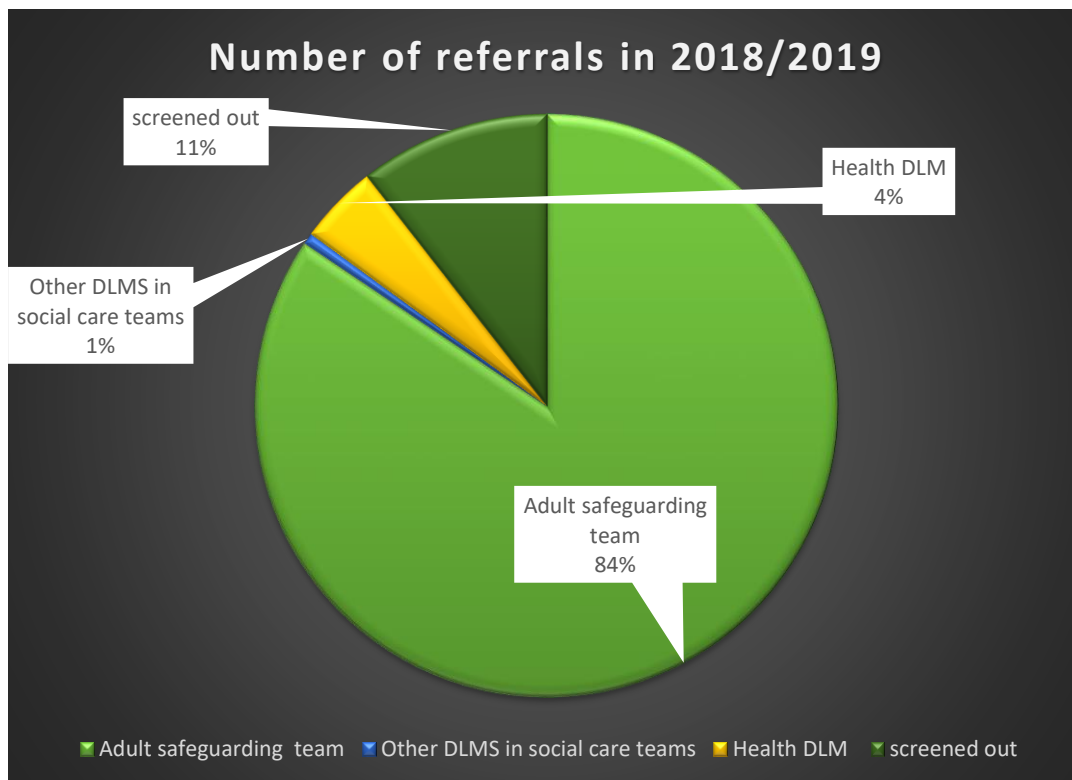
3.7



Management of Contacts

All 1659 contacts have been screened, this includes reading and electronic checking records available, as well as sharing information with the relevant team; if 15 minutes is allocated for this task, this amounts to 24,840 minutes /414 hrs per year spent on screening only. This is equivalent to approx. 8 (7.96) hrs/week. Currently this task is completed by the Coordinators, all of whom are working 30 hrs/week, thus over 25% of their time is spent on screening alone. This excludes making any enquiries on newly received referrals. The Act requires that enquiries are completed within 7 days to determine if a case needs to progress via the adult safeguarding process.

In 2018/2019, out of the 712 referrals received, 84 had been screened out; the remainder of 628 have progressed via the adult safeguarding process; 35 (5%) have been coordinated by a Health DLM, **only 5 cases** managed within social care and outside the safeguarding team.



Assuming no increase in referrals and considering the number of cases managed by the adult safeguarding team in 2018/2019 which progressed via the adult safeguarding process (628 in total), if there were 2 Coordinators this means that each would manage 314 cases per year; considering their working time of 1,356hrs/year, this would mean an allocation of 4.31 hrs/case.

If there were 3 Coordinators, they would manage 209 cases per year, this would mean an allocation of 6.48 hrs/case. This includes making enquiries, pre-meeting gathering and analysing of information, liaison with relevant professionals, updating records, chairing strategy meetings and travelling time. This information does not consider Screening the contacts to ascertain whether this is a valid Safeguarding contact or whether it needs to be signposted elsewhere which does not require a qualified Social Worker.

