

Public Document Pack

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To: Cllr Clive Carver (Chairman)

Councillors: Haydn Bateman, Sean Bibby, Geoff Collett, Mared Eastwood, Patrick Heesom, Richard Jones, Richard Lloyd, Kevin Rush, Paul Shotton, Andy Williams and Arnold Woolley

2 July 2021

Dear Sir/Madam

NOTICE OF REMOTE MEETING
CORPORATE RESOURCES OVERVIEW & SCRUTINY COMMITTEE
THURSDAY, 8TH JULY, 2021 at 10.00 AM

Yours faithfully

Robert Robins
Democratic Services Manager

Please note: This will be a remote meeting and 'attendance' will be restricted to Committee Members and those Members of Council who have asked the Head of Democratic Services for an invitation. Such attendees may only speak at the Chair's discretion.

The meeting will be live streamed onto the Council's website. A recording of the meeting will also be available, shortly after the meeting at <https://flintshire.public-i.tv/core/portal/home>

If you have any queries regarding this, please contact a member of the Democratic Services Team on 01352 702345.

A G E N D A

1 **APOLOGIES**

Purpose: To receive any apologies.

2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

Purpose: To receive any Declarations and advise Members accordingly.

3 **MINUTES** (Pages 5 - 10)

Purpose: To confirm as a correct record the minutes of the meeting on 10 June 2021.

4 **ACTION TRACKING** (Pages 11 - 14)

Report of Head of Democratic Services -

Purpose: To inform the Committee of progress against actions from previous meetings.

5 **FORWARD WORK PROGRAMME** (Pages 15 - 22)

Report of Head of Democratic Services -

Purpose: To consider the Forward Work Programme of the Corporate Resources Overview & Scrutiny Committee.

6 **MEDIUM TERM FINANCIAL STRATEGY (MTFS) AND BUDGET 2022/23** (Pages 23 - 30)

Report of Corporate Finance Manager, Chief Executive - Cabinet Member for Finance, Social Value and Procurement

Purpose: To present the first estimate for the budget requirement for 2022/23 and the strategy for funding the requirement.

7 **REVENUE BUDGET MONITORING 2020/21 (OUTTURN) AND CAPITAL PROGRAMME MONITORING 2020/21 (OUTTURN)** (Pages 31 - 88)

Report of Corporate Finance Manager - Cabinet Member for Finance, Social Value and Procurement

Purpose: To present the Revenue Budget Monitoring (Outturn) and Capital Programme Monitoring (Outturn) for 2020/21.

8 REVENUE BUDGET MONITORING 2021/22 (INTERIM) (Pages 89 - 100)

Report of Corporate Finance Manager - Cabinet Member for Finance, Social Value and Procurement

Purpose: To present the Revenue Budget Monitoring 2021/22 (Interim) Report.

9 JOINT FUNDED CARE PACKAGES (Pages 101 - 196)

Report of Chief Officer (Social Services) - Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services

Purpose: To explain the workings of the joint funding of care packages with the Health Board.

10 DIGITAL FLINTSHIRE (Pages 197 - 236)

Report of Chief Officer (Governance) - Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets

Purpose: To review and update the Council's current Digital Strategy.

11 EMPLOYMENT AND WORKFORCE END OF YEAR UPDATE (Pages 237 - 258)

Report of Senior Manager, Human Resources & Organisational Development - Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets

Purpose: To present the quarterly workforce statistics and their analysis.

Please note that there may be a 10 minute adjournment of this meeting if it lasts longer than two hours

Procedural Note on the conduct of meetings

The Chair will open the meeting and introduce themselves.

The meeting will be attended by a number of Councillors. Officers will also be in attendance to present reports, with Democratic Services officers acting as hosts of the meeting.

All attendees are asked to ensure their mobile phones are switched off and that any background noise is kept to a minimum.

All microphones are to be kept muted during the meeting and should only be unmuted when invited to speak by the Chair. When invitees have finished speaking they should go back on mute.

To indicate to speak, Councillors will use the chat facility or use the electronic raise hand function. The chat function may also be used for questions, relevant comments and officer advice and updates.

The Chair will call the speakers, with elected Members addressed as 'Councillor' and officers addressed by their job title e.g. Chief Executive' or name. From time to time, the officer advising the Chair will explain procedural points or suggest alternative wording for proposals, to assist the Committee.

If and when a vote is taken, the Chair will explain that only those who oppose the proposal(s), or who wish to abstain will need to indicate, using the chat function. The officer advising the Chair will indicate whether the proposals are carried.

If a more formal vote is needed, this will be by roll call – where each Councillor will be asked in turn (alphabetically) how s/he wishes to vote

At County Council and Planning Committee meetings speaker's times are limited. A bell will be sounded to alert that the speaker has one minute remaining

The meeting will be live streamed onto the Council's website. A recording of the meeting will also be available, shortly after the meeting at <https://flintshire.public-i.tv/core/portal/home>

CORPORATE RESOURCES OVERVIEW & SCRUTINY COMMITTEE **10 JUNE 2021**

Minutes of the remote attendance meeting of the Corporate Resources Overview & Scrutiny Committee of Flintshire County Council held on Thursday, 10 June 2021

PRESENT: Councillor Clive Carver (Chairman)

Councillors: Haydn Bateman, Sean Bibby, Geoff Collett, Mared Eastwood, Patrick Heesom, Richard Jones, Richard Lloyd, Kevin Rush, Paul Shotton, Andy Williams and Arnold Woolley

APOLOGY: Councillor Ian Roberts - Leader and Cabinet Member for Education

CONTRIBUTORS: Councillor Billy Mullin - Deputy Leader (Governance) and Cabinet Member for Corporate Management and Assets, Councillor Paul Johnson - Cabinet Member for Finance, Social Value & Procurement, Chief Executive, Chief Officer (Governance), Corporate Finance Manager, Senior Manager for Human Resources & Organisational Development, Strategic Performance Advisor, Strategic Policy Advisor and Benefits Manager

IN ATTENDANCE: Head of Democratic Services, Overview & Scrutiny Facilitator and Democratic Services Officer

1. APPOINTMENT OF CHAIR

The Head of Democratic Services advised that it had been confirmed at the Annual Meeting of the County Council that the Chair of the Committee should come from the Conservative Group. The Committee was advised that Councillor Clive Carver had been appointed to this role for the municipal year.

RESOLVED:

That the appointment of Councillor Clive Carver as Chairman of the Committee be noted.

2. APPOINTMENT OF VICE-CHAIR

Councillor Paul Shotton nominated Councillor Geoff Collett as Vice-Chair of the Committee and was seconded by Councillor Richard Lloyd. There were no further nominations. On being put to the vote, this was carried.

RESOLVED:

That Councillor Geoff Collett be appointed Vice-Chair of the Committee.

3. DECLARATIONS OF INTEREST

None.

4. MINUTES

The minutes of the meeting held on 11 March 2021 were approved, subject to an amendment to record Councillor Patrick Heesom's apology due to connectivity issues.

On that basis, the minutes were moved and seconded by Councillors Paul Shotton and Geoff Collett.

RESOLVED:

That subject to the amendment, the minutes be approved as a correct record.

5. ACTION TRACKING

The Head of Democratic Services presented the update report on progress with actions arising from previous meetings.

The recommendation was moved and seconded by Councillors Geoff Collett and Mared Eastwood.

RESOLVED:

That the Committee notes the progress which has been made.

6. FORWARD WORK PROGRAMME

The Head of Democratic Services presented the current forward work programme for consideration, with meetings focussing on five major strands: Strategy, Finance, Performance, Partnerships and Regulatory. The Audit Wales report on financial sustainability would be included for September.

As raised previously, Councillor Richard Jones requested an earlier report on the Poverty theme on which the Committee was now responsible, given the importance of this topic. He welcomed the Chief Executive's suggestion for a special meeting on this topic at the end of July, and moved this as an additional recommendation.

The Chief Executive said that Overview & Scrutiny Committee forward work programmes would require some flexibility to accommodate additional issues and risks which may be referred from the new Recovery Committee.

Councillor Patrick Heesom requested a report on the outcome of the Welsh Government (WG) consultation on Combined Joint Committees and its implications for local government in Wales. The Chief Executive said that no firm proposals had yet been received from WG and that any future reports would be shared with Cabinet and the respective Committees.

Subject to the addition of a special meeting, the recommendations were moved and seconded by Councillors Patrick Heesom and Richard Jones.

RESOLVED:

- (a) That the Forward Work Programme be approved, as varied at the meeting; and
- (b) That the Head of Democratic Services, in consultation with the Committee Chairman, be authorised to vary the Forward Work Programme between meetings, as the need arises.

7. RECOVERY STRATEGY UPDATE

The Chief Executive presented a report on the Terms of Reference of the new Recovery Committee which had been set up to co-ordinate the second phase of recovery by referring risks and issues to the respective Overview & Scrutiny Committees. The updated set of corporate recovery objectives would be recommended to the Recovery Committee for adoption at its first meeting.

Councillor Richard Jones - who was to chair the Recovery Committee - spoke about its remit and cross-party membership.

The recommendation was moved and seconded by Councillors Richard Jones and Patrick Heesom.

RESOLVED:

That the Committee notes the report and awaits guidance from the Recovery Committee on risks and issues to review in more detail within its Terms of Reference as part of its forward work programme.

8. END OF YEAR PERFORMANCE MONITORING REPORT

The Chief Executive introduced the end of year monitoring report to review year-end progress against corporate priorities relevant to the Committee as set out in the Council's Reporting Measures 2020/21. Overall this was a positive report given the challenges from the emergency situation, with 67% of performance indicators meeting or exceeding targets.

In presenting the report, the Strategic Performance Advisor spoke about the impact from the emergency on targets and trends. He said that the data demonstrated that the Council had maintained a good track record on performance and effective planning whilst remaining ambitious.

Councillor Richard Jones said that the effects from the emergency period made it difficult to compare performance to that in previous years.

The Chief Executive said that some performance targets had been adapted during the period and that one of the objectives for recovery was to re-set all targets and to resume forward planning.

Following positive comments from Councillor Patrick Heesom on the format of the published report, officers thanked the Strategic Performance Advisor for his work in collating and presenting the data in a readable format.

The recommendations were moved and seconded by Councillors Heesom and Shotton.

RESOLVED:

- (a) That the Committee accepts the End of Year Performance Monitoring Report and will monitor areas where there is under performance and request further information as appropriate; and
- (b) That the Committee is assured by the explanations given for under performance, which in the main are explained by the interruption of the pandemic.

9. COMMENCEMENT OF THE SOCIO-ECONOMIC DUTY

The Chief Executive introduced a report on the Council's preparations for the commencement of the socio-economic duty. This was a statutory requirement upon relevant public bodies to have due regard to the need to reduce inequalities of outcomes resulting from socio-economic disadvantage.

The Strategic Policy Advisor and Benefits Manager gave a joint presentation covering the following:

- What is the Socio-economic Duty and what does it do?
- Key terms
- Inequalities of outcomes
- Examples of poverty
- Demonstrating due regard - audit trail
- Meeting the duty - what we are doing
- Better outcomes
- Case study

The presentation highlighted the broader examples of poverty which linked to one of the priorities within the Council Plan. The report was being shared with all Overview & Scrutiny Committees to raise awareness of the new obligations. Amongst the actions, the inclusion of Integrated Impact Assessment outcomes on committee reports would help to demonstrate consideration of potential impacts of poverty in strategic decision-making. As requested, copies of the presentation would be circulated by email to the Committee.

In response to comments from the Chairman on the impact of digital poverty, the Chief Officer (Governance) spoke about work to improve digital

connectivity and would share the relevant contact officer's details. He took the opportunity to highlight the forthcoming Member briefing on the Digital Strategy.

Councillor Patrick Heesom acknowledged the importance of the report in having regard to these issues, and the responsibility on Welsh Government to instigate change and make a difference to people's lives.

As requested by the Chairman, officers would provide a separate response on the take-up of vaccinations in Flintshire.

In welcoming the report, Councillor Paul Shotton thanked the Benefits Manager for her work in tackling food poverty. In response to a query, she spoke about the importance of working with communities to fully understand the impact of inequality to residents and identifying actions to address that.

Councillor Richard Jones welcomed consideration of the duty at strategic level and proposed an additional recommendation that the Committee receives a quarterly report to demonstrate how this was being done. This was seconded by Councillor Paul Shotton.

On that basis, the recommendations were supported.

RESOLVED:

- (a) That the Committee notes the requirements of the Socio-economic Duty;
- (b) That the Committee is assured of the Council's preparedness in meeting the new duty; and
- (c) That the Committee receives a quarterly report to demonstrate how the requirements of the legislation are considered for strategic reports.

10. MEMBERS OF THE PRESS IN ATTENDANCE

There were no members of the press in attendance.

(The meeting started at 10am and ended at 11.10am)

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Chairman

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CORPORATE RESOURCES OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday, 8 July 2021
Report Subject	Action Tracking
Report Author	Head of Democratic Services
Type of Report	Operational

EXECUTIVE SUMMARY

The report shows the action points from previous meetings of the Corporate Resources Overview & Scrutiny Committee and the progress made in completing them. The majority of the requested actions have been completed. Any outstanding will be reported back to the next monthly meeting.

RECOMMENDATIONS

1	That the committee notes the progress which has been made.
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REPORT DETAILS

1.00	EXPLAINING THE ACTION TRACKING REPORT
1.01	In previous meetings, requests for information, reports or actions have been made. These have been summarised as action points. Following the meeting of the committee in July 2018, it was recognised that there was a need to formalise such reporting back, as 'Matters Arising' is not an item which can feature on an agenda.

1.02	<p>This paper summarises those points and where appropriate provides an update on the actions resulting from them.</p> <p>The Action Tracking details are attached in appendix A.</p>
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2.00	RESOURCE IMPLICATIONS
2.01	The creation of the Action Tracking report increases work flow but should provide greater understanding and efficiency.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	In some cases, action owners have been contacted to provide an update on their actions.

4.00	RISK MANAGEMENT
4.01	Not applicable.

5.00	APPENDICES
5.01	Appendix A – CRO&SC Action Points

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>Minutes of previous meetings of the committee as identified in the report.</p> <p>Contact Officer: Robert Robins, Head of Democratic Services Telephone: 01352 702320 E-mail: robert.robins@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS
7.01	None.

Action Tracking Appendix for July 2021 CRO&SC

Meeting	Agenda item	Action Required	Action taken and timescale
14.02.21	7. Revenue Budget Monitoring Month 8	1. Member seminar to be arranged in due course on Christmas waste collection. 3. GF to ask fellow 151 officers for levels of overspending on Children’s Services.	1. All Member Recycling briefing held on 6 th July; 2pm and 6pm sessions offered. 3. In progress.
10.06.21	7. FWP	1. The Committee approves the forward work programme 2. That the Head of Democratic Services in consultation with the Chair and Vice-chair of the committee be authorised to vary the forward work programme between meetings.	<ul style="list-style-type: none"> • Workforce & Employment End of Year Out - turn Report moved to July. (On agenda) • Audit Wales Financial Sustainability report added to September. (On FWP) • Poverty Priority Theme Overview removed from October: to be the subject of a special meeting of CRO&SC on 29th July. • NWEAB to E&E on 6th July with an update to CRO&SC on 16th September. (CRO&SC Members informed of the item at E&E)

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CORPORATE RESOURCES OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 8 July, 2021
Report Subject	Forward Work Programme
Report Author	Head of Democratic Services
Type of Report	Operational

EXECUTIVE SUMMARY

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work programme of the Committee of which they are Members. By reviewing and prioritising the Forward Work Programme Members are able to ensure it is Member-led and includes the right issues. A copy of the Forward Work Programme is attached at Appendix 1 for Members' consideration which has been updated following the last meeting.

The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Corporate Resources Overview & Scrutiny Committee.

RECOMMENDATION

1	That the Committee considers the draft Forward Work Programme and approve/amend as necessary.
2	That the Head of Democratic Services, in consultation with the Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises.