3.8 Safeguarding Business Support

The impact of the increased numbers of Contacts on the Business administration was reviewed as part of the wider AS review which raised a number of issues;

- Processes and documentation were no longer compliant with the Social Service and Wellbeing Act;
- There were limited levels in consistency in the update of Flo, with limited preparation for the introduction of WCCIS;
- There were quality assurance concerns in relation to the taking the Minutes of meetings, and the business administration processes which support the Safeguarding process;
- There was significant disparity in the performance of and understanding of legislation and process of the Child Protection Business Support Officers and the Business Support Assistants within Adult Safeguarding;
- There was limited flexibility and contingency with the Business Support available.

Within the Child Protection team, the Business Support Officers have clear quality standards and time frames to adhere to which have been the result of many years of a statutory framework. Their role supports the managers and officers expertise in the area of Child Protection by offering clarity about legislative requirements, processes for tracking concerns, avoiding drift, and collation and verification of information for reporting back to the Authority or the WAG.

In attempting to support the development of quality standards in the A/S Business Support Team, the current procedures and the issue of the disparity of pay and position prove to be a barrier.

3.9 Whole Authority Safeguarding Business support

As the profile of Safeguarding across the whole authority has expanded there is a need for a coherent approach to collating and analysing qualitative and quantitative data in order to report on Safeguarding activity. The SAFE audit, training data, and performance data are key elements to understanding and embedding safeguarding practice which is compliant with the Corporate Policy. The information collated from this will be instrumental in ensuring the Whole Authority Safeguarding Group has clear information in order to measure progress, outcomes, and impact. This role was

facilitated across directorates by a seconded officer; however, this post was never confirmed and therefore there is a loss of a single point of contact to support officers and Senior Managers in being effective in monitoring, reporting, and developing. In considering the value of such a role, there is scope for information and data gathering across Gwent, or with multiagency partners to support the development of practice in relation to emerging issues such as Domestic Abuse, or Exploitation of vulnerable people.

3.10 Current Funding Position

The Safeguarding Unit Budget primarily relates to the payment of salary for staff members, with the previous budget for the Adult Safeguarding Team being absorbed into the Safeguarding Unit's budget. The funding comes from the Children Service's Budget.

Whilst the expansion of the Whole Authority Corporate Safeguarding agenda has increased the corporate role of the Safeguarding Unit in the development of Policy and Protocols, specialist support and consultation across the authority, leading the development and delivery of corporate safeguarding training, the administration and analysis of SAFE Audits', the support of the Whole Authority Safeguarding Group, and the reporting to the director of the progress of Safeguarding across the Authority there is no contribution from any other directorate.

3.11 Driver's For Change;

- Social Services and Wellbeing (Wales) 2014 Section 7:
- Statutory Guidance: Vol 6 Handling Individual Cases to Protect Individual Adults at Risk;
- Social Services and Wellbeing (Wales) 2014 Section 8 (Reporting);
- Wales Adults Protection procedures 2019
- Welsh Audit Office **While Authority Review of Children's Safeguarding – Monmouthshire County Council** _May 18

Proposal for Improvement P2 "Ensure the development of Safeguarding and Quality Assurance Unit enables it to develop its planned objectives"

Proposals for Improvement 3 “Improved the range quality and coverage of Safeguarding Performance reporting to provide adequate assurances that that systems are working effectively”

Summary of Issues

Since 2016 Adult Safeguarding has been made a Statutory duty, and the changes in guidance and Codes of Practice have lowered thresholds for what is considered an Adult at Risk, whilst passing a “Duty to Report” such concerns. Subsequently the profile of Safeguarding has been raised by the formation of the Adult Safeguarding Board, increased training across the adult care sector, and the development of the Whole Authority approach to safeguarding in Monmouthshire. These factors have led to a dramatic rise in referrals and contacts within the Adult Safeguarding Team. The pilot of utilising a Screen Officer at the “front door” of the service to appropriately advise and redirect inappropriate referrals is seen to have had an impact in reducing the Duty to Report referrals being processed, however it is acknowledged this is over a short period of time

At the last Review in 2014 the development of a single portal for safeguarding referrals moved the Screening process back into the Safeguarding Team, however over time the role of DLM has reverted back into the Safeguarding team, which has seen only 5 cases managed by Adult Service’s Teams in the last 12 months. Despite attempting to support the virtual team of DLM’s to develop great experience and confidence, issues of team capacity are sited as the reason that teams can no longer act as DLM. Support is required to the Adult Service teams to develop confidence in the management of Adult Safeguarding Issues that are relevant to their Service Users/teams.

Within the A/S team there has been no capacity to develop quality assurance processes, to strengthen to the management of cases, undertake robust investigations, and to develop quality standards in administration processes, particularly in relation to the disparity between administrators’ roles and salary grades.

With the development of the wider safeguarding responsibilities at Regional and Whole Authority levels this leaves the service under resourced, unable to report progress to the director effectively. The subsequent impact on the Safeguarding Unit's capacity to meet their training, quality assurance, and policy and practice development is

and presents a risk to the Authority, particularly as the Wales Adult Protection processes are due to be launched this imminently and will need significant resources to ensure Monmouthshire's compliance and development of safe

3.11 Recommendations

1. The work of the DLM reverts back where appropriate to the operational teams with the Adult Safeguarding Team undertaking:
 - The DLM role for complex Adult Safeguarding Concerns, or where there are repeat concerns from an external provider agency;
 - A Screening Function at point of referral in line with developing Gwent threshold procedure and the support and training for agencies making referrals/Duty to Report;
 - quality assurance of process and decision taking;
 - offering expert knowledge and insight;
 - undertaking a wider number of non-criminal investigations.
 - Supporting the Whole Authority Safeguarding processes and training;
 - Representing Monmouthshire on Regional Safeguarding.

Increase of staff required :

1x 37 hour AS Coordinator Band J

1x 37 hour Screening Officer Band F

2. In response to:

- support and training will be needed in teams to facilitate a gradual and appropriate return of the DLM role;
- the Regional Safeguarding Boards' consideration to develop a Threshold Tool;
- to support initiatives in Adult Services to address capacity issues;

Increase of staff required:

1x 30 hour A/S co-ordinator (12 month contract) £45.144

3. The development of A/S Business Support Assistants in Adult Safeguarding to become BSO to mirror BSO function in Children's Safeguarding;
 - To develop a safeguarding administration function which allows understanding of both adult and children safeguarding to expand the administrative capacity to meet changing demands on the service;
 - to meet the quality standards and processes required to manage the diaries of professionals,
 - to develop knowledge and understanding of legislative and statutory guidance to support the DLM role, and Chairs of statutory meetings;
 - minute meetings effectively and accurately and work within statutory guidance and to work within a Quality assurance programme to provide
4. The development of a Safeguarding Business Manager – This role will set quality standards for the administration processes across the Safeguarding Unit (Adults and Children), and support the Unit by developing a quality assurance framework, work tracker's, and supervision of Business Support Staff. They will be key in developing a pool of Safeguarding Business Support Officer's which will be deployed across the work of Adults and Children developing knowledge and create contingency to meet the changing flow of demand.

This role will be an experienced officer who will work across the Whole Authority to collate information, support the SAFE audit, facilitate the Whole Authority Safeguarding Group in the production of reports and core data to

ensure the Director and the Whole Authority Safeguarding Group has clear information in order to measure progress, outcomes and impact.

Funding for 14.8 hours of this post to come from Child Protection Secretary budget

Total Funding increase

1x 37 hour AS Co-ordinator Band J	£55,928
1x 37 hour Screening Officer Band F	£35,828
Increase 2 BSA posts to BSO	£7,239
Increase in BSO hours to cover 37 hours grade G business manager post	£9,155

Annual TOTAL **£108,150**

1x 30 hour A/S co-ordinator
(12 month contract) £45,144

TOTAL **£153,294**

Should the role of DLM not revert to the teams, consideration should be given to making the 4th A/S post permanent in order to have capacity to consider how best to facilitate a compliant service.

5. That the increased Corporate responsibility for Safeguarding across the Whole Authority is supported by funding from a Corporate Budget not met entirely from the Children's Services Budget.