REPORT DETAILS

1.00	EXPLAINING THE FORWARD WORK PROGRAMME
1.01	Items feed into a Committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny Committees, members of the public can suggest topics, items can be referred by the Cabinet for consultation purposes, or by County Council or Chief Officers. Other possible items are identified from the Cabinet Work Programme and the Improvement Plan.
1.02	<p>In identifying topics for future consideration, it is useful for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows:</p> <ol style="list-style-type: none">1. Will the review contribute to the Council's priorities and/or objectives?2. Is it an area of major change or risk?3. Are there issues of concern in performance?4. Is there new Government guidance of legislation?5. Is it prompted by the work carried out by Regulators/Internal Audit?6. Is the issue of public or Member concern?
2.00	RESOURCE IMPLICATIONS
2.01	None as a result of this report.
3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	Publication of this report constitutes consultation.
4.00	RISK MANAGEMENT
4.01	None as a result of this report.
5.00	APPENDICES
5.01	Appendix 1 – Draft Forward Work Programme
6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>None.</p> <p>Contact Officer: Robert Robins Head of Democratic Services</p> <p>Telephone: 01352 702320</p> <p>E-mail: robert.robins@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS
7.01	Improvement Plan: the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan.

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Corporate Resources Overview & Scrutiny Committee Forward Work Programme 2021- 2022

DATE	ISSUE	O&S FOCUS / PURPOSE	REPORT(S) FROM
Thursday 29th July 10.00 Special Meeting	Poverty Priority Theme Overview	Assurance	Neal Cockerton
Thursday 16th September 10.00 Partnerships Themed Meeting	Community Safety Partnership Annual Report	This item fulfils the statutory requirement for the committee to hold an annual 'crime & disorder' scrutiny meeting.	Sian Jones
	North Wales Economic Ambition Board and Mersey – Dee Alliance update (Linked items)	Monitoring	NWEAB team Chief Executive
	Employment & Workforce information Quarter 1	Monitoring	Sharon Carney/ Andrew Adams
	Annual Improvement Letter from the Auditor General for Wales	Assurance	Jay Davies
	Audit Wales Financial Sustainability Report	Assurance	Gary Ferguson
	Revenue budget monitoring (Month 4) Capital Programme Monitoring Q1	Monitoring	Dave Ledsham Neal Cockerton/Chris Taylor
Thursday 14th October 10.00 Strategy Themed Meeting	People Strategy Review and Returning to Work	Monitoring	Sharon Carney
	North Wales Fire & Rescue Authority: consultation on the 2022/23 budget	Consultation	To be determined

Corporate Resources Overview & Scrutiny Committee Forward Work Programme 2021- 2022

	Work of the Coroner's Office	Information: this item has never been to committee before.	Chief Executive/ Gareth Owens
	Asset strategy Review	Update	Neal Cockerton
	Poverty Priority Theme Overview	Review	Collective
	Revenue budget monitoring (Month 5)	Monitoring	
Thursday 11th November 10.00	Employment & Workforce Monitoring Quarter 2	Monitoring	Sharon Carney/ Andrew Adams
	NWC-REPS Annual Report	Assurance	Helen Kilgannon
	Revenue budget monitoring (Month 6) Capital Programme monitoring (Quarter 2)	Monitoring	Dave Ledsham Neal Cockerton/ Chris Taylor
Thursday 9th December 10.00	MTFS & Budget 2022/2 Consultation	Consultation	Gary Ferguson
	Revenue budget monitoring (month 7)	Monitoring	Dave Ledsham
	Mid-Year Council Plan Monitoring	Monitoring	Jay Davies
	Public Service Ombudsman for Wales Annual Report for 202/21	Monitoring & Assurance	Rebecca Jones
	Complaints	Monitoring	Rebecca Jones
Thursday 13th January 2022 10.00	Budget 2022/23 consultation?		

Corporate Resources Overview & Scrutiny Committee Forward Work Programme 2021- 2022

	Revenue Budget monitoring (Month 8)	Monitoring	Dave Ledsham
Thursday 10th February 10.00	Revenue Budget monitoring (Month 9) Capital Programme Monitoring (Third quarter)	Monitoring	Dave Ledsham
Thursday 10th March 10.00	Revenue Budget monitoring (Month 10)	Monitoring	Dave Ledsham
	Legacy items for after the elections	Opportunity for the committee to consider items to commend to the post election successor.	

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Potential briefing topics

Clwyd Pension Fund update

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CORPORATE RESOURCES OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 8 th July 2021
Report Subject	Medium Term Financial Strategy and Budget 2022/23
Cabinet Member	Cabinet Member for Finance, Social Value and Procurement for Finance, Social Value & Procurement
Report Author	Corporate Finance Manager and Chief Executive
Type of Report	Strategic

EXECUTIVE SUMMARY

The Council reviews and updates the Medium Term Financial Strategy (MTFS) annually, and in advance of planning the annual budget for the following financial year.

The MTFS forecasts the resources the Council will need to meet our ever-changing cost base for the years ahead. Refining our forecast is the first step in planning our budget requirement for the following financial year. Our forecast for the 2022/23 financial year has been updated in detail and will be presented to the Committee at this meeting.

The updated forecast shows that we are likely to have a minimum budget requirement of an additional £16.750m of revenue resources for 2022/23. How this estimate is built up will be explained in full at the meeting.

This is the first stage of developing our budget for 2022/23. During September and October, the Overview and Scrutiny Committees will be invited to review the cost pressures, and the opportunities for cost control and efficiency, under their respective terms of reference.

Once this work is complete, the Council will be in a strong position to communicate to Governments, local partners and stakeholders and the public how a legal, safe and balanced budget might be achieved for 2022/23 and what will be required for national funding through Revenue Support Grant (RSG). Engagement is already taking place with the new Welsh Government through the Welsh Local Government Association (WLGA) and separately.

Members will be acutely aware that whilst we can always identify some cost savings and efficiencies as part of our annual budget setting process, there are no cost savings of scale remaining following a decade of under-funding of local government.

The Council has rightly stood on the principle that it will not reduce the budget for any service to the point where the service is unsafe or to do so would mean we would fail to meet our quality standards and/or fail to meet our statutory duties.

The Council has also taken a stance that annual rises in Council Tax should not exceed 5%. This figure should be treated as a maximum and not an entitlement to raise local income. Council Tax is at risk of becoming unaffordable for an increasing minority, and this Council believes that the responsibility for full and fair funding for local government needs to sit with Governments and not local taxpayers.

Therefore, the Local Government Settlement for 2022/23 – set and funded by Welsh Government – will need to be sufficient.

RECOMMENDATIONS

1	That Committee reviews the budget requirement estimate, and its rationale, and provides advice to Cabinet.
2	That the Committee gives advice to the Overview and Scrutiny Committees on its expectations of the work they need to complete to challenge and assure the budget requirement estimate during September and October.

REPORT DETAILS

1.00	EXPLAINING THE MEDIUM TERM FINANCIAL STRATEGY FORECAST 2022/23 AND ANNUAL BUDGET
1.01	The Council reviews and updates the Medium Term Financial Strategy (MTFS) annually, and in advance of planning the annual budget for the following financial year.
1.02	The MTFS forecasts the resources the Council will need to meet our ever-changing cost base for the years ahead. Refining our forecast is the first step in planning our budget requirement for the following financial year. Our forecast for the 2022/23 financial year has been updated in detail and will be presented to the Committee at this meeting. It takes into account economic market factors e.g. commodity price inflation, the national position on public sector pay, the costs of employment functions e.g. pensions, new or changing functions required of local government through legislation e.g. flood prevention, demands on services e.g. adult and children's social services, organisational change e.g. digital, and our policy aspirations e.g. anti-poverty.

1.03	The forecast shows that we are likely to have a minimum budget requirement of an additional £16.750m of revenue resources for 2022/23. The estimate has been built up in great detail and every cost pressure has been reviewed and challenged at a senior level. All cost pressures are supported by an explanatory method statement. The principal cost pressures are for pay awards, and for increasing and changing service demands within the two portfolios of Education and Youth and Social Services. The impact of the disruption caused to services and the loss of income caused by the ongoing pandemic/endemic situation is built into these estimates
1.04	How this estimate is built up will be explained in full at the meeting. Full details will be presented to the Overview and Scrutiny Committees in September and October for review, challenge and assurance.
1.05	This is the first stage of developing our budget for 2022/23. During September and October the Overview and Scrutiny Committees will be invited to review the costs pressures, and the opportunities for cost control and efficiency under their respective terms of reference. This will give us the opportunity to set a draft budget requirement for 2022/23 in November to coincide with the Autumn Statement of the Chancellor of the Exchequer and the Provisional (draft) Welsh Local Government Settlement of Welsh Government. There is a risk that both of these key announcements might be delayed as national fiscal decision-making is made even more complex by the economic uncertainties caused by the ongoing pandemic/endemic.
1.06	Members will be acutely aware that whilst we can always identify some cost savings and efficiencies as part of our annual budget setting process, there are no cost savings of scale remaining following a decade of under-funding of local government. The Council has rightly stood on the principle that it will not reduce the budget for any service to the point where the service is unsafe or we will fail to meet our quality standards and/or we will fail to meet our statutory duties. The impacts of budget reduction options have been risk-assessed year on year. Any options which Committees would recommend we explore as a contribution to the budget will be risk-assessed using this method. Our target for annual budget efficiencies for 2022/23 cannot realistically go above £2.0m.
1.07	The Council has adopted a comprehensive policy for fees and charges for chargeable services. By applying this policy we have balanced cost recovery of service provision with affordability and fairness for the payer. The annual review of the policy is to be presented to Cabinet later this month. There is no more scope for generating additional income or new income streams for 2022/23 over and above this report.
1.08	The Council has also taken a stance that annual rises in Council Tax should not exceed 5%. This figure should be treated as a maximum and not an entitlement to raise local income. Council Tax is at risk of becoming unaffordable for an increasing minority, and the responsibility for full and fair funding for local government needs to sit with Governments and not local taxpayers.

1.09	Therefore, the Local Government Settlement for 2022/23 – set and funded by Welsh Government – will need to be sufficient. The Settlement for 2021/22 gave local authorities in Wales an average uplift of 3.7%. Flintshire was on the average.
1.10	Taking into account all of the above cost estimates, budget options, and limiting factors an uplift in the Settlement of a minimum 4.5% is likely to be required if the Council is to be able to set a legal, safe and balanced budget for 2022/23. Welsh Government and the WLGA will be put on early notice of this requirement.

2.00	RESOURCE IMPLICATIONS
2.01	<p>Revenue: the revenue implications for the 2022/23 budget are set out in the report.</p> <p>Capital: the borrowing needs for the capital programme are built into the revenue estimates for 2022/23.</p>

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT										
3.01	<p>Ways of Working (Sustainable Development) Principles Impact</p> <table border="1"> <tr> <td>Long-term</td> <td>Negative – the absence of longer-term funding settlements from Welsh Government means that sustainable support for service delivery is challenging for the longer term. Sustainable funding from Welsh Government that provides additional funding for Indexation, Service demands and new legislation will provide a positive and sustainable position for the Council in the longer term.</td> </tr> <tr> <td>Prevention</td> <td>As above</td> </tr> <tr> <td>Integration</td> <td>Neutral Impact</td> </tr> <tr> <td>Collaboration</td> <td>Services continue to explore opportunities for collaboration with other services and external partners to support positive impacts.</td> </tr> <tr> <td>Involvement</td> <td>Communication with Members, residents and other stakeholders throughout the budget process.</td> </tr> </table> <p>Well-Being Goals Impact</p>	Long-term	Negative – the absence of longer-term funding settlements from Welsh Government means that sustainable support for service delivery is challenging for the longer term. Sustainable funding from Welsh Government that provides additional funding for Indexation, Service demands and new legislation will provide a positive and sustainable position for the Council in the longer term.	Prevention	As above	Integration	Neutral Impact	Collaboration	Services continue to explore opportunities for collaboration with other services and external partners to support positive impacts.	Involvement	Communication with Members, residents and other stakeholders throughout the budget process.
Long-term	Negative – the absence of longer-term funding settlements from Welsh Government means that sustainable support for service delivery is challenging for the longer term. Sustainable funding from Welsh Government that provides additional funding for Indexation, Service demands and new legislation will provide a positive and sustainable position for the Council in the longer term.										
Prevention	As above										
Integration	Neutral Impact										
Collaboration	Services continue to explore opportunities for collaboration with other services and external partners to support positive impacts.										
Involvement	Communication with Members, residents and other stakeholders throughout the budget process.										

	Prosperous Wales	Longer term funding settlements from Welsh Government that provide additional funding for indexation, service demands and new legislation will aid sustainability and support a strong economy that encourage business investment in the region. The opposite will be true if settlements are inadequate.
	Resilient Wales	Continuation of services to support communities and social cohesion will have a positive impact. The opposite will be true if settlements are inadequate.
	Healthier Wales	An appropriate level of funding will ensure that communities are supported and will have a positive impact. The opposite will be true if settlements are inadequate.
	More equal Wales	A positive impact with greater parity of funding from Welsh Government for all Welsh Local Authorities. The opposite will be true if settlements are inadequate.
	Cohesive Wales	Appropriate level of funding will support services working alongside partners. The opposite will be true if settlements are inadequate.
	Vibrant Wales	As Healthier and Cohesive Wales above
	Globally responsible Wales	Neutral impact.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	Consultation has taken place with Portfolio Management Teams and the Chief Officer Team, the Finance Team, Cabinet Members, Group Leaders and Members. The next steps for the engagement of the Overview and Scrutiny Committees are set out in this report.

5.00	APPENDICES
5.01	None

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None

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7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Gary Ferguson Corporate Finance Manager</p> <p>Telephone: 01352 702271</p> <p>E-mail: gary.ferguson@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
8.01	<p>Medium Term Financial Strategy (MTFS): a written strategy which gives a forecast of the financial resources which will be available to a Council for a given period, and sets out plans for how best to deploy those resources to meet its priorities, duties and obligations.</p> <p>Revenue: a term used to describe the day to day costs of running Council services and income deriving from those services. It also includes charges for the repayment of debt, including interest, and may include direct financing of capital expenditure.</p> <p>Capital: Expenditure on the acquisition of non-current assets or expenditure which extends the useful life of an existing asset.</p> <p>Budget: a statement expressing the Council's policies and service levels in financial terms for a particular financial year. In its broadest sense it includes both the revenue budget and capital programme and any authorised amendments to them.</p> <p>Revenue Support Grant: the annual amount of money the Council receives from Welsh Government to fund what it does alongside the Council Tax and other income the Council raises locally. Councils can decide how to use this grant across services although their freedom to allocate according to local choice can be limited by guidelines set by Government.</p> <p>Specific Grants: An award of funding from a grant provider (e.g. Welsh Government) which must be used for a pre-defined purpose.</p> <p>Welsh Local Government Association: the representative body for unitary councils, fire and rescue authorities and national parks authorities in Wales.</p> <p>Financial Year: the period of 12 months commencing on 1 April.</p> <p>Local Government Funding Formula: The system through which the annual funding needs of each council is assessed at a national level and under which each council's Aggregate External Finance (AEF) is set. The revenue support grant is distributed according to that formula.</p>

Aggregate External Finance (AEF): The support for local revenue spending from the Welsh Government and is made up of formula grant including the revenue support grant and the distributable part of non-domestic rates.

Provisional Local Government Settlement: The Provisional Settlement is the draft budget for local government published by the Welsh Government for consultation. The Final Local Government Settlement is set following the consultation.

Funding Floor: a guaranteed level of funding for councils who come under the all-Wales average change in the annual Settlement. A floor has been a feature of the Settlement for many years.

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CORPORATE RESOURCES OVERVIEW AND SCRUTINY

Date of Meeting	Thursday 8th July, 2021
Report Subject	Revenue Budget Monitoring 2020/21 (Outturn) and Capital Programme Monitoring 2020/21 (Outturn)
Cabinet Member	Cabinet Member for Finance, Social Value and Procurement
Report Author	Corporate Finance Manager
Type of Report	Operational

EXECUTIVE SUMMARY

The purpose of this report is to provide Members with the Revenue Budget Monitoring 2020/21 (Outturn) Report and the Capital Programme 2020/21 (Outturn).

RECOMMENDATIONS

1	That the committee considers and comments on the Revenue Budget Monitoring 2020/21 (Outturn) report. Any specific matters for attention will be noted and reported back to the Cabinet when it considers the report.
2	That the committee considers and comments on the Capital Programme 2020/21 (Outturn) report. Any specific matters for attention will be noted and reported verbally to the Cabinet when it considers the report.

REPORT DETAILS

1.00	EXPLAINING THE REVENUE BUDGET MONITORING POSITION 2020/21 (OUTTURN), CAPITAL PROGRAMME 2020/21 (OUTTURN)
1.01	The Revenue Budget Monitoring 2020/21 (Outturn) report will be presented to Cabinet on Tuesday 13th July, 2021. A copy of the report is attached as Appendix A to this report.
1.02	The Capital Programme 2020/21 (Outturn) report will be presented to Cabinet on Tuesday 13th July 2021. A copy of the report is attached as Appendix B to this report.