Options Appraisal:

	Description	Costs	Benefits	Disbenefits/risks	Recommend
Option 1	Do Nothing	Cost neutral	none	Retains a system which cannot meet its full Statutory responsibilities and current model cannot address the expanded need within the	no

				<p>Safeguarding Unit and Adult Safeguarding.</p> <p>Does not fully comply with recommendations of WAO</p>	
Option 2	do not return the role of DLM to Adult Services Teams	Potential Increased costs	None - unless increased workload is managed by the employment of a further 2 permanent AS Co-ordinator posts - designated Snr Practitioner grade	<p>The Safeguarding Process is not managed by the most appropriate team/practitioner.</p> <p>The understanding and embedding of Safeguarding practice, and process across adult services is hindered</p>	no
Option 3	Accept proposals re: Screening Officer/ 3 rd ASC and Temp Officer but reject Administration parity	Reduce projected spend	The Adult Safeguarding Process will be managed more effectively	<p>There will be disparity in the roles and pay grade of children and adults administrators which will create barriers and resistance to developing the current role to offer the same function of the Children Safeguarding BSO's</p> <p>Less capacity and fluidity to be able to manage the changing demands on the service</p>	no
Option 4	Reject to development of Business Support Manager	Reduce projected spend	none	<p>1). The Safeguarding Unit will not be able to fully meet the administrative challenges in embedding new Safeguarding procedures</p> <p>2).The Administrative function and supervision is currently undertaken by the AS Manager- this will free that time to contribute to, implement, and embed new statutory guidance;</p> <p>3). The SU will not be able to appropriately support the Director and Whole Authority Safeguarding Group in the development and tracking of timescales, reporting mechanisms and collation of authority wide data for Council and Welsh Assembly Government</p>	no
Option 5	No change for finance stream for Safeguarding	Safeguarding function still met from Children Services Budget	none	<p>Children Services Budget is already overspent. It has continued to absorb the increasing statutory, corporate and WAG obligations and demands</p> <p>This is the opportunity to reshape the Safeguarding Unit function to</p>	no

				meet demand and make it fit for purpose, which cannot be met from the Children Service Budgets alone	
Option 6	Accept Proposals	Increased cost but from more equitable funding source	<p>The service provided by AS will contribute to, be compliant to statutory legislation and guidance.</p> <p>The quality of all roles, processes, and investigations will be strengthened, work will appropriately sit where it should, and there can be better Quality Assurance and Scrutiny of all aspects of the Safeguarding process;</p> <p>The Whole Authority Safeguarding Group and Director will have appropriate support systems to the reporting on Monmouthshire's progress in Safeguarding to Council and WAG</p>	none	yes

Diane Corrister

Safeguarding Service Manager

Oct 2019

Proposal Title	Adult Services Contracts	Lead/Responsible Officer:	Eve Parkinson/Ty Stokes
Your Ref No:	SCH001	Directorate:	SCH
Version No:	1	Section:	Adults
Date:	3/12/19		

1. **Proposal Description** Please include a brief description of the proposal being explored and the core objectives. Please also include supporting evidence for the identified saving and/or pressure

<p>1. For over 15 years Aneurin Bevan University Health Board (and its predecessor) have engaged with Monmouthshire County Council Social Care for the provision of 10 patient beds at Severn View, through a formal section 28A agreement annually. The current value of this agreement for 2019/20 is £149,851, which has remained the same, with no increase, in over 7+ years.</p> <p>On the basis of the current agreement value, Health are potentially purchasing client beds at the cost of £288 per week, compared to the cost of us to purchase on the open private market of £608 per week.</p> <p>The saving has been based on renegotiating the 2020/21 agreement price based on the difference between the cost to procure on the open market and the current purchase cost within the 2019/20 agreement, which could present additional annual income of £166,000.</p> <p>2. To reduce the Service Contracts Budget S156 to reflect a reduction in the value of existing contracts resulting from contract review and negotiation. This budget support a range of adult social care services which are primarily commissioned from the third sector. Contracts have been reviewed to ensure there are strategically aligned to the Directorate's objectives, meet the needs of the people who use them and offer value for money. As a result some savings have been achieved without a reduction in the quantity or quality of the services provided. It is proposed that the budget is reduced by £20,000.</p>

2. **Budget Impact** In this section please include the savings and pressures identified and the overall budget impact resulting from this proposal. This must cover each year implicated.

Service area	Current Budget £	Proposed Cash Pressure £	Proposed Cash Efficiencies £	Target year				Total Budget Change Proposed
				20/21	21/22	22/23	23/24	
Adult	32,512,293		(186,000)	(186,000)				(186,000)

3. **External Funding:** Has this proposal considered the opportunities for external funding? If yes, what funding avenues have been identified?

Funding Identified	Source	Current status (i.e. confirmed, in application, etc)

4. **Corporate Alignment:** How does this proposal contribute and align with the current Corporate Plan objectives and have the relevant evaluations been considered and completed? Please consider any implications this proposal may have on our current policies.

Question	Y/N	Comments/Impact
Does this proposal align with the MCC Corporate Plan?	Y	
Has this proposal been included in your current Service/Business Improvement Plans?	Y	

Has a Future Generation Evaluation been commenced?	Y	
How will this proposal address MCC's Climate Emergency commitment.?	N	
Is an Option Appraisal required? (Please refer to MCC Standard Option Appraisal Process/Template)	N	As relating to contract negotiations and realignment
Will this proposal require any amendments to MCC policy?	N	

5. **Additional Impacts** What are the expected impacts of implementing this proposal? Please include the potential impact on other service areas

Description	Who is effected?	Is this impact positive or negative?
Section 28A contract negotiation	Aneurin Bevan University Health Board	Positive
Service Contracts	Mainly third sector organisations	Positive

6. **Additional Considerations:**

Question	Y/N	Comments/Impact
Will this proposal have any staffing implications?	N	
Will this project have any legal implication for the authority?	N	

7. **Key actions required to deliver this proposal**

Describe the key activities that will be undertaken to deliver the proposal and the responsible action holders. This includes any actions contributed to by other services (i.e. Finance/HR/DPO/Procurement/Legal etc.). Give the timescales to complete the work. This must also factor in any business activities that will need to be done differently or cease in order to achieve the proposal.

Action	Officer/ Service responsible	Timescale
Engage with Aneurin Bevan University Health Board	Eve Parkinson/Ty Stokes	January 2020

8. **Additional skills/ business needs**

Describe any additional skills, resource and capability needed in order to carry out the proposal successfully. For example new expertise that will require additional investment etc.

Any additional capability required	Where will this come from	Any other resource/ business need (non-financial)

9. **Consultation** Describe any initial consultation that has been undertaken in order to inform this proposal and any further consultation that will be required throughout proposal delivery

Consultee	Description	Date (delivered/planned)
DMT	SC&H	02/10/19 and 4/12/19

10. Key Risks and Issues

Are there any potential barriers and risks that will need to be managed in delivering the outcomes expected from investing in the pressure identified, including any negative impacts identified in section 3 that need to be accounted for. Also, set out the steps that will be taken to mitigate these risks.

Barrier or Risk	Strategic/ Operational	Reason why identified (evidence)	Risk Level (High, Medium or Low) Based on a score assessing the probability & impact	Mitigating Actions

11. Assumptions

Describe any assumptions made that underpin the justification for the option.

Assumption	Reason why assumption is being made (evidence)	Decision Maker

12. Measuring and monitoring performance

How do you intend to measure the impact of this proposal? This will include budget measures and further possible measures that cover process, staff and customers. Targets need to be set over the duration of the proposal where appropriate.

Focus - Budget/Process/Staff/Customer	Indicator	Target 2020/21	Target 2021/22	Target 2022/23	Target 2023/24

The proposal will be monitored through directorate budget monitoring. This will lead into corporate budget monitoring. In addition, the action plan, performance measures and the risk assessment must be transferred into the service plans for the business area in order to monitor and challenge the delivery of the pressure proposal, including the performance being achieved and the level of impact.

13. Additional considerations:

Question	Y/N	Comments/Impact
Will this proposal require procurement of goods, services or works?	N	
Will this proposal impact on the authorities built assets?	N	
Will this proposal present any collaboration opportunities?	N	
Will this project benefit from digital intervention?	N	

Proposal Title	Social Care and Health Fees & Charges 2020/21	Lead/Responsible Officer:	Julie Boothroyd/Ty Stokes
Your Ref No:	SCH004	Directorate:	SCH
Version No:	2	Section:	
Date:	3/12/19		

1. **Proposal Description** Please include a brief description of the proposal being explored and the core objectives. Please also include supporting evidence for the identified saving and/or pressure

As part of the Authority's MTFP process and in setting an annual budget, we have reviewed all of our current fees & charges and if there is any scope to increase them for 2020/21. A part of the review, we have identified a number of fees and charges that have scope for increasing in 2020/21, with an additional annual income projection of £189,000. A schedule of fees and charges has been compiled as part of the exercise, illustrating the current charges, the rationale for the proposed increase, and what the new proposed charges are for 2020/21, with the additional annual income projection also detailed.