2.00	RESOURCE IMPLICATIONS
2.01	As set out in Appendix A; Revenue Budget Monitoring 2020/21 (Outturn), Capital Programme 2020/21 (Outturn).

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	As set out in Appendix A; Revenue Budget Monitoring 2020/21 (Outturn); in Appendix B; Capital Programme 2020/21 (Outturn).

4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	None required.

5.00	APPENDICES
5.01	Appendix A; Revenue Budget Monitoring 2020/21 (Outturn) Appendix B; Capital Programme 2020/21 (Outturn).

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None required.

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Dave Ledsham, Finance Manager Telephone: 01352 704503 E-mail: dave.ledsham@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	<p>Revenue: a term used to describe the day to day costs of running Council services and income deriving from those services. It also includes charges for the repayment of debt, including interest, and may include direct financing of capital expenditure.</p> <p>Budget: a statement expressing the Council's policies and service levels in financial terms for a particular financial year. In its broadest sense it includes both the revenue budget and capital programme and any authorised amendments to them.</p> <p>Capital Programme: The Council's financial plan covering capital schemes and expenditure proposals for the current year and a number of future years. It also includes estimates of the capital resources available to finance the programme.</p>

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CABINET

Date of Meeting	Tuesday, 13th July, 2021
Report Subject	Revenue Budget Monitoring Report Final Outturn 2020/21
Cabinet Member	Cabinet Member for Finance, Social Value and Procurement
Report Author	Corporate Finance Manager
Type of Report	Operational

EXECUTIVE SUMMARY

This report provides the revenue budget final outturn position for the Council Fund and Housing Revenue Account for the financial year 2020/21. The report takes into account the latest position on claims made to the Welsh Government Hardship Fund.

The formal Statement of Accounts and supporting notes were submitted to Audit Wales on 15 June and will now be subject to audit over the summer with the final audited accounts presented to Audit Committee in September for formal approval.

The COVID-19 pandemic has provided unprecedented challenges for the Council; the financial impact in the last 12 months has been significant and has included cost pressures as a result of the response, such as purchasing PPE, payments to social care providers, accommodation for the homeless, and significant reductions in planned income from Council services.

The Welsh Government Emergency Hardship Funding Grant provided financial assistance for dealing with the additional costs arising from the pandemic, together with financial assistance to mitigate loss of income from Council Services. In total the Council is projecting funding of £13.5m for additional expenditure and £4.3m for lost income and this is reflected in the outturn position.

As reported previously measures were introduced to review and challenge non-essential spend and recruitment to vacancies with the aim of reducing in-year expenditure to 'dampen' the projected overspend at that time. This work made a positive impact on the outturn position.

The final year end position is:

Council Fund

- An operating surplus of £2.185m (excluding the impact of the pay award which has been met by reserves), which is a favourable movement of £0.273m from the surplus figure of £1.912m reported at Month 11.
- The operating surplus of £2.185m equates to 0.8% of the Approved Budget, which is marginally above the target MTF5 KPI for a variance against budget of 0.5%.
- A contingency reserve balance as at 31st March, 2021 of £5.973m

Housing Revenue Account

- Net in-year revenue expenditure to be £2.866m lower than budget
- A closing un-earmarked balance as at 31st March, 2021 of £5.039m

RECOMMENDATIONS

1	To note the overall report and the Council Fund contingency sum as at 31 st March 2021.
2	To note the final level of balances on the Housing Revenue Account (HRA).
3	To approve the carry forward requests included in paragraph 1.18.

REPORT DETAILS

1.00	REVENUE BUDGET MONITORING POSITION (OUTTURN 2020/21)
1.01	<p>Council Fund Projected Position</p> <p>The final year end position is as follows:</p> <ul style="list-style-type: none"> • An operating surplus of £2.185m (excluding the impact of the pay award which has been met by reserves) • A projected contingency reserve available balance as at 31 March 2021 of £5.973m.

1.02	<p>Table 1. Projected Position by Portfolio</p> <p>The table below shows the final position by portfolio:</p> <table border="1" data-bbox="320 259 1394 1211"> <thead> <tr> <th data-bbox="320 259 786 450">Portfolio/ Service Area</th> <th data-bbox="786 259 975 450">Approved Budget £m</th> <th data-bbox="975 259 1185 450">Projected Outturn £m</th> <th data-bbox="1185 259 1394 450">In-Year Over / (Under) spend £m</th> </tr> </thead> <tbody> <tr> <td>Social Services</td> <td>68.472</td> <td>68.218</td> <td>(0.255)</td> </tr> <tr> <td>Out of County Placements</td> <td>11.940</td> <td>12.649</td> <td>0.708</td> </tr> <tr> <td>Education & Youth</td> <td>8.790</td> <td>8.215</td> <td>(0.575)</td> </tr> <tr> <td>Schools</td> <td>98.701</td> <td>98.701</td> <td>0.000</td> </tr> <tr> <td>Streetscene & Transportation</td> <td>30.650</td> <td>31.154</td> <td>0.504</td> </tr> <tr> <td>Planning & Environment</td> <td>5.789</td> <td>5.821</td> <td>0.032</td> </tr> <tr> <td>People & Resources</td> <td>4.459</td> <td>4.387</td> <td>(0.072)</td> </tr> <tr> <td>Governance</td> <td>9.193</td> <td>8.555</td> <td>(0.638)</td> </tr> <tr> <td>Strategic Programmes</td> <td>4.943</td> <td>4.558</td> <td>(0.385)</td> </tr> <tr> <td>Housing & Assets</td> <td>16.135</td> <td>15.197</td> <td>(0.938)</td> </tr> <tr> <td>Chief Executive</td> <td>2.750</td> <td>2.486</td> <td>(0.264)</td> </tr> <tr> <td>Central & Corporate Finance</td> <td>24.165</td> <td>23.861</td> <td>(0.304)</td> </tr> <tr> <td>Total</td> <td>285.986</td> <td>283.801</td> <td>(2.185)</td> </tr> </tbody> </table>	Portfolio/ Service Area	Approved Budget £m	Projected Outturn £m	In-Year Over / (Under) spend £m	Social Services	68.472	68.218	(0.255)	Out of County Placements	11.940	12.649	0.708	Education & Youth	8.790	8.215	(0.575)	Schools	98.701	98.701	0.000	Streetscene & Transportation	30.650	31.154	0.504	Planning & Environment	5.789	5.821	0.032	People & Resources	4.459	4.387	(0.072)	Governance	9.193	8.555	(0.638)	Strategic Programmes	4.943	4.558	(0.385)	Housing & Assets	16.135	15.197	(0.938)	Chief Executive	2.750	2.486	(0.264)	Central & Corporate Finance	24.165	23.861	(0.304)	Total	285.986	283.801	(2.185)
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1.03	<p>The reasons for the favourable net movement of £0.273m from the previous month are shown in Appendix 1.</p> <p>The reasons for the overall projected variances are summarised within Appendix 2 showing the detail of all variances over £0.050m and a summary of minor variances for each portfolio.</p> <p>It is important to note that the majority of the positive movements give only a one-off benefit and would not have been material to the budget setting process for 2021/22.</p>																																																								
	<p>Significant Movement from Month 11</p>																																																								
1.04	<p>Out of County Placements (£0.088m)</p> <p>The movement is mainly due to a reduction in the provision for bad debts and a small number of low cost placements that have now ended.</p> <p>Streetscene & Transportation £0.115m</p> <p>The movement is due to a number of factors :</p> <ul style="list-style-type: none"> • Additional pressures in CCTV hardware upgrades and equipment rental of £0.276m. 																																																								

- Highways network principal inspections and additional salt usage in winter maintenance due to the number of turn outs totaling £0.184m.
- Further costs on school transport of £0.035m.

These additional costs are mitigated by a positive outturn in domestic rates at Parc Adfer and the updated position on the Welsh Government Hardship Fund claims including reimbursement of increased residual waste tonnages (£0.381m).

Governance (£0.085m)

The positive movement relates to the confirmation of Welsh Government Hardship Funding for Income losses for Registrars service (£0.045m). Minor movements across the portfolio (£0.040m) account for the remainder.

Housing & Assets (£0.161m)

The positive movement relates to the reduced usage of utilities (£0.087m) together with Service Contract costs being lower than anticipated (£0.035m) and further funding identified from the Welsh Government Hardship Fund (£0.038m).

People & Resources £0.066

Salary sacrifice costs and Criminal Records Bureau disclosure costs were £0.034m higher than previously anticipated within Human Resources & Organisational Design Services. Within Corporate Finance Grant Income generated was £0.031m less than previously anticipated.

Chief Executives £0.054m

The movement is due to an agreed carry forward of funding to contribute to the first year implementation costs for the replacement CAMMS software package following a successful procurement exercise for £0.030m and the carry forward of an underspend on core funding Voluntary Sector budget to further support the third sector applying to the Community Chest in 2021/22 of £0.016m.

Central and Corporate Finance (£0.304m)

The positive movement is due to the following areas:

- Employer Pension Fund contributions higher than previously projected (£0.035m).
- A one-off saving of (£0.034m) on soft loan interest costs within the Central Loans and Investment Account
- Increased contribution from the TTP to the Apprentice Tax Levy (£0.014m).
- Audit Wales costs lower than projected following the reduced requirement to audit specific grants (£0.040m).
- Additional costs for the Coroners Service of (£0.038m).
- Inflationary pressure for Fuel no longer required (£0.051m).
- An increase in the one off benefit of Matrix Agency rebates received of (£0.050m).

	<p>- Minor movements account for the remainder each less than (£0.025m).</p>
1.05	<p>Key Financial Risks – Council Tax Income and Council Tax Reduction Scheme</p> <p>There have been significant impacts on Council Tax income and the Council Tax Reduction Scheme during the year.</p> <p>The potential financial impact of these two areas have been reported separately due to 1) the difficulties in predicting the impacts of these risks and 2) the potential for these areas to be further supported by additional Welsh Government funding.</p> <p>An update on the final position on each area is detailed below.</p>
1.06	<p>Council Tax Income</p> <p>As with all Councils, the pandemic has significantly impacted on council tax collection during 2020/21. Despite this, an ‘in-year’ collection level of 97.0% was achieved - a reduction of 0.9% in percentage terms compared to the previous financial year outturn of 97.9%. In monetary terms this equates to £900k. Income is recovering now that recovery processes have resumed in full. Welsh Government have provided financial support of £22.6m across Wales as a contribution towards these potential losses. As a result of this, the Council has received an additional £1.051m from the Welsh Government COVID Hardship Fund Council Tax Collection which has been set aside in a provision to safeguard against potential future bad debts arising from the current shortfall.</p>
1.07	<p>Council Tax Reduction Scheme (CTRS)</p> <p>During the early stages of the pandemic there was a significant increase in demand identified. Welsh Government have provided funding to meet the full financial impact of £0.294m.</p>
1.08	<p>Achievement of Planned In-Year Efficiencies</p> <p>The 2020/21 budget contained £5.206m of specific efficiencies which were closely tracked and monitored. The Council aims to achieve a 95% rate in 2020/21 as reflected in the MTFs KPI's.</p> <p>The final assessment of efficiencies achieved in 2020/21 was that £5.357m or 100% of the efficiencies were achieved. This included an over recovery of £0.151m on Discretionary Transport Review – Post 16 Transport.</p> <p>Further details on the current status on efficiencies can be seen in Appendix 3.</p>
1.09	<p>Reserves and Balances</p>

	<p>Un-earmarked Reserves</p> <p>The level of Council Fund Contingency Reserve brought forward into 2020/21 was £2.370m as detailed in the 2019/20 outturn report. This is the amount available for general purposes following the set-aside of £3.0m for Emergency Funding. During 2020/21 a total of £0.609m has been drawn down to fund ineligible COVID-19 expenditure, the balance remaining to available forward into 2021/22 is £2.277.</p>																																																																											
1.10	<p>Taking into account the above, the final outturn position, and previously agreed allocations, the balance on the Contingency Reserve at 31 March 2021 is projected to be £5.973m as detailed in Appendix 4.</p> <p>Although the overall level of Contingency Reserve has increased, it still only brings it to similar levels of recent years. The use of this reserve will be subject to further consideration but will need to include potential 'top ups' to existing earmarked reserves (e.g. Investment to Save/Workforce) as well as being a safeguard against the reported risks in the 2021/22 budget (e.g. pay provision/Out of County Placements)</p>																																																																											
1.11	<p>Council Fund Earmarked Reserves 2020/21</p> <p>Monitoring Summary - Outturn</p> <table border="1" data-bbox="320 1061 1337 2101"> <thead> <tr> <th data-bbox="320 1061 895 1137">Reserve Type</th> <th data-bbox="895 1061 1129 1137">Balance as at 01/04/20</th> <th data-bbox="1129 1061 1337 1137">Balance as at 31/03/21</th> </tr> </thead> <tbody> <tr> <td data-bbox="320 1137 895 1173">Service Balances</td> <td data-bbox="895 1137 1129 1173">1,828,696</td> <td data-bbox="1129 1137 1337 1173">4,140,168</td> </tr> <tr> <td data-bbox="320 1173 895 1209">Single Status/Equal Pay</td> <td data-bbox="895 1173 1129 1209">1,120,944</td> <td data-bbox="1129 1173 1337 1209">1,042,570</td> </tr> <tr> <td data-bbox="320 1209 895 1245">Investment in Organisational Change</td> <td data-bbox="895 1209 1129 1245">1,693,729</td> <td data-bbox="1129 1209 1337 1245">1,464,329</td> </tr> <tr> <td data-bbox="320 1245 895 1281">Benefits Equalisation</td> <td data-bbox="895 1245 1129 1281">132,822</td> <td 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NWEAB	0	92,319																																																																										
Supervision Fees	48,798	48,798																																																																										
LMS Curriculum	420,896	427,268																																																																										
Organisational Change/ADM	33,500	33,500																																																																										
Carbon Reduction	25,221	0																																																																										

Employment Claims	107,998	124,846
Community Benefit Fund NWRWTP	64,727	229,792
Sub-Total Earmarked Balances	7,464,602	7,665,699
Schools Balances	111,957	6,902,451
Grants & Contributions	3,887,337	5,730,074
TOTAL	13,292,592	24,438,392

A more detailed analysis of the Reserves and the reason for movement in 2020/21 is shown in Appendix 7

1.12	<p>Request for Carry Forward of Funding</p> <p>A number of requests to carry forward funding are included in Appendix 6 and are recommended for approval.</p>
1.13	<p>Housing Revenue Account</p> <p>The 2019/20 Outturn Report to Cabinet on 16 June 2020 showed an un-earmarked closing balance at the end of 2019/20 of £2.009m and a closing balance of earmarked reserves of £0.437m.</p>
1.14	<p>The 2020/21 budget for the HRA is £36.672m which includes a movement of £0.164m to reserves.</p>
1.15	<p>The monitoring for the HRA is projecting in year expenditure to be £2.866m lower than budget and a closing un-earmarked balance as at 31 March 2021 of £4.875m (£5.039m less earmarked reserve of £0.164m), which at 14.47% of total expenditure satisfies the prudent approach of ensuring a minimum level of 3%. Appendix 5 attached refers.</p>
1.16	<p>Housing Revenue Account £1.675m</p> <p>There has been an increased contribution to reserves due to the improvement in the projected outturn. This is due to the rephasing of the SHARP and capital scheme expenditure into 2021/22 due to COVID-19 restrictions and the resulting reduction of in year Prudential Borrowing costs.</p> <p>The increased contribution to reserves in 2020/21 will fund the rephased capital works now anticipated in 2021/22 and will offset future borrowing associated with these works.</p>
1.17	<p>The budget contribution towards capital expenditure (CERA) is £11.955m.</p>

2.00	RESOURCE IMPLICATIONS
2.01	As set out within the report.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	The financial impacts of the emergency as set out in the report are a combination of actual costs and losses to date and estimates of costs and losses for the future. There is the possibility that the estimates will change over time. The budget will be monitored closely and mitigation actions taken wherever possible.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	None specific.

5.00	APPENDICES
5.01	Appendix 1: Council Fund – Movement in Variances from Month 11 Appendix 2: Council Fund – Budget Variances Appendix 3: Council Fund – Programme of Efficiencies Appendix 4: Council Fund – Movement on Un-earmarked Reserves Appendix 5: Housing Revenue Account Variances Appendix 6: Request for Carry Forward Funding Appendix 7: Council Fund Earmarked Reserves (to follow)

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Various budget records.

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Dave Ledsham Strategic Finance Manager Telephone: 01352 704503 E-mail: dave.ledsham@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	Budget: a statement expressing the Council's policies and service levels in financial terms for a particular financial year. In its broadest sense it includes both the revenue budget and capital programme and any authorised amendments to them. Council Fund: the fund to which all the Council's revenue expenditure is charged. Financial Year: the period of twelve months commencing on 1 April.

Housing Revenue Account: the Housing Revenue Account (HRA) is a local authority account showing current income and expenditure on housing services related to its own housing stock. The account is separate from the Council Fund and trading accounts and is funded primarily from rents and government subsidy.

Intermediate Care Fund: Funding provided by Welsh Government to encourage integrated working between local authorities, health and housing.

Projected Outturn: projection of the expenditure to the end of the financial year, made on the basis of actual expenditure incurred to date.

Reserves: these are balances in hand that have accumulated over previous years and are held for defined (earmarked reserves) and general (general reserves) purposes. Councils are required to regularly review the level and purpose of their reserves and to take account of the advice of the Chief Finance Officer.

Revenue: a term used to describe the day-to-day costs of running Council services and income deriving from those services. It also includes charges for the repayment of debt, including interest, and may include direct financing of capital expenditure.

Variance: difference between latest budget and actual income or expenditure. Can be to date if reflecting the current or most up to date position or projected, for example projected to the end of the month or financial year.

Virement: the transfer of budget provision from one budget head to another. Virement decisions apply to both revenue and capital expenditure heads, and between expenditure and income, and may include transfers from contingency provisions. Virements may not however be approved between capital and revenue budget heads.

Budget Monitoring Report
Council Fund Variances

MONTH 12 - SUMMARY

Service	Movement between Periods (£m)	Narrative for Movement between Periods greater than £0.025m
Social Services		
Older People		
Localities	-0.018	There has been an increase in the amount of income received from health towards free nursing care as well as increases in income from service users, such as client contributions and property charges. Offsetting this is a carry forward to fund a post in 21/22 to assist in maximising Continuing Health Care Funding.
Reablement Services	0.032	The change is due to the difference in valuation of stock which was held at the start of the year when compared to the valuation held at the end of the year.
Resources & Regulated Services	-0.081	Additional ICF funding was allocated to the Councils residential care service to offset costs associated with minimising hospital admissions. There was also a reduction in some employee costs which vary depending on the care provided each month.
Minor Variances	0.004	
Adults of Working Age		
Resources & Regulated Services	-0.224	There has been a reduction in care package costs for some service users, due to increased numbers of family members being at home, through homeworking or furlough, there has been a reduction in the budgeted levels of domiciliary care provided. These reductions were only able to be identified late in the year once all care provider invoices had been received and identified.
Disability Services	0.101	Late notification of funding contributions meant the projected income levels were less than anticipated.
Minor Variances	-0.012	
Children's Services		
Family Placement	0.085	This is due to a carry forward for payments in lieu to foster carers for respite days unable to be taken in 20/21
Grants	-0.036	The final contribution to the Integrated Family Support Service was lower than originally anticipated.
Early Years & Family Support	-0.067	Changes in eligibility in Welsh Government grant funding has meant costs usually funded from this service have been transferred to relevant grants to maximise the grant claim
Legal & Third Party	0.027	Family Intervention and Parenting Assessment costs and some other client related costs were higher than anticipated.
Residential Placements	-0.065	Changes in funding eligibility for some Welsh Government grants has meant costs normally funded from this budget have been transferred to the relevant grants to maximise grant claims
Professional Support	0.047	Changes in eligibility for some Welsh Government grant funding has meant services usually paid from this budget have been transferred to the grant to maximise the claim. There is a carry forward to contribute toward employing newly qualified social workers on a temporary basis which helps to reduce the amount of agency cover needed and assists in retaining staff.
Minor Variances	0.006	
Safeguarding & Commissioning		

Business Systems & Financial Assessments	0.084	The Social Services information system is due for renewal in the coming years, this is a carry forward for the recruitment of temporary staff to assist with the planning and implementation of this significant project
Management & Support	-0.031	Telephone recharges are calculated at year end and until this time are unknown. This years charges are less than budgeted for.
Impact of Covid-19	0.181	Adjustment to Welsh Government Hardship income mostly due to in-house provided homecare which had been overclaimed.
Minor Variances	0.010	
Total Social Services (excl Out of County)	0.042	
Out of County		
Children's Services	-0.023	
Education & Youth	-0.065	Reduction in provision for bad debt increase and a small number of ended low cost placements
Total Out of County	-0.088	
Education & Youth		
Archives	0.029	Increased costs of consultancy for shared service model
Minor Variances	0.035	
Total Education & Youth	0.063	
Schools		
Schools	0.000	
Streetscene & Transportation		
Service Delivery	0.276	Additional pressures in CCTV hardware upgrades and equipment rental.
Highways Network	0.184	£0.100m Principal Inspections carried forward and remaining pressures in winter maintenance.
Transportation	0.035	Additional costs on school transport
Regulatory Services	-0.310	Parc Adfer £0.200m positive outturn in domestic rates and successful Covid Claim. Remaining variance is a mix of Permits Income and reduction in internal charges.
Impact of Covid-19	-0.071	Updated position on the proposed Hardship claims due from Welsh Government, including increased residual waste tonnages.
Other Minor Variances	0.000	
Total Streetscene & Transportation	0.115	
Planning, Environment & Economy		
Business	-0.091	Additional hours from the Enforcement Teams acting as FCC's response to the COVID pandemic have been recharged against the WG COVID Hardship Grant
Community	-0.041	Additional hours from the Enforcement Teams acting as FCC's response to the COVID pandemic have been recharged against the WG COVID Hardship Grant
Regeneration	0.107	Agreed carry forward of Admin Grant £0.058m; additional capital expenditure of £0.023m. Minor movements across the service
Management & Strategy	-0.011	Commitment challenge across the service, minor variances
Minor Variances	-0.003	
Total Planning & Environment	-0.039	
People & Resources		
HR & OD	0.034	Final outturn on salary sacrifice costs and CRB Disclosure higher than anticipated
Corporate Finance	0.031	Revised outturn on the Grant Maximisation Income impacted by COVID
Impact of Covid-19	-0.000	
Total People & Resources	0.066	
Governance		
Customer Services	-0.045	Fee Income losses claimed from the WG Hardship Fund, vacant posts and commitment challenge
Minor Variances	-0.040	Cumulative minor movements across the portfolio
Total Governance	-0.085	

Strategic Programmes		
Leisure	-0.040	Reduced Utility costs and reduced usage have contributed to the positive variance
Minor Variances	0.001	
Total Strategic Programmes	-0.039	
Housing & Assets		
Centralised Costs	-0.087	Positive movement of (£0.075)m on Gas and Electric. Consumption less than anticipated. Minor variances.
Council Fund Housing	-0.035	Changes to service contract costs
Impact of Covid-19	-0.038	Additional recovery of income claimed from the Welsh Government COVID-19 Hardship Fund
Minor Variances	-0.001	
Total Housing & Assets	-0.161	
Chief Executive's	0.054	Agreed carry forward £0.030m to contribute to the first year costs of the replacement CAMMS Software in the new financial year following successful procurement exercise
Impact of Covid-19	-0.000	
Central & Corporate Finance	-0.204	Final outturn on the Corporate Central Loans & Investment Account, Matrix Rebates, Pension contributions and inflationary pressures not required
Impact of Covid-19	0.004	
Grand Total	-0.273	

Budget Monitoring Report
Council Fund Variances

MONTH 12 - SUMMARY

Service	Approved Budget (£m)	Projected Outturn (£m)	Annual Variance (£m)	Impact of Covid-19 (£m)	Last Month Variance (£m)	Cause of Major Variances greater than £0.050m	Action Required
Social Services							
Older People							
Localities	19.096	18.473	-0.623		-0.605	The net position of residential care was £0.573m underspent. This includes the cost of residential care placements net of income received such as property charges and contributions from Health. There was a decline in the demand for residential care placements due to COVID-19. Day care is £0.058m under budget, this service is currently closed and will be reopened only when it is safe to do so. Domiciliary and Direct Payments are reporting a combined overspend of £0.203m based on the amount of care provided. The Localities Team staff budget was underspent by £0.141m due to a number of staff not yet on top of scale, some temporary reduced hours and in-year savings on travel costs. The minor adaptations budget was £0.058m underspent.	
Community Transformation Fund	0.000	0.061	0.061		0.045	The Community Transformation grant was overspent due to costs for a temporary residential home, opened to assist with the pandemic, being higher than expected. These costs are mitigated by underspend on other budgets with Older Peoples services.	
Resources & Regulated Services	8.035	7.476	-0.560		-0.478	The Councils in-house care provision underspent by £0.554m. Day care was underspent by £0.006m, day centres were closed and will only open once it is safe to do so. The day centre staff are deployed to residential care to assist in delivering the service, however the staff costs are still recorded against the day care budget. Homecare is £0.052m underspent. Employee costs are incurred as a result of the amount of homecare delivered. Residential care was underspent by £0.055m. Extra care was underspent by £0.441m due to the delayed opening of Plas yr Ywen in Holywell.	
Impact of Covid-19	0.000	0.006	0.006	0.006	0.006		
Minor Variances	1.224	1.216	-0.008		-0.028		
Adults of Working Age							
Resources & Regulated Services	25.464	25.155	-0.309		-0.085	The outturn represents the full cost of care packages for the financial year.	
Disability Services	0.657	0.839	0.182		0.082	The overspend was due to the cost of care packages for young people transferring into Adult Social Services, net of any contributions from Welsh Government and Health.	
Administrative Support	0.328	0.247	-0.081		-0.072	Not all staff have been paid at top of grade and there are also some staff who were seconded from this service. In addition there have been in-year savings on staff travel costs.	
Residential Placements	1.297	2.004	0.707		0.704	The overspend was the cost of social care for people within the Mental Health service. These costs include nursing and residential care, domiciliary care and Direct Payments.	
Minor Variances	3.450	3.218	-0.232		-0.227		
Children's Services							
Flintshire Independent Co-Ordinator	0.112	0.040	-0.073		-0.082	Eligibility criteria for the Flying Start grant was adjusted to allow for some costs, usually funded from this budget, to be funded from the grant instead. The underspend was due to transferring these costs to the grant.	

Budget Monitoring Report
Council Fund Variances

MONTH 12 - SUMMARY

Service	Approved Budget (£m)	Projected Outturn (£m)	Annual Variance (£m)	Impact of Covid-19 (£m)	Last Month Variance (£m)	Cause of Major Variances greater than £0.050m	Action Required
Family Placement	2.621	2.843	0.223		0.138	The overspend was due to service demand from the number of foster placements. In some instances, these avoid having to make expensive Out of County placements. The main pressures are payments for foster carers, foster agencies and special guardianship payments.	
Early Years & Family Support	0.306	0.232	-0.074		-0.007	Changes to the eligibility for the Children and Communities Grant has meant costs usually funded from this budget have been transferred to the grant to maximise the claim.	
Legal & Third Party	0.225	0.545	0.320		0.293	Legal costs are overspent due to the number of cases going through the courts and use of some external legal professionals. Direct Payments have also increased in demand	
Residential Placements	0.441	0.378	-0.062		0.003	Changes to the eligibility for the Children and Communities Grant has meant costs usually funded from this budget were transferred to the grant to maximise the claim.	
Professional Support	5.346	5.468	0.122		0.075	To support adequate levels of child protection, the established staffing structure needs to be at a sufficient level to meet mandatory safeguarding standards. Vacancies are therefore minimised and additional temporary posts are necessary.	
Minor Variances	0.624	0.582	-0.042		-0.003		
Safeguarding & Commissioning							
Charging Policy income	-3.060	-2.535	0.525		0.513	A misinterpretation of complex financial assessment rules was detected. This resulted in a number of service users being overcharged over a number of years. The overspend is due to the cost to reimburse service users of any overcharges. This is being partially mitigated by recoupment of some Direct Payments.	
Business Support Service	1.224	1.146	-0.077		-0.073	This variance is on employee costs and due to some staff not yet paid top of scale and some staff opting out of the pension scheme	
Management & Support	-2.057	-2.145	-0.088		-0.058	The underspend is due to not having to contribute towards the Regional Collaboration unit in 2020/21. There is a carry forward for additional Social Worker qualification costs.	
Impact of Covid-19	0.000	-0.219	-0.219	-0.219	-0.400	The underspend is due to Hardship funding received from Welsh Government to support the Councils in-house care provision. Most additional costs incurred due to COVID-19 are staff costs reported within their respective service areas.	
Minor Variances	3.141	2.916	-0.225		-0.038		
Total Social Services (excl Out of County)	68.472	68.218	-0.255	-0.214	-0.296		
Out of County							
Children's Services	7.437	8.274	0.837		0.860	The pressure reflects the current cohort of placements with significant numbers of new placements in recent months together with a number of placement changes at higher cost due to breakdowns of placements	
Education & Youth	4.504	4.375	-0.129		-0.064	The underspend reflects the current cohort of Education placements with demand for new placements still being maintained.	
Total Out of County	11.940	12.649	0.708	0.000	0.796		
Education & Youth							

Budget Monitoring Report
Council Fund Variances

MONTH 12 - SUMMARY

Service	Approved Budget (£m)	Projected Outturn (£m)	Annual Variance (£m)	Impact of Covid-19 (£m)	Last Month Variance (£m)	Cause of Major Variances greater than £0.050m	Action Required
Inclusion & Progression	4.312	4.299	-0.013		-0.004	The service has had an agreed budget carry forward amount of £0.131m.	
Integrated Youth Provision	1.353	1.143	-0.210	-0.090	-0.234	Includes an underspend of -£0.090m on Youth Centres due to closures arising from COVID-19 safety measures producing savings on building cleaning and some relief staffing costs. Also includes a total saving of -£0.101m on the Youth Justice Service mainly due to a delay in recruitment to a new post and savings on staff travel and third party payments	
School Improvement Systems	1.709	1.380	-0.329		-0.339	Savings arising from the challenge of non-essential spend. Early Entitlement savings due to demography and reduced number of settings requiring funding. COVID-19 has caused a significant reduction of non-maintained settings requiring funding due to low numbers. WG recently announced top-up funding to support payments to non-maintained settings which caused another favourable variance within the service.	
School Planning & Provision	0.676	0.622	-0.054		-0.056	Mainly a saving against the provision for third party/public liability insurance claims	
Minor Variances	0.739	0.770	0.031		-0.005		
Total Education & Youth	8.790	8.215	-0.575	-0.090	-0.638		
Schools	98.701	98.701	-0.000		-0.000		
Streetscene & Transportation							
Service Delivery	8.839	9.537	0.698		0.422	The service has incurred pressures of £0.110m security costs driven by vandalism at the Household Recycling Centres, followed by additional costs of £0.190m in CCTV hardware upgrade. There have been costs of £0.057m in JCB vehicles that were not covered by capital grant. Additional incurred costs in Waste Operations: £0.180m of hire and repairs, £0.130m rental of equipment and traffic management. Streetlighting incurred an £0.080m income pressure on the Community Income Budget.	
Highways Network	7.764	8.321	0.558		0.373	Highways network incurred this variance as a result of a carry forward request being required in relation to a match funding contribution on electric recycling vehicles following grant funding being confirmed by WG on 15th March 2021. The Council ordered the vehicles and they are due to be delivered in September 2021 and this contribution will meet the terms and conditions of the grant funding. The service incurred a further £0.098m of expenditure on Principal inspections. The remaining overspend is related to winter maintenance costs following above average winter conditions and additional salt usage requirements.	