2. **Budget Impact** In this section please include the savings and pressures identified and the overall budget impact resulting from this proposal. This must cover each year implicated.

Service area	Current Budget £	Proposed Cash Pressure £	Proposed Cash Efficiencies £	Target year				Total Budget Change Proposed
				20/21	21/22	22/23	23/24	
SCH	46,346,858		(189,000)	(189,000)				(189,000)

3. **External Funding:** Has this proposal considered the opportunities for external funding? If yes, what funding avenues have been identified?

Funding Identified	Source	Current status (i.e. confirmed, in application, etc)

4. **Corporate Alignment:** How does this proposal contribute and align with the current Corporate Plan objectives and have the relevant evaluations been considered and completed? Please consider any implications this proposal may have on our current policies.

Question	Y/N	Comments/Impact
Does this proposal align with the MCC Corporate Plan?	Y	
Has this proposal been included in your current Service/Business Improvement Plans?	Y	
Has a Future Generation Evaluation been commenced?	Y	

How will this proposal address MCC's Climate Emergency commitment.?	N	
Is an Option Appraisal required? (Please refer to MCC Standard Option Appraisal Process/Template)	N	
Will this proposal require any amendments to MCC policy?	N	

5. Additional Impacts What are the expected impacts of implementing this proposal? Please include the potential impact on other service areas

Description	Who is effected?	Is this impact positive or negative?
Have sufficient budget to meet staff pay		Positive

6. Additional Considerations:

Question	Y/N	Comments/Impact
Will this proposal have any staffing implications?	N	
Will this project have any legal implication for the authority?	N	

7. Key actions required to deliver this proposal

Describe the key activities that will be undertaken to deliver the proposal and the responsible action holders. This includes any actions contributed to by other services (i.e. Finance/HR/DPO/Procurement/Legal etc.). Give the timescales to complete the work. This must also factor in any business activities that will need to be done differently or cease in order to achieve the proposal.

Action	Officer/ Service responsible	Timescale
Where fees and charges increased are imposed on care, there will need to be wider publication and a reassessment of all client charges to determine affordability	Ty Stokes	March 2020
Where fees and charges are of a commercial nature, need to publicise the new 2020/21 fees and charges, and change any leaflets etc.	Various, but co-ordinating between managers will be responsibility of Ty Stokes	March 2020

8. Additional skills/ business needs

Describe any additional skills, resource and capability needed in order to carry out the proposal successfully. For example new expertise that will require additional investment etc.

Any additional capability required	Where will this come from	Any other resource/ business need (non-financial)

- 9. Consultation** Describe any initial consultation that has been undertaken in order to inform this proposal and any further consultation that will be required throughout proposal delivery

Consultee	Description	Date (delivered/planned)

10. Key Risks and Issues

Are there any potential barriers and risks that will need to be managed in delivering the outcomes expected from investing in the pressure identified, including any negative impacts identified in section 3 that need to be accounted for. Also, set out the steps that will be taken to mitigate these risks.

Barrier or Risk	Strategic/Operational	Reason why identified (evidence)	Risk Level (High, Medium or Low) Based on a score assessing the probability & impact	Mitigating Actions

11. Assumptions

Describe any assumptions made that underpin the justification for the option.

Assumption	Reason why assumption is being made (evidence)	Decision Maker
Inflationary increase on some fees and charges	Based on Consumer Price Index data as at end of September 2019	Ty Stokes
Pension increase on care fees and charges	Based on Government proposal on percentage increase of Pensions and Benefits for 2020/21	Ty Stokes

12. Measuring and monitoring performance

How do you intend to measure the impact of this proposal? This will include budget measures and further possible measures that cover process, staff and customers. Targets need to be set over the duration of the proposal where appropriate.

Focus - Budget/Process/Staff/Customer	Indicator	Target 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
Fees and charges	As part of the 2020/21 forecast monitoring exercise				

The proposal will be monitored through directorate budget monitoring. This will lead into corporate budget monitoring. In addition, the action plan, performance measures and the risk assessment must be transferred into the service plans for the business area in order to monitor and challenge the delivery of the pressure proposal, including the performance being achieved and the level of impact.