Budget Monitoring Report
Council Fund Variances

MONTH 12 - SUMMARY

Service	Approved Budget (£m)	Projected Outturn (£m)	Annual Variance (£m)	Impact of Covid-19 (£m)	Last Month Variance (£m)	Cause of Major Variances greater than £0.050m	Action Required
Transportation	9.366	8.715	-0.651		-0.687	School Transport operators have been supported during school closures by receiving 75% of their contracted values. In addition, a number of school routes have been re-procured to reflect current arrangements for operation in the school year. This has resulted in a net underspend in School Transport of £0.499m. It should be noted however that the improvement from the 75% will only impact during COVID-19 circumstances. There are increased cost pressures for Social Services and Childrens Services transport totalling £0.080m. In addition Transportation Strategy is £0.100m underspent, due to a delay in School Crossing Patrol's recruitment due to COVID-19.	
Regulatory Services	4.681	4.587	-0.095		0.215	Parc Adfer has experienced a positive outturn of £0.200m caused by a reduction of non domestic rates and successful COVID-19 Claim. This has been offset by car park income losses of £0.255m, following amendments to WG Income Loss Funding eligibility criteria. In mitigating the overall overspend, higher income in burial fees of £0.040m was received due to increased death rates.	
Impact of Covid-19	0.000	-0.006	-0.006	-0.006	0.065	Following a full reconciliation and review of Streetscene expenditure and income loss relating to the COVID-19 Pandemic, all relevant details are consolidated in one code. This has been done to facilitate enhanced reporting and monitoring of the impact.	
Other Minor Variances	0.000	0.000	0.000		0.000		
Total Streetscene & Transportation	30.650	31.154	0.504	-0.006	0.389		
Planning, Environment & Economy							
Business	1.692	1.628	-0.065		0.027	Underspend as a result of additional hours of Enforcement Staffing due to the pandemic recharged to the COVID Hardship Fund	
Development	0.023	-0.066	-0.089		-0.072	Higher than anticipated actual fee income levels received during the month for Planning, Building Control and Land Charges services	
Regeneration	0.511	0.664	0.153		0.046	Agreed carry forward of WG COVID Admin Fee Grant £0.058m; additional capital expenditure funded by service £0.023m ; Markets fee income loss and unachieved historic efficiency £0.060m	
Management & Strategy	1.272	1.221	-0.051		-0.040	Vacant posts and commitment challenge across the service	
Minor Variances	2.290	2.374	0.084		0.111		
Total Planning & Environment	5.789	5.821	0.032	-0.000	0.071		
People & Resources							
HR & OD	2.398	2.327	-0.070		-0.104	Favourable variance due to the agreed recharge for overheads claimed from the TTP project for hosting the service on behalf of the region.	
Corporate Finance	2.062	2.060	-0.001		-0.033		
Impact of Covid-19	0.000	0.000	0.000	0.000	0.000		
Total People & Resources	4.459	4.387	-0.072	0.000	-0.137		
Governance							

Budget Monitoring Report
Council Fund Variances

MONTH 12 - SUMMARY

Service	Approved Budget (£m)	Projected Outturn (£m)	Annual Variance (£m)	Impact of Covid-19 (£m)	Last Month Variance (£m)	Cause of Major Variances greater than £0.050m	Action Required
Legal Services	0.736	0.844	0.108		0.129	Overspend as a result of employing locums covering absence to ensure continuing client service delivery in the area of child protection; historical efficiency target that was dependant on demand reduction in another service that has not occurred therefore preventing the consequent achievement of the efficiency. The overspend is mitigated by vacant posts and higher than anticipated fee income levels and commitment challenge across the service.	
Democratic Services	2.098	1.991	-0.107		-0.098	Reduced take up of Members Allowances and savings from travelling expenses due to remote working, non requirement to resource Electoral Canvassers; commitment challenge across the service	
Internal Audit	0.826	0.766	-0.061		-0.055	Vacant post within Internal Audit ; reduced expenditure on postage costs within Central Despatch	
ICT	4.445	4.384	-0.062		-0.060	Reduced expenditure on Records Management together with commitment challenge across the service	
Customer Services	0.731	0.632	-0.099		-0.054	Favourable variance following the receipt of the Welsh Government Hardship Fund Fee Income Loss claim; vacant posts and commitment challenge across the service.	
Revenues	0.037	-0.345	-0.382		-0.377	Favourable variance as a result of the surplus on the Council Tax Collection Fund, Welsh Government Lockdown Grant Admin Fees received, vacant posts and minor variances across the service	
Impact of Covid-19	0.000	0.000	0.000	0.000	-0.000		
Minor Variances	0.320	0.284	-0.036		-0.038	Cumulative minor variances across the portfolio	
Total Governance	9.193	8.555	-0.638	0.000	-0.553		
Strategic Programmes							
Leisure	4.943	4.527	-0.416		-0.376	The Climate Change Levy (CCL) was in prior years paid as a separate one off charge. However from 2019 the energy provider changed the way they issued costs for CCL and these charges are now included in service specific utility bills within the centralised budgets.	
Minor Variances	0.000	0.031	0.031		0.030	Cumulative minor variances across the portfolio	
Total Strategic Programmes	4.943	4.558	-0.385	0.000	-0.346		
Housing & Assets							
Enterprise Centres	-0.217	-0.112	0.105		0.099	Pressure due to loss of income in respect of void units	
Property Holdings	-0.095	-0.041	0.054		0.048	Reduced rent income following sale of asset	
Caretaking & Security	0.262	0.179	-0.083		-0.066	Mainly staffing cost savings due to vacancies	
CPM & Design Services	0.505	0.574	0.069		0.070	Due to a shortfall of fee income recovered by the Design Services team following impacts of a change to the way fees are charged for their work supporting the Council's capital programme. This has been partly mitigated by an allocation from a reserve earmarked for this purpose.	
Centralised Costs	3.353	2.255	-1.098		-1.011	Overall positive variance of (£1.098m). (£0.580m) from NDR savings - predominantly from the demolition of Phases 3&4 at County Hall. (£0.718m) savings on Electric, gas and water due to reduced consumption over the year as well as benefitting from reduced rates .	

Budget Monitoring Report
Council Fund Variances

MONTH 12 - SUMMARY

Service	Approved Budget (£m)	Projected Outturn (£m)	Annual Variance (£m)	Impact of Covid-19 (£m)	Last Month Variance (£m)	Cause of Major Variances greater than £0.050m	Action Required
Benefits	11.665	11.814	0.149		0.135	Staffing cost pressures are being partly offset by WG through the COVID-19 Hardship Fund.	
Housing Solutions	1.091	0.902	-0.190		-0.186	Savings on Bed and Breakfast accommodation due to managing demand through use of temporary accommodation	
Council Fund Housing	-0.324	-0.198	0.126		0.161	Reduction of internal Housing Support grant allocation due to eligibility issues and pressure arising from new service contract for Carelink with additional increase in pressure arising from charges from the outgoing contractor.	
Impact of Covid-19	0.000	-0.027	-0.027	-0.027	0.011		
Minor Variances	-0.106	-0.150	-0.043		-0.038		
Total Housing & Assets	16.135	15.197	-0.938	-0.027	-0.777		
Chief Executive's	2.750	2.486	-0.264		-0.318	Vacant posts across the Service	
Impact of Covid-19	0.000	0.000	0.000	0.000	0.000		
Central & Corporate Finance	24.165	23.858	-0.307		-0.102	Over recovery of planned pension contributions recoupment against actuarial projections based on the level of contributions received during the year. Final outturn on Matrix rebates, and inflation pressures anticipated, but not required in 2020/21.	
Impact of Covid-19	0.000	0.004	0.004	0.004	0.000		
Grand Total	285.986	283.801	-2.185	-0.333	-1.912		

2020/21 Efficiencies Outturn Tracker - Master Outturn

Efficiency Description	Accountable Officer	Efficiency Target	Projected Efficiency	(Under)/Over Achievement	Efficiency Open/Closed (O/C)	Confidence in Achievement of Efficiency - Based on (see below) R = High Assumption A = Medium Assumption G = Figures Confirmed	
		2020/21 £m	2020/21 £m	2020/21 £m			
Portfolio							
Corporate							
Employer Pension Contributions	Reduced requirement due to recovery	Rachel Parry Jones	0.800	0.800	0.000	C	G
Actuarial Review	Reduced contribution rate	All	2.646	2.646	0.000	C	G
Single Person Discount Review	One Off Efficiency	David Barnes	0.300	0.300	0.000	O	G
Total Corporate Services			3.746	3.746	0.000		
Social Services							
Reviewing Function	Reduction of Post	Neil Ayling	0.025	0.000	(0.025)	C	G
Supported Living	Reduction of Voids	Neil Ayling	0.025	0.000	(0.025)	C	G
Communications	Reduction in Mobile Hardware	Neil Ayling	0.030	0.000	(0.030)	C	G
Vacancy Management Saving	Appropriate Vacancy Management	Neil Ayling	0.030	0.070	0.040	C	G
Strategic Use of Grant Funding	Core Funding Replacement Solution	Neil Ayling	0.100	0.170	0.070	C	G
Regional Collaboration Wrexham CBC	Reduction in Posts	Neil Ayling	0.030	0.000	(0.030)	C	G
Additional Social Services Grant	Social Services Grant	Neil Ayling	0.426	0.426	0.000	C	G
Total Social Services			0.666	0.666	0.000		
Education & Youth							
Integrated Youth Provision	Youth Centres - Premises	Claire Homard	0.014	0.014	0.000	O	G
Total Education & Youth			0.014	0.014	0.000		
Streetscene & Transportation							
Discretionary Transport Review - Post 16 Transport	Joint with Education	Katie Wilby	0.449	0.600	0.151	O	G
Income from External Works		Katie Wilby	0.010	0.010	0.000	O	G
Garden Waste Charges	Additional take up of service	Katie Wilby	0.030	0.030	0.000	O	G
NWRWTP Gate Fee Benefit	Utilisation of WG Grant funding	Katie Wilby	0.200	0.200	0.000	O	G
Total Streetscene & Transportation			0.689	0.840	0.151		
Planning, Environment & Economy							
Countryside	Additional Tree Income	Tom Woodall	0.010	0.010	0.000	O	G
Countryside	Review of Spending	Tom Woodall	0.017	0.017	0.000	O	G
Review of Pest Control	Trading Standards Investigations and Community Safety	Sian Jones	0.035	0.035	0.000	O	G
Development Management	Increased Planning Fee Income	Mandy Lewis	0.015	0.015	0.000	O	G
Minerals & Waste	Adoption of new SLA with Partners	Gary Nancarrow	0.005	0.005	0.000	O	G
Portfolio Admin	Supplies and Services Review	Lynne Fensome	0.005	0.005	0.000	O	G
Regeneration	Bus Dev, Housing and Markets	Niall Waller	0.004	0.004	0.000	O	G
Total Planning, Environment & Economy			0.091	0.091	0.000		
Total 2020/21 Budget Efficiencies			5.206	5.357	0.151		

	%	£
Total 2020/21 Budget Efficiencies	100	5.206
Total Projected 2020/21 Budget Efficiencies Underachieved	3	0.151
Total Projected 2020/21 Budget Efficiencies Achieved	103	5.357
Total 2020/21 Budget Efficiencies (Less Previously agreed Decisions)		
Total Projected 2020/21 Budget Efficiencies Underachieved	100	0.000
Total Projected 2020/21 Budget Efficiencies Achieved	0	0.000
Total Projected 2020/21 Budget Efficiencies Achieved	0	0.000

Corporate Efficiencies Remaining from Previous Years

Income Target Remaining		£m	
Income Target Efficiency remaining from Previous Years	All Portfolios	(0.150)	
Pressure 2020/21		0.100	
Total Income Efficiency Remaining		(0.050)	0.050

Movements on Council Fund Unearmarked Reserves

	£m	£m
Total Reserves as at 1 April 2020	11.025	
Less - Base Level	(5.769)	
Total Reserves above base level available for delegation to Cabinet		5.256
Less - amount approved for Childrens Services ' Front Door Pressures'		(0.122)
Less - COVID-19 Emergency Funding Allocation		(2.886)
Plus Month 12 outturn		2.184
Plus COVID Digital Transformation Support for Services		1.181
Plus Support for Unachieved Savings Hardship Fund Support		1.181
Less - projected national pay award increase		(0.821)
Total Contingency Reserve available for use		5.973

Budget Monitoring Report
Housing Revenue Account Variances

MONTH 12 - SUMMARY

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Last Month Variance (£m)	Cause of Major Variance	Action Required
Housing Revenue Account						
Income	(36.676)	(36.540)	0.136	0.172	There is a pressure forecast of £0.136m. Of this £0.120m relates to loss of income voids which are currently running at 2.00% void rate compared to 1.75% in the Business Plan. £0.074m relates to garages, £0.035m relates to void water charges. Additional new build rental income projected at £0.048m. There was an increase in AHG grant income received of £0.053. The remaining £0.008m is attributed to Minor Variances	
Capital Financing - Loan Charges	9.027	7.797	(1.230)	(1.111)	Reduction in borrowing costs due to the rephasing of SHARP and other capital schemes into 2021/22, as a result of the delays caused by Covid. This balance has been transferred to reserves to offset the cost of borrowing in future years.	
Estate Management	1.846	1.599	(0.246)	(0.215)	Additional expenditure of £0.061m is anticipated during the year in respect of the purchase of software. This is offset by salary efficiencies arising from vacancy savings and the pay award of £0.210m. There is also a saving of £0.030m relating to court costs as action has been suspended due to Covid. There has been an underspend on CCTV costs of -£0.024. The remaining £0.043m is minor variances	
Landlord Service Costs	1.434	1.365	(0.069)	(0.071)	There is a saving of £0.053m which relates to servicing costs which are lower due to some Covid restrictions, and £0.016m of minor variances	
Repairs & Maintenance	8.907	8.433	(0.475)	(0.466)	Overall positive variance of (£0.475m). Contributory factors : Reduction in Materials for Responsive and Voids expenditure due to Covid restrictions (£0.196m). Reduced projection of Responsive sub-contractor spend on basis of Covid restrictions (£0.232m). Staffing Vacancy savings (£0.065m). Overall NI staffing saving (£0.089m). Increased Fleet projection based on Q2 charges £0.104m. Minor variances 0.003m.	
Management & Support Services	2.523	2.532	0.009	0.011	There is a pressure projected of £0.007m of this £0.028m relates to salary savings. £0.019m relates to underspend on training due to Covid restrictions. There has been an increase in insurance costs of £0.086m. Underspend on IT -£0.021. -£0.042m minor variances.	
Capital Expenditure From Revenue (CERA)	12.928	11.955	(0.973)	0.000	Lower than anticipated contribution from revenue to capital	
HRA Projects	(0.153)	(0.172)	(0.019)	0.004	Positive variance of £(0.019m) for Feasibility works due to WG funding secured.	
Contribution To / (From) Reserves	0.164	3.031	2.866	0.000	Increased contribution to reserves as a result of the underspends in year caused by the ongoing pandemic.	
Total Housing Revenue Account	0.000	0.000	0.000	(1.675)		

Requests for Carry Forward of Funding – Final Outturn**Education & Youth**

Request for carry forward of **£0.020m** underspend – for contribution to the costs of an additional Learning Adviser (post 16) temporary post for 2021-2022 to support schools with post 16 collaboration and also to lead on our Adult Community Learning developments. (Starting date 12th April). This will enable the funding of this work for a longer period. Circa £0.011m of this underspend is as a result of not needing this year to make an annual contribution to the Music Service for Easter and Summer Residential courses due to COVID.

Request to carry forward **£0.017m** from the reported £0.343m underspend on the Early Entitlement service (EES) - this is in part due to needing to pay less to settings (exceptional circumstances as a result of the pandemic) and also because we were unsure until this term whether or not WG would continue to provide the full top-up support received as a pilot LA. Assuming 21/22 is a normal year i.e. same as pre-covid and we receive full top-up support from WG (although this is not yet confirmed), EES would be in an underspend position of £0.140m. Without this top-up however, the underspend would diminish to an overspend of approx. £0.017m. The numbers of children accessing EES each year is also extremely difficult to predict, even in normal years, which is another reason why we experience such variance. The carry forward request of £0.017m will protect the increased staffing hours that we do need for additional support for settings and children with Additional Learning Needs, particularly in light of the additional support that will be needed from the team given that our very youngest children have had such a disrupted experience and have been least able to access online learning. This would however still leave a budget saving of £0.326m for this year from this service area.

Request from Archives for a further c/f of **£0.003m** following being approved initially as a c/f from 2019/20 to purchase a new microfilm reader. Purchase has not been possible due to office closures as a result of COVID-19.

Request to carry forward **£0.030m** to support the expansion of our Counselling service. We have received some WG funding to increase the capacity of the team however, we have significant waiting lists within the secondary school sector and increasing need within the primary cohort where our provision is extremely limited with the current service only delivers to pupils in Year 6. We are in the process of recruiting staff and the additional funding will be used to increase the provision to the primary sector.

Request to increase by **£0.037m** an agreed carry forward of £0.020m to £0.057m for Plas Derwen as there is a larger underspend than anticipated. The funding is required to support the move into the new building which will be completed in September 2021. The funding will be used to facilitate the move to the new build, e.g. staff cover, additional staff support and resources to enable a smooth transition.

Total Education & Youth £0.107m

Streetscene & Transportation

Request to carry forward **£0.098m** in order to enable the large number of Principal inspections that were not completed last financial year due to a tender not being advertised due to COVID-19, being carried out early 2021/22. These inspections are carried out on Flintshire's main principal structures on a 6 year cycle to ensure safety and highlight any future maintenance. The intention is to procure the 50 outstanding inspections through the NMWTRA consultancy framework. Discussions with potential contractors have already taken place.

Fleet Workshop repairs for **£0.033m**. Quotes received in 2020/21 for repairs and floor painting have not taken place due to COVID-19, which are now due to be completed in 2021/22.

CCTV in Alltami Depot **£0.190m** – upgrade of CCTV hardware at all HRC sites and Alltami Depot, which was unable to be installed during 2020/21 due to the impact of COVID-19.

Small plant and machinery **£0.052m** – new and additional items of equipment for grounds and highways maintenance and cemetery/burials. Unfortunately, these were unable to be procured in 2020/21 due to delays as a result of the COVID-19 pandemic.

Total Streetscene & Transportation £0.373m

Housing & Assets

Study of Castle Park and Greenfield Business park - request to carry forward **£0.015m** - A study has been commissioned which was expected to have been completed in 2020/21. The consultants have been appointed and have begun reviewing background material to inform the options appraisal but work isn't expected to be completed until part way through 2021/22.

Deeside Leisure Centre – request to carry forward **£0.004m** Feasibility Study It was agreed that a study commissioned by Aura would be part funded by way of a 2/3 contribution from the Council towards the total costs to be funded from an underspend on the Property and Asset budget. Phases 1 and 2 were completed in 2020/21 and costs paid by Aura with a 2/3 contribution being recharged to the Council. Works are ongoing on Stage 3 and a c/f of £3,800 as the Council's 2/3 contribution towards the remaining costs for Stage 3 of the study.

Clearance of Dee Park, Connah's Quay -request to carry forward funding of **£0.004m** from the underspend is requested to be c/f towards the costs of clean-up of Dee Park as a community safety initiative which are to be completed early in 2021/22.

Total Housing & Assets £0.023m

Planning Environment & Economy

Request to carry forward an element of a WGLA COVID Grant allocated to Corporate Health & Safety from Schools **£0.005m** for Health & Safety training and PPE procurement.

Total Planning Environment & Economy £0.005m

Chief Executives

Request to carry forward an underspend on the core funding Voluntary Sector budget this year of approximately **£0.016m**; this is allowing for the £0.010m being provided to the Deeside Community Trust. The underspend is due in the main to the dissolution of OWL plus some of the review work i.e. partnering organisations together who provide services to similar client groups. The additional criteria for the Community Chest relating to the pandemic recovery is leading to increased applications. The carry forward would further support the third sector who apply to the Community Chest.

Total Chief Executive's £0.016m

Governance

Revenues: Request to carry forward **£0.117m** receipt of a further COVID Business Restrictions Fund Admin Grant received late March, 2021. This grant will be used to continue the Finance recovery objective of recovering income/debt over the following 12 months.

ICT: Request to carry forward **£0.151m** receipt of an additional payment for the HWB In Schools infrastructure Grant received late March, 2021.

Total Governance £0.268m

Social Services

Children's Fostering, payment in lieu of respite days unable to be taken in 20/21 due to COVID-19 totalling **£0.097m**.

Children's Newly Qualified Social Workers, there were some NQSW employed in 20/21 on a temporary basis to assist with bringing down agency costs, a carry forward of **£0.087m** is requested to fund the retention of the NQSW who have not yet gained permanent employment

Adults; CHC Coordinator, this post is in the MTFs for 22/23 but would want to bring forward recruitment to 2021/22, a carry forward would fund this for 12 months totalling around **£0.047m**.

Adults; PARIS replacement/upgrade. Again there is MTFs pressure in 2022/23 but two posts are requested to be funded for 2021/22 to start work earlier for this totalling around **£0.084m**.

Total Social Services £0.299m

Total Carry Forward Requests £1.091m

Monitoring Summary Outturn					
Reserve Type	Description of Reserve	Balance as at 01/04/20	Balance as at 31/03/21	Movement 2020/21	Reason for Movement
Service Balances	Represents service departments carry forward of funding for specific purposes	1,828,696	4,140,168	2,311,472	Agreed Carry forwards with Cabinet approval Revenue Budget Monitoring Report 20/21 Months 9, 10, 11 and Outturn report.
Single Status/Equal Pay	Accumulated historic reserve set aside to fund one-off workforce costs following the implementation of the single status agreement	1,120,944	1,042,570	-78,373	Funded Workforce costs during 2020/21. Balance to fund future years costs.
Investment in Organisational Change	Reserve set aside to support investment in change and to support 'Invest to Save' projects	1,693,729	1,464,329	-229,400	Funded approved investment requirements during 2020/21. Balance committed for projects to be spent over next three years.
Benefits Equalisation	Reserve set aside to mitigate against the potential volatility in Housing Benefit Subsidy	132,822	0	-132,822	Drawn down to mitigate part of pressure on Housing Subsidy account due to the level of increase in the provision for bad debts
Property Claims		36,363	0	-36,363	£15,600 drawn down to meet legal costs, £20,763 transferred to service balances reserve
County Elections	Reserve set aside to fund the costs of future elections	211,990	235,913	23,922	Reserve increased to contribute to Elections in 2021
Local Development Plan (LDP)	Reserve set aside to support and resource the demand for the services of the Local Development Plan (LDP)	180,000	242,360	62,360	Reserve increased to fund the necessary LDP work in year 2021/22
Warm Homes Admin Fee	Reserve set aside to support and resource the demand for the services of the Warm Homes Energy Team in their work to deliver energy efficiency improvements to those in fuel poverty	0	322,068	322,068	Energy Team historic fees and charges brought into revenue after being realigned from Capital
Waste Disposal	Reserve set aside for specific work on new wells on landfill site	82,648	23,360	-59,288	Brookhill & Standard former landfill sites. Aftercare provision for 2020/21
Enterprise Centres	Reserve to subsidise rent income shortfalls at the Enterprise Centres	6,993	0	-6,993	Drawn down to mitigate part of rent income pressure on Enterprise Centres
Design Fees	Reserve set aside to mitigate fee shortfalls	200,000	170,000	-30,000	Drawn down to mitigate part of income pressure on Design Fees
Winter Maintenance	Reserve set aside for when there is an above average winter exceeding the annual Winter Maintenance budget of £0.841m	250,000	250,000	0	No movement
Car Parking	Car Park income ring fenced for works/improvements to Mold Town Centre in accordance with Mold Town agreement	45,403	45,403	0	No movement
Insurance Reserves	Various insurance related reserves, including the Council's internal insurance fund (IIF), to meet the costs of self-insurance as not all risks are externally insured	2,203,010	2,224,462	21,452	Movement reflects the balance between claims paid and the internal contribution to the IIF
Cash Receipting Review	Reserve created as a result of a review in the way cheque book schools are accounted for	3,181	3,595	414	Reserve increased in-year reflecting minor timing differences at year-end at cheque book schools
Flintshire Trainees	Reserve set aside to fund Flintshire Trainee programme	524,106	612,843	88,737	Reserve increased to fund additional trainees in 2020/21
Rent Income Shortfall	Reserve created to mitigate loss of income from industrial property rent	30,979	30,979	0	No movement
Customer Service Strategy	Reserve set aside to enable the role out of Customer Services Strategy. This will include improvements to Connect Centres, improving self-service facilities and investment in new software	22,468	22,468	0	No movement
Capita One	Regional IT system holding management information for schools hosted by Flintshire. Any funds held at the end of the financial year in excess of costs incurred will be spent on delivering the service in future years	18,827	18,827	0	No movement - balance given up
North Wales Economic Ambition Board	Council's share of the Joint Committee's reserves held by Gwynedd County Council.	0	92,319	92,319	Flintshire share of Year End Reserve
Supervision Fees	Reserve set aside for work carried out by the Development Control Team in supervising works on housing developments in connection with the adoption of roads and/or other related work deemed necessary	48,798	48,798	0	Balance held to fund new Back Office system following successful procurement exercise / consultant days, additional training and equipment costs following installation
LMS Curriculum	Reserve set aside to correct formula errors and targeted support to individual schools following estyn inspections.	420,896	427,268	6,372	Estyn inspections delayed due to pandemic.
Organisational Change/ADM	Reserve set aside to support initial set up costs and financial technical support for contingency against any financial issues arising as a result of implementing alternative service delivery methods	33,500	33,500	0	No movement
Carbon Reduction	Reserve set aside for costs associated with the design, R & M, security, planning costs, engineer fees etc of 2 Solar Farms	25,221	0	-25,221	Reserve fully utilised as revenue funded preparatory works now complete
Employment Claims	Reserve set aside to fund the estimated costs of employee claims against the Council	107,998	124,846	16,848	Reserve increased to fund legal costs
Community Benefit Fund NWRWTP	Contributions from NWRWTP Partnership and Wheelabrator Technologies Inc to fund environmentally beneficial projects in the locality of Flintshire. In the interim is being utilised as a 'Community Recovery Fund' to help local communities in the Deeside area from the impacts of the COVID-19 pandemic.	64,727	229,792	165,065	More collections than distribution of grants, delays of funds utilisation due to the COVID pandemic and will commence Autumn 2021.
Sub-Total Earmarked Balances		7,464,602	7,665,699	201,097	
Schools Balances	Represents the element of balance released under the delegation of budgets to schools which remained unspent at the end of the financial year	111,957	6,902,451	6,790,494	Reserves increased due to a combination of in-year savings due to the pandemic and the late notification of grants received in March 2021.
Grants & Contributions	Various grants and contributions from external providers that must be spent in accordance with associated restrictions on use	3,887,337	5,730,074	1,842,737	Grants Carried forward into 2021/22 following delay related to COVID
TOTAL		13,292,592	24,438,392	11,145,800	

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CABINET

Date of Meeting	Tuesday, 13 th July 2021
Report Subject	Capital Programme Monitoring 2020/21 (Outturn)
Cabinet Member	Cabinet Member for Finance, Social Value and Procurement
Report Author	Corporate Finance Manager
Type of Report	Operational

EXECUTIVE SUMMARY

The report summarises the final outturn position for 2020/21 together with changes made to the Capital Programme during the last quarter.

The Capital Programme has seen a net reduction in budget of £10.726m during the last quarter which comprises of:-

- Net budget reduction in the programme of £3.996m (See Table 2 - Council Fund (CF) (£4.082m), Housing Revenue Account (HRA) £0.086m);
- Net Carry Forward to 2021/22 (See Table 5 - approved at Month 9 of (£4.352m), additional School Maintenance Grant (£2.527m) partially offset by Carry Forward reversal of £0.799m) (all CF)
- Identified savings at Outturn (£0.650m) (all CF)

Actual expenditure for the year was £62.915m (See Table 3).

The final outturn funding surplus from the 2020/21 – 2022/23 Capital Programme is £1.968m.

The 2021/22 – 2023/24 Capital Programme was approved on the 8th December 2020, with a funding deficit of £1.317m. Following the final local government settlement, the Council received additional funding and this resulted in the programme being in a surplus position of £0.144m over the three year period. This surplus carry forward will lead to an opening funding position surplus of £2.112m, prior to the realisation of additional capital receipts and/or other funding sources.

RECOMMENDATIONS

1	Cabinet are requested to approve the overall report.
2	Cabinet are requested to approve the carry forward adjustments set out at 1.16.

REPORT DETAILS

1.00	EXPLAINING THE CAPITAL PROGRAMME MONITORING POSITION – OUTTURN 2020/21																																																																																																																		
1.01	<p>Background</p> <p>The Council approved a Council Fund (CF) Capital Programme of £42.582m and a Housing Revenue Account (HRA) Capital Programme of £30.464m for 2020/21 at its meeting of 28th January, 2020.</p>																																																																																																																		
1.02	For presentational purposes the Capital Programme is shown as a whole, with sub-totals for the Council Fund and HRA. In reality the HRA programme is ‘ring fenced’ and can only be used for HRA purposes.																																																																																																																		
1.03	<p>Changes since Budget approval</p> <p>Table 1 below sets out how the programme has changed during 2020/21. More detailed cumulative information relating to each Portfolio is provided in Appendix A:-</p> <p>Table 1</p> <table border="1"> <thead> <tr> <th rowspan="3">REVISED PROGRAMME</th> <th rowspan="3">Original Budget 2020/21</th> <th rowspan="3">Carry Forward from 2019/20</th> <th colspan="3">2020/21 Previously Reported</th> <th rowspan="3">Savings - This Period</th> <th rowspan="3">Changes - This Period</th> <th rowspan="3">Revised Budget 2020/21</th> </tr> <tr> <th>Changes</th> <th>Carry Forward to 2021/22</th> <th>Savings</th> </tr> <tr> <th>£m</th> <th>£m</th> <th>£m</th> </tr> </thead> <tbody> <tr> <td>People & Resources</td> <td>0.400</td> <td>0.170</td> <td>(0.260)</td> <td>0.000</td> <td>0.000</td> <td>0.000</td> <td>(0.050)</td> <td>0.260</td> </tr> <tr> <td>Governance</td> <td>1.176</td> <td>0.975</td> <td>0.207</td> <td>(0.374)</td> <td>0.000</td> <td>0.000</td> <td>1.348</td> <td>3.332</td> </tr> <tr> <td>Education & Youth</td> <td>10.166</td> <td>8.519</td> <td>(2.139)</td> <td>(6.496)</td> <td>(0.027)</td> <td>0.000</td> <td>2.570</td> <td>12.593</td> </tr> <tr> <td>Social Services</td> <td>1.247</td> <td>4.188</td> <td>4.151</td> <td>(0.288)</td> <td>0.000</td> <td>0.000</td> <td>0.820</td> <td>10.118</td> </tr> <tr> <td>Planning, Environment & Economy</td> <td>3.078</td> <td>0.905</td> <td>0.604</td> <td>(0.656)</td> <td>0.000</td> <td>(0.030)</td> <td>(0.047)</td> <td>3.854</td> </tr> <tr> <td>Streetscene & Transportation</td> <td>3.030</td> <td>1.302</td> <td>11.006</td> <td>(1.678)</td> <td>0.000</td> <td>(0.516)</td> <td>(3.595)</td> <td>9.549</td> </tr> <tr> <td>Strategic Programmes</td> <td>0.985</td> <td>0.636</td> <td>2.079</td> <td>(1.394)</td> <td>0.000</td> <td>0.000</td> <td>0.143</td> <td>2.449</td> </tr> <tr> <td>Housing & Assets</td> <td>22.500</td> <td>3.071</td> <td>(11.065)</td> <td>(1.428)</td> <td>(0.650)</td> <td>(0.104)</td> <td>(5.271)</td> <td>7.053</td> </tr> <tr> <td>Council Fund Total</td> <td>42.582</td> <td>19.766</td> <td>4.583</td> <td>(12.314)</td> <td>(0.677)</td> <td>(0.650)</td> <td>(4.082)</td> <td>49.208</td> </tr> <tr> <td>HRA Total</td> <td>30.464</td> <td>0.000</td> <td>(13.522)</td> <td>0.000</td> <td>0.000</td> <td>0.000</td> <td>0.086</td> <td>17.028</td> </tr> <tr> <td>Programme Total</td> <td>73.046</td> <td>19.766</td> <td>(8.939)</td> <td>(12.314)</td> <td>(0.677)</td> <td>(0.650)</td> <td>(3.996)</td> <td>66.236</td> </tr> </tbody> </table>	REVISED PROGRAMME	Original Budget 2020/21	Carry Forward from 2019/20	2020/21 Previously Reported			Savings - This Period	Changes - This Period	Revised Budget 2020/21	Changes	Carry Forward to 2021/22	Savings	£m	£m	£m	People & Resources	0.400	0.170	(0.260)	0.000	0.000	0.000	(0.050)	0.260	Governance	1.176	0.975	0.207	(0.374)	0.000	0.000	1.348	3.332	Education & Youth	10.166	8.519	(2.139)	(6.496)	(0.027)	0.000	2.570	12.593	Social Services	1.247	4.188	4.151	(0.288)	0.000	0.000	0.820	10.118	Planning, Environment & Economy	3.078	0.905	0.604	(0.656)	0.000	(0.030)	(0.047)	3.854	Streetscene & Transportation	3.030	1.302	11.006	(1.678)	0.000	(0.516)	(3.595)	9.549	Strategic Programmes	0.985	0.636	2.079	(1.394)	0.000	0.000	0.143	2.449	Housing & Assets	22.500	3.071	(11.065)	(1.428)	(0.650)	(0.104)	(5.271)	7.053	Council Fund Total	42.582	19.766	4.583	(12.314)	(0.677)	(0.650)	(4.082)	49.208	HRA Total	30.464	0.000	(13.522)	0.000	0.000	0.000	0.086	17.028	Programme Total	73.046	19.766	(8.939)	(12.314)	(0.677)	(0.650)	(3.996)	66.236
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1.04	<p>Carry Forward from 2019/20</p> <p>Carry forward sums from 2019/20 to 2020/21, totalling £19.766m (CF £19.766m, HRA £0.000m), were approved as a result of the quarterly monitoring reports presented to Cabinet during 2019/20.</p>																																																																											
1.05	<p>Changes during this period</p> <p>Funding changes during this period have resulted in a net reduction in the programme total of £3.996m (CF (£4.082m), HRA £0.086m). A summary of the changes, detailing major items, is shown in Table 2 below:-</p> <p>Table 2</p> <table border="1" data-bbox="333 651 1370 1570"> <thead> <tr> <th colspan="3" style="text-align: center;">CHANGES DURING THIS PERIOD</th> </tr> <tr> <th style="text-align: left;"><u>COUNCIL FUND</u></th> <th style="text-align: center;">Para</th> <th style="text-align: center;">£m</th> </tr> </thead> <tbody> <tr> <td colspan="3">Increases</td> </tr> <tr> <td>Education general</td> <td style="text-align: center;">1.06</td> <td style="text-align: right;">2.527</td> </tr> <tr> <td>Investment Grant for ICT in Schools</td> <td style="text-align: center;">1.07</td> <td style="text-align: right;">1.323</td> </tr> <tr> <td>Waste Services</td> <td style="text-align: center;">1.08</td> <td style="text-align: right;">0.507</td> </tr> <tr> <td>Children's Services</td> <td style="text-align: center;">1.09</td> <td style="text-align: right;">0.500</td> </tr> <tr> <td>Other Aggregate Increases</td> <td style="text-align: center;">1.12</td> <td style="text-align: right;">1.486</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; border-top: 1px solid black;">6.343</td> </tr> <tr> <td colspan="3">Decreases</td> </tr> <tr> <td>Affordable Housing</td> <td style="text-align: center;">1.10</td> <td style="text-align: right;">(5.271)</td> </tr> <tr> <td>Transportation Grants</td> <td style="text-align: center;">1.11</td> <td style="text-align: right;">(4.102)</td> </tr> <tr> <td>Energy Services</td> <td style="text-align: center;">1.12</td> <td style="text-align: right;">(0.830)</td> </tr> <tr> <td>Other Aggregate Decreases</td> <td></td> <td style="text-align: right;">(0.222)</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; border-top: 1px solid black;">(10.425)</td> </tr> <tr> <td>Total</td> <td></td> <td style="text-align: right; border-top: 1px solid black;">(4.082)</td> </tr> <tr> <td colspan="3"><u>HRA</u></td> </tr> <tr> <td colspan="3">Increases</td> </tr> <tr> <td>Other Aggregate Increases</td> <td style="text-align: center;">1.12</td> <td style="text-align: right;">1.373</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; border-top: 1px solid black;">1.373</td> </tr> <tr> <td colspan="3">Decreases</td> </tr> <tr> <td>WHQS</td> <td style="text-align: center;">1.12</td> <td style="text-align: right;">(1.193)</td> </tr> <tr> <td>Other Aggregate Decreases</td> <td></td> <td style="text-align: right;">(0.094)</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; border-top: 1px solid black;">(1.287)</td> </tr> <tr> <td>Total</td> <td></td> <td style="text-align: right; border-top: 1px solid black;">0.086</td> </tr> </tbody> </table>	CHANGES DURING THIS PERIOD			<u>COUNCIL FUND</u>	Para	£m	Increases			Education general	1.06	2.527	Investment Grant for ICT in Schools	1.07	1.323	Waste Services	1.08	0.507	Children's Services	1.09	0.500	Other Aggregate Increases	1.12	1.486			6.343	Decreases			Affordable Housing	1.10	(5.271)	Transportation Grants	1.11	(4.102)	Energy Services	1.12	(0.830)	Other Aggregate Decreases		(0.222)			(10.425)	Total		(4.082)	<u>HRA</u>			Increases			Other Aggregate Increases	1.12	1.373			1.373	Decreases			WHQS	1.12	(1.193)	Other Aggregate Decreases		(0.094)			(1.287)	Total		0.086
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1.06	<p>In the final quarter, the Council was allocated additional Welsh Government (WG) grant funding to address maintenance backlog in schools amounting to £2.527m.</p> <p>This funding was used for existing expenditure on schools and a corresponding sum carried forward into 2021/22 (See Table 5) to be used in accordance with grant conditions.</p>																																																																											
1.07	<p>WG have awarded funding for the purchase of equipment to improve schools IT infrastructure to meet the National Digital Standard for Schools.</p>																																																																											