13. Additional considerations:

Question	Y/N	Comments/Impact
Will this proposal require procurement of goods, services or works?	N	
Will this proposal impact on the authorities built assets?	N	
Will this proposal present any collaboration opportunities?	N	
Will this project benefit from digital intervention?	N	

Service Area	Service being charged for	Proposed Charges for 2020/21 £:p	Percentage Increase	Increased additional budget income identified for 2020/21 budget setting purposes	Reason why inflationary increase is not being considered
SOCIAL CARE & HEALTH DIRECTORATE					
ADULT SERVICES					
Community Meals	Community Meals & Day centre meals	The meal price to be held at £4.50 per meal	0	-	The meal price to be held at £4.50 per meal due to a downturn in meal sales and any increase may result in further meal sale reduction
	<u>Flat rate charges for preventative services</u>				
	Meals @ home, per meal				
	Meals @ home, suppers, per meal				
	Lunch ant day centre establishments, chg per meal				
	Lunch at luncheon clubs, charge per meal				
	Laundry service, cost per wash				
	Lifeline - monitoring and pendant, chg per week				
	Assistive Technology, chg per wk				
Mardy Park	Catering	Pricing follows that of Community meals		-	
	Mardy Park room hire			-	
Non residential fees	Actual charge based on Financial Assessment in line with legislation within the SSWB Act 2014	£14.29 for an hourly rate of care, day care session or respite night, up to the lower of a client's assessed charge or the weekly maximum cap.	16.56%	72,349	

Residential/Nursing Fees which includes Part III own care home being Severn View and Budden Crescent	Actual charge based on Financial Assessment in line with legislation within the SSWB Act 2014	Based on individual ability to pay as means tested, but increase budget in line with Government proposed rise in benefits and state pension of 3.9%. This will increase our own home charge from its current £523.37 per week to £557.92	3.90%	105,783	
	Catering - Severn View	Pricing follows that of Community meals	0	-	
Public Health	Fee Income			257	
	Commercial licences			83	
	Commercial Fee Income			0	
	Food Safety training	Remain as 2019/20 based on market research by budget manager		-	
	Discretionary Advisory Visits	60	£10		
	Veterinary Inspection Recharge	290	£17	-	
	Riding Establishments	300		-	
	Petrol Station Permits/Licenses	As per 2019/20. These are set by legislation.		-	
	Registration for acupuncture, tattooing and ear piercing	50	1.7	-	

	Local Authority Pollution, Prevention and Control				
	Application fee	As per 2019/20. These are set by legislation.			
	Private water supplies (fees set by Council but within max fig defined by EC directive)	As per 2019/20 as these were increased substantially in excess of inflation March 2018.			
Trading Standards.	Licences	Inflationary increases based on CPI of 1.7% as at end of September 2019	1.7%	86	
	Fee Income		1.7%	164	
	Animal Licences				
	Boarding Establishment	128			
	Dog Breeding	128			
	Home Boarding	61			
	Dangerous Wild Animals	163			
	Pet Shop	89			

	Explosive Licences				
	New 1 Year	111			
	Renewal 1 Year	55			
	New 2 Year	143			
	Renewal 2 Year	87			
	New 3 Year	176			
	Renewal 3 Year	122			
	New 4 Year	210			
	Renewal 4 Year	155			
	New 5 Year	242			
	Renewal 5 Year	188			
	Weights & Measures				
	Fee per TSO	64			
	Fee per TO	38			
Licensing	Licenses	Dave Jones	Anticipate inflationary increase as per CPI of 1.7% as at end of September 2019 pending Committee agreement for Hackney License Fees for 2020/21	3,626	
	Hackney Licenses	The 2020/21 licensing fees will be set by the Licensing and Regulatory Committee on 14th January 2020		-	

	Lottery and Gambling			-	
	Licensing			-	
	Other Licenses				
Registrars				6,860	
	Approved Venue - Marriage & Civil Partnership	Mon to Friday £409, Sat £449, Sun and B/Hol £509			
	Old Parlour	Mon to Friday £219, Sat £269			
	License for approved venues - New	1,500			Awaiting a report from the Law Commission
	License for approved venues - Renewal	1,200			
	Registrars attendance @ service (Registrar - Superintendent)	35			
	SUB TOTAL SOCIAL CARE & PUBLIC PROTECTION			189,209	