1.08	WG funding has also been introduced for improvement works at Greenfield Waste Transfer Station and funding for repair and reuse activities in town centres.
1.09	There has also been an introduction of grant funding from WG relating to the acquisition of a site to deliver an in house residential care provision for children.
1.10	As part of the Strategic Housing and Regeneration Programme (SHARP), the Council are building new affordable housing. The programme is currently developing the latest batch of sites for which expenditure will be incurred over a number of financial years. Re-profiling of prudential borrowing has been carried out to match actual expenditure at outturn.
1.11	Local Transport Funding has been re-profiled to match expenditure across financial years.
1.12	During the final quarter of the year there have been a number of adjustments made to schemes that are funded from grants, revenue contributions to fund capital expenditure (CERA) and prudential borrowing, reflecting the need to re-profile funding between financial years to align expenditure incurred with the relevant funding source. This is the case with a number of the movements above.
1.13	<p>Capital Expenditure compared to Budget</p> <p>Outturn expenditure, across the whole of the Capital Programme was £62.915m. The breakdown of expenditure is analysed in Table 3, along with the percentage spend against budget.</p> <p>This shows that 94.99% of the budget has been spent (CF 93.25%, HRA 100%). Corresponding figures for Outturn 2019/20 were 88.26% (CF 87.18%, HRA 100%).</p>
1.14	The table also shows a projected underspend (pending carry forward and other adjustments) of £3.321m on the Council Fund and a break even position on the HRA.

Table 3

EXPENDITURE	Revised Budget	Outturn Expenditure	Percentage Spend v Budget	Variance Budget v Outturn (Under)/Over
	£m	£m	%	£m
People & Resources	0.260	0.000	0.00	(0.260)
Governance	3.332	3.201	96.07	(0.131)
Education & Youth	12.593	11.519	91.47	(1.074)
Social Services	10.118	9.808	96.94	(0.310)
Planning, Environment & Economy	3.854	3.660	94.97	(0.194)
Streetscene & Transportation	9.549	8.700	91.11	(0.849)
Strategic Programmes	2.449	2.418	98.73	(0.031)
Housing & Assets	7.053	6.581	93.31	(0.472)
Council Fund Total	49.208	45.887	93.25	(3.321)
Buy Back / Strategic Acquisition	0.225	0.225	100.00	0.000
Disabled Adaptations	0.681	0.681	100.00	0.000
Energy Schemes	1.610	1.610	100.00	0.000
Major Works	2.153	2.153	100.00	0.000
Accelerated Programmes	0.259	0.259	100.00	0.000
WHQS Improvements	10.948	10.948	100.00	0.000
SHARP Programme	1.152	1.152	100.00	0.000
Housing Revenue Account Total	17.028	17.028	100.00	0.000
Programme Total	66.236	62.915	94.99	(3.321)

1.15 Details of the variances for individual programme areas are listed in Appendix B, which includes the reasons, and remedial actions which may be required, where those variances exceed +/- 10% of the revised budget. In addition, where carry forward into 2021/22 has been identified, this is also included in the narrative.

1.16 **Carry Forward into 2021/22**
 During the quarter, carry forward requirements of £3.321m (all CF) has been identified which reflects reviewed spending plans across all programme areas; these amounts can be split into 2 areas, those required to meet the cost of programme works and/or retention payments in 2021/22 and Corporate provisions that are allocated as requested and approved.

1.17 The Corporate provisions are as follows:-

- 'Headroom' – A sum set aside for urgent works for which no other funding is available; and
- Health & Safety – A sum set aside for urgent health and safety works for which no other funding is available.

1.18 Information relating to each programme area is contained in Appendix B and summarised in Table 4 below:

Table 4

OUTTURN CARRY FORWARD - ANALYSIS		
	£m	£m
Contractually Committed		
Governance	0.131	
Education - General	0.624	
Primary Schools	0.180	
Secondary Schools	0.210	
Special Education	0.061	
Services to Older People	0.218	
Children's Services	0.092	
Engineering	0.023	
Townscape Heritage Initiatives	0.101	
Private Sector Renewal/Improvement	0.070	
Waste Services	0.730	
Highways	0.102	
Transportation	0.017	
Leisure Centres & Libraries	0.007	
Play Areas	0.024	
Administrative Buildings	0.424	
Disabled Facilities Grants	0.048	3.061
		3.061
Corporate Allocations		
'Headroom'	0.210	
Health & Safety Works	0.050	0.260
Total		3.321

1.19 In some instances amounts which had previously been identified as requiring carry forward have been reversed as it became clear that the expenditure was going to be incurred in the 2020/21 financial year, as shown below. Information relating to each programme area is contained in Appendix B and summarised in Table 5 below:-

Table 5

CARRY FORWARD INTO 2021/22								Total
	Month 4	Month 6	Month 9	Reversed	WG Grant	Sub Total	Outturn	
	£m	£m	£m	£m	£m	£m	£m	£m
People & Resources	0.000	0.000	0.000	0.000	0.000	0.000	0.260	0.260
Governance	0.171	0.000	0.306	(0.103)	0.000	0.374	0.131	0.505
Education & Youth	4.539	0.039	0.987	(1.596)	2.527	6.496	1.074	7.570
Social Services	0.000	0.288	0.000	0.000	0.000	0.288	0.310	0.598
Planning, Environment & Economy	0.187	0.030	0.461	(0.022)	0.000	0.656	0.194	0.850
Streetscene & Transportation	0.543	0.050	1.632	(0.547)	0.000	1.678	0.849	2.527
Strategic Programmes	0.200	0.962	0.235	(0.003)	0.000	1.394	0.031	1.425
Housing & Assets	0.780	0.000	0.731	(0.083)	0.000	1.428	0.472	1.900
Council Fund	6.420	1.369	4.352	(2.354)	2.527	12.314	3.321	15.635
TOTAL	6.420	1.369	4.352	(2.354)	2.527	12.314	3.321	15.635

1.20

Additional Allocations

No additional allocations have been identified in the programme in the last quarter.

1.21

Savings

The following savings have been identified in the programme in the last quarter.

- North Wales Residual Waste Treatment Project (NWRWTP) - £0.497m. As part of the Inter Authority Agreement, all partners in the NWRWTP agreed to contribute to building waste transfer stations at Denbighshire and Conwy. Following successful grant applications, the NWRWTP Joint Committee have approved that individual Councils can retain their contribution for their own use.
- Hope Bryn y Grog Cemetery - £0.019m. Cost of works were lower than the allocated budget for the scheme. This one-off saving can be released back into the Capital Programme.
- County Hall Demolition - £0.104m. A saving has been identified on the scheme now all works have been completed.
- Private Sector Renewal - £0.030m. A one-off saving has been identified in-year that can be released back into the Capital Programme.
- Member IT Support - £0.014m. 'Headroom' provision was approved in the Month 9 capital report to provide laptops to each Member who required one. Following the award of grant funding, this allocation has been returned back to the 'headroom' provision.

1.22

Funding of 2020/21 Approved Schemes

The position at outturn is summarised in Table 6 below for the three year Capital Programme between 2020/21 – 2022/23:-

Table 6

FUNDING OF APPROVED SCHEMES 2020/21 - 2022/23		
	£m	£m
Balance carried forward from 2019/20		(1.145)
Increases		
Shortfall in 2020/21 to 2022/23 Budget	2.264	
Additional allocation to Queensferry Campus	0.217	
		2.481
Decreases		
Actual In year receipts	(1.977)	
Savings	(1.327)	(3.304)
Funding - (Available)/Shortfall		(1.968)

1.23

The final outturn funding surplus from the 2020/21 – 2022/23 Capital Programme is £1.968m.

The 2021/22 – 2023/24 Capital Programme was approved on the 8th December 2020, with a funding deficit of £1.317m. Following the final local government settlement, the Council received additional funding and this resulted in the programme being in a surplus position of £0.144m over the three year period. This surplus carry forward will lead to an opening funding position surplus of £2.112m, prior to the realisation of additional capital receipts and/or other funding sources.

1.24

Investment in County Towns

At its meeting on 12th December 2017, the Council approved a Notice of Motion relating to the reporting of investment in county towns. The extent and format of the reporting was agreed at the Corporate Resources Overview and Scrutiny Committee on 14th June 2018.

1.25

Table 7 below shows a summary of the 2019/20 and 2020/21 actual expenditure, and budgets for future years as approved by Council at its meeting of 8th December, 2020. Further detail can be found in Appendix C, including details of the 2020/21 revised budget.

Table 7

INVESTMENT IN COUNTY TOWNS			
	2019/20	2020/21	2021 - 2023
	Actual £m	Actual £m	Budget £m
Buckley / Penyffordd	7.729	10.157	3.165
Connah's Quay / Shotton	3.844	1.412	4.634
Flint / Bagillt	3.048	2.181	2.906
Holywell / Caerwys / Mostyn	3.291	1.457	9.288
Mold / Treuddyn / Cilcain	3.406	5.655	12.860
Queensferry / Hawarden / Sealand	5.925	5.825	11.128
Saltney / Broughton / Hope	0.748	4.841	2.626
Unallocated / To Be Confirmed	0.728	1.256	18.100
Total	28.719	32.784	64.707

1.26 The inclusion of actuals for 2019/20 and approved schemes for future years allows a slightly fuller picture of investment plans. However, expenditure which has occurred in years' prior to 2019/20 has not be included, and the expenditure and budgets reported should be considered in that context.

1.27 There are two significant factors which increase allocations to particular areas, which are homes developed under SHARP, and new or remodelled schools. The impact of these can be seen in the detail shown in Appendix C.

1.28 Some expenditure cannot yet be allocated to specific towns as schemes are not yet fully developed or are generic in nature and not easily identifiable to one of the seven areas. As such schemes are identified the expenditure will be allocated to the relevant area.

1.29 Information on the split between internal and external funding can be found in Appendix C.

1.30 In addition to the information contained in Appendix C, there is also considerable capital expenditure on the HRA Welsh Housing Quality Standard (WHQS), which was originally outside the scope of this analysis. A summary is provided in Table 8 below, albeit using a slightly different catchment area basis.

Table 8

WHQS Programme			
	2019/20 Actual £m	2020/21 Budget £m	2020/21 Actual £m
Holywell	2.950	0.300	0.136
Flint	2.110	0.300	0.189
Deeside & Saltney	0.420	2.611	2.151
Buckley	0.600	4.579	3.568
Mold	7.130	1.432	1.160
Connah's Quay & Shotton	0.480	1.400	0.632
Total	13.690	10.622	7.836

2.00 RESOURCE IMPLICATIONS

2.01 Financial implications - As set out in the body of the report.

2.02 Personnel implications - None directly as a result of this report.

3.00 IMPACT ASSESSMENT AND RISK MANAGEMENT

3.01 There are no risks associated with the information contained herein relating to capital outturn.

The adverse weather during the first quarter of the year caused significant damage to the highway network. Assessments are ongoing but impacts are likely to be numerous and expensive, resulting in a cost pressure to the programme. This will be reported in the second quarter of 2021/22 once cost certainty is obtained.

The impact of the pandemic will continue to be monitored closely during the new financial year. Due to the re-profiling of schemes from the 2020/21 and resources available to manage and deliver schemes, the levels of planned expenditure in 2021/21 may be affected, resulting in a high level of carry forward requests to re-phase budgets into the 2022/23 programme.

In addition to the above there are currently indications that material supplies, and demand, are being impacted by overseas supply market disruption leading to potential cost increases, higher tender prices and project delays.

Grants received will also to be closely monitored to ensure that expenditure is incurred within the terms and conditions of the grant. The

	<p>capital team will work with project leads to report potential risks of achieving spend within timescales and assist in liaising with the grant provider.</p> <p>The Council has a prudent policy of allocating its own capital receipts to fund capital projects only when receipts are actually received rather than when it is anticipated the receipt will be received, and this position continues to be the case. Due to the pandemic there may be a delay in obtaining capital receipts as the timing of these receipts are also subject to market forces outside of the Council's control. In line with current policy no allowance has been made for these receipts in reporting the Council's capital funding position.</p>
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4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	No consultation is required as a direct result of this report.

5.00	APPENDICES
5.01	Appendix A: Capital Programme - Changes during 2020/21
5.02	Appendix B: Variances
5.03	Appendix C: Investment in Towns

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Capital Programme monitoring papers 2020/21.

7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Chris Taylor, Strategic Finance Manager Telephone: 01352 703309 E-mail: christopher.taylor@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
8.01	<p>Budget Re-profiling: Capital schemes are very dynamic and a number of factors can influence their timing and funding. Budget re-profiling assures that the correct resources are available in the correct accounting period to finance the actual level of expenditure.</p> <p>Capital Expenditure: Expenditure on the acquisition of non-current assets or expenditure which extends the useful life of an existing asset</p> <p>Capital Programme: The Council's financial plan covering capital schemes and expenditure proposals for the current year and a number of</p>

future years. It also includes estimates of the capital resources available to finance the programme.

Capital Receipts: Receipts (in excess of £10,000) realised from the disposal of assets.

Carry Forward: Carry forward occurs when schemes due to be completed in a given financial year are delayed until a subsequent year. In this case the relevant funding is carried forward to meet the delayed, contractually committed expenditure.

CERA: Capital Expenditure charged to Revenue Account. The Council is allowed to use its revenue resources to fund capital expenditure. However the opposite is not permissible.

Council Fund (CF): The fund to which all the Council's revenue and capital expenditure is charged.

Housing Revenue Account (HRA): The fund to which all the Council's revenue and capital expenditure relating to its housing stock is charged.

MRA: Major Repairs Allowance. A general capital grant from WG for HRA purposes.

Non-current Asset: A resource controlled (but not necessarily owned) by the Council, from which economic benefits or service potential are expected to flow to the Council for more than 12 months.

Section 106: Monies are received from developers/contractors pursuant to Section 106 of the Town & Country Planning Act 1990. These sums are available for use once the relevant terms of the individual agreement have been met. The monies are most commonly used for educational enhancement, play areas, highways and affordable housing.

Target Hardening: Measures taken to prevent unauthorised access to Council sites.

Unhypothecated Supported Borrowing (USB), commonly referred to as Supported Borrowing - Each year Welsh Government provide Councils with a Supported Borrowing allocation. Councils borrow to fund capital expenditure equivalent to that annual allocation, Welsh Government then include funding to cover the revenue costs associated with the borrowing for future years within the Revenue Support Grant. The Council decides how this funding is spent.

Unsupported (Prudential) Borrowing: Borrowing administered under the Prudential Code, whereby Authorities can set their own policies on acceptable levels and types of borrowing. The Prudential Framework allows Authorities to take out loans in response to overall cash flow forecasts and other factors provided they can show that the borrowing is to meet planned capital expenditure in the current year or the next three years.

CAPITAL PROGRAMME - CHANGES DURING 2020/21

	Original Budget 2020/21	Carry Forward from 2019/20	2020/21 Previously Reported		Savings (Current)	Changes (Current)	Revised Budget 2020/21
			Changes	Carry Forward to 2021/22			
	£m	£m	£m	£m	£m	£m	£m
Council Fund :							
People & Resources							
'Headroom'	0.350	0.170	(0.260)	0.000	0.000	(0.050)	0.210
Corporate Finance - H & S	0.050	0.000	0.000	0.000	0.000	0.000	0.050
	0.400	0.170	(0.260)	0.000	0.000	(0.050)	0.260
Governance							
Information Technology	1.176	0.975	0.207	(0.374)	0.000	1.348	3.332
	1.176	0.975	0.207	(0.374)	0.000	1.348	3.332
Education & Youth							
Education - General	1.500	2.668	(1.162)	(2.830)	0.000	2.274	2.450
Primary Schools	2.399	0.065	(0.288)	(0.221)	0.000	0.078	2.033
Schools Modernisation	5.365	0.072	(1.445)	(0.217)	0.000	(0.159)	3.616
Secondary Schools	0.652	5.784	0.711	(3.189)	(0.027)	0.377	4.308
Special Education	0.250	(0.070)	0.045	(0.039)	0.000	0.000	0.186
	10.166	8.519	(2.139)	(6.496)	(0.027)	2.570	12.593
Social Services							
Services to Older People	0.725	4.048	3.778	(0.288)	0.000	0.000	8.263
Children's Services	0.522	0.140	0.373	0.000	0.000	0.820	1.855
	1.247	4.188	4.151	(0.288)	0.000	0.820	10.118
Planning, Environment & Economy							
Closed Landfill Sites	0.000	0.250	0.000	(0.250)	0.000	0.000	0.000
Engineering	0.038	0.350	0.072	(0.348)	0.000	(0.034)	0.078
Energy Services	2.950	0.300	(0.278)	0.000	0.000	(0.830)	2.142
Ranger Services	0.040	0.005	0.000	0.022	0.000	0.000	0.067
Townscape Heritage Initiatives	0.050	0.000	0.459	(0.080)	0.000	0.434	0.863
Private Sector Renewal/Improv't	0.000	0.000	0.351	0.000	0.000	(0.030)	0.704
	3.078	0.905	0.604	(0.656)	0.000	(0.030)	3.854
Streetscene & Transportation							
Waste	2.430	0.497	(0.453)	(0.500)	0.000	(0.497)	1.984
Cemeteries	0.000	0.000	0.070	0.000	0.000	(0.019)	0.051
Highways	0.600	0.704	1.478	(1.132)	0.000	(0.289)	1.361
Local Transport Grant	0.000	0.055	9.911	0.000	0.000	(3.813)	6.153
Solar Farms	0.000	0.046	0.000	(0.046)	0.000	0.000	0.000
	3.030	1.302	11.906	(1.678)	0.000	(0.516)	9.549

	Original Budget 2020/21	Carry Forward from 2019/20	Previously Reported		2020/21		Savings (Current)	Changes (Current)	Revised Budget 2020/21
			Changes	Carry Forward to 2021/22	Savings				
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Strategic Programmes									
Leisure Centres	0.285	0.047	(0.033)	(0.100)	0.000	0.000	0.002	0.201	
Play Areas	0.200	0.218	0.119	(0.327)	0.000	0.000	0.144	0.354	
Libraries	0.000	0.012	0.033	(0.008)	0.000	0.000	0.000	0.037	
Archives	0.000	0.000	0.000	0.000	0.000	0.000	0.026	0.026	
Theatr Clwyd	0.500	0.359	1.960	(0.959)	0.000	0.000	(0.029)	1.831	
	0.985	0.636	2.079	(1.394)	0.000	0.000	0.143	2.449	
Housing & Assets									
Administrative Buildings	0.650	1.205	0.286	0.000	0.000	(0.104)	0.000	2.037	
Community Asset Transfers	0.100	0.836	0.000	(0.697)	0.000	0.000	0.000	0.239	
Food Poverty	0.050	0.042	0.300	0.000	0.000	0.000	0.000	0.392	
Affordable Housing	20.000	0.000	(11.700)	0.000	0.000	0.000	(5.271)	3.029	
Disabled Facilities Grants	1.700	0.988	0.049	(0.731)	(0.650)	0.000	0.000	1.356	
	22.500	3.071	(11.065)	(1.428)	(0.650)	(0.104)	(5.271)	7.053	
Housing Revenue Account :									
Buy Back / Strategic Acquisition	0.000	0.000	0.000	0.000	0.000	0.000	0.225	0.225	
Disabled Adaptations	1.104	0.000	(0.413)	0.000	0.000	0.000	(0.010)	0.681	
Energy Schemes	0.275	0.000	0.599	0.000	0.000	0.000	0.736	1.610	
Major Works	1.811	0.000	(0.051)	0.000	0.000	0.000	0.393	2.153	
Accelerated Programmes	0.742	0.000	(0.399)	0.000	0.000	0.000	(0.084)	0.259	
WHQS Improvements	15.361	0.000	(3.220)	0.000	0.000	0.000	(1.193)	10.948	
SHARP Programme	11.171	0.000	(10.038)	0.000	0.000	0.000	0.019	1.152	
	30.464	0.000	(13.522)	0.000	0.000	0.000	0.086	17.028	
Totals :									
Council Fund	42.582	19.766	4.583	(12.314)	(0.677)	(0.650)	(4.082)	49.208	
Housing Revenue Account	30.464	0.000	(13.522)	0.000	0.000	0.000	0.086	17.028	
Grand Total	73.046	19.766	(8.939)	(12.314)	(0.677)	(0.650)	(3.996)	66.236	

PEOPLE & RESOURCES

Capital Budget Monitoring 2020/21 - Outturn

Programme Area	Total Budget £m	Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required	Comments
'Headroom'	0.210	0.000	(0.210)	-100	0.000	Corporate provision - to be allocated as requested and approved.	Carry Forward - Request approval to move funding of £0.210m to 2021/22.	
Corporate Finance - Health & Safety	0.050	0.000	(0.050)	-100	0.000	Corporate provision - to be allocated as requested and approved.	Carry Forward - Request approval to move funding of £0.050m to 2021/22.	
Total	0.260	0.000	(0.260)	-100	0.000			

GOVERNANCE

Capital Budget Monitoring 2020/21 - Month Outturn

Programme Area	Total Budget £m	Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required	Comments
Information Technology	3.332	3.201	(0.131)	-4	(0.306)	Air Conditioning Programme £0.042m continuing into 2021/22, ICT Server Technology £0.009m, £0.080m ICT Storage Technology implementation costs to take place in 2021/22.	Carry Forward - Request approval to move funding of £0.131m to 2021/22.	
Total	3.332	3.201	(0.131)	-4	(0.306)			

Variance = Budget v Projected Outturn

EDUCATION & YOUTH

Capital Budget Monitoring 2020/21 - Outturn

Programme Area	Total Budget £m	Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required	Comments
Education - General	2.450	1.826	(0.624)	-25	(0.274)	£0.068m for school kitchen ventilation, Health & Safety works and fire alarm upgrades. £0.556m for the ongoing R&M programme for completion in 2021/22.	Carry Forward - Request approval to move funding of £0.624m to 2021/22.	
Primary Schools	2.033	1.853	(0.180)	-9	(0.196)	£0.050m relates to investment work at Brynford CP. £0.043m for ongoing works at Ysgol Glanrafon. £0.087m for the ongoing R&M programme for completion in 2021/22.	Carry Forward - Request approval to move funding of £0.180m to 2021/22.	
Schools Modernisation	3.616	3.616	0.000	0	(0.217)			
Secondary Schools	4.308	4.098	(0.210)	-5	(0.300)	£0.210m relates to the ongoing R&M backlog programme, for completion in 2021/22.	Carry Forward - Request approval to move funding of £0.210m to 2021/22.	
Special Education	0.186	0.125	(0.061)	-33	0.000	DDA/SEN programme for works at Drury & Ysgol Trelogan CP.	Carry Forward - Request approval to move funding of £0.61m to 2021/22.	
Total	12.593	11.519	(1.074)	-9	(0.987)			

Variance = Budget v Projected Outturn

SOCIAL SERVICES

Capital Budget Monitoring 2020/21 - Outturn

Programme Area	Total Budget £m	Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required	Comments
Services to Older People	8.263	8.045	(0.218)	-3	0.000	Works to progress at Marleyfield House Care Home into 2021/22, as per schedule of works.	Carry Forward - Request approval to move funding of £0.218m to 2021/22.	
Children's Services	1.855	1.763	(0.092)	-5	0.000	£0.060m relating to Foster care extensions - applications have been received but works will progress into 2021/22. £0.032m relating to Arosfa - Final payment in relation to retention is still outstanding.	Carry Forward - Request approval to move funding of £0.092m to 2021/22.	
Total	10.118	9.808	(0.310)	-3	0.000			

Variance = Budget v Projected Outturn

PLANNING, ENVIRONMENT & ECONOMY

Capital Budget Monitoring 2020/21 - Outturn

Programme Area	Total Budget £m	Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required	Comments
Closed Landfill Sites	0.000	0.000	0.000	0	(0.250)			
Engineering	0.078	0.055	(0.023)	-29	(0.161)	Funding required for future FCERM works programme.	Carry Forward - Request approval to move funding of £0.023m to 2021/22.	
Energy Services	2.142	2.142	0.000	0	0.000			
Ranger Services	0.067	0.067	0.000	0	0.000			Works at Wepre Park to restore the Red Rock path due to a landslide have now been completed. The budget allocated to the scheme in next year's programme, will be brought forward to cover this expenditure.
Landscape Heritage Initiatives	0.863	0.762	(0.101)	-12	(0.050)	Bailey Hill Project allocation to cover additional costs arising due to archaeology and COVID-19. Works continuing into 2021/22.	Carry Forward - Request approval to move funding of £0.101m to 2021/22	
Private Sector Renewal/Improvement	0.704	0.634	(0.070)	-10	0.000	£0.070m - Group repair scheme is demand led and relates to historic schemes of work that the Council has a commitment to fund.	Carry Forward - Request approval to move funding of £0.070m to 2021/22	One-off saving identified of £0.030m in year.
Total	3.854	3.660	(0.194)	-5	(0.461)			

Variance = Budget v Projected Outturn

STREETSCENE & TRANSPORTATION

Capital Budget Monitoring 2020/21 - Outturn

Programme Area	Total Budget £m	Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required	Comments
Waste Services	1.984	1.254	(0.730)	-37	(0.500)	Works at Standard Waste Transfer Station to progress into 2021/22.	Carry Forward - Request approval to move funding of £0.730m to 2021/22.	Welsh Government grant was awarded in 2020/21 and used in place of core funding. This will be utilised in 2021/22. £0.497m saving identified relating to the NWRWTP Transfer Station.
Cemeteries	0.051	0.051	0.000	0	0.000			£0.019m saving identified.
Highways	1.361	1.259	(0.102)	-7	(1.132)	Carry Forward required for a number of highway improvement schemes that will progress into 2021/22.	Carry Forward - Request approval to move funding of £0.102m to 2021/22.	The schemes delayed as a result of the pandemic and the impact it had on supply chains.
Local Transport Grant	6.153	6.136	(0.017)	-0	0.000	Carry forward required to fund town centre signage in Holywell. Installation to take place during Summer 2021.	Carry Forward - Request approval to move funding of £0.017m to 2021/22.	
Total	9.549	8.700	(0.849)	-9	(1.632)			

Variance = Budget v Projected Outturn

STRATEGIC PROGRAMMES

Capital Budget Monitoring 2020/21 - Outturn

Programme Area	Total Budget £m	Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required	Comments
Leisure Centres	0.201	0.195	(0.006)	-3	(0.100)	Continuing works on the Leisure Centres and Library Estates.	Carry Forward - Request approval to move funding of £0.007m to 2021/22.	
Play Areas	0.354	0.330	(0.024)	-7	(0.127)	Continued programme of works to upgrade play areas.	Carry Forward - Request approval to move funding of £0.024m to 2021/22.	
Libraries	0.037	0.036	(0.001)	-2	(0.008)			
Archives	0.026	0.026	(0.000)	-1	0.000			
Theatr Clwyd	1.831	1.831	(0.000)	-0	0.000			
Total	2.449	2.418	(0.031)	-1	(0.235)			

Variance = Budget v Projected Outturn

HOUSING & ASSETS

Capital Budget Monitoring 2020/21 - Outturn

Programme Area	Total Budget £m	Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required	Comments
Administrative Buildings	2.037	1.613	(0.424)	-21	0.000	Programme of works to progress into 2021/22.	Carry Forward - Request approval to move funding of £0.424m to 2021/22.	£0.104m saving identified in relation to the demolition of phases 3 & 4 at County Hall.
Community Asset Transfers	0.239	0.239	0.000	0	0.000			Expenditure is incurred as and when schemes are signed off.
Food Poverty	0.392	0.392	0.000	0	0.000			
Affordable Housing	3.029	3.029	0.000	0	0.000			
Disabled Facilities Grants	1.356	1.308	(0.048)	-4	(0.731)	Delays in service delivery were experienced as a result of COVID-19 restrictions. This, in combination with a service re-design has resulted in works planned to be delivered in 2020/21 now being scheduled to take place in 2021/22.	Carry Forward - Request approval to move funding of £0.048m to 2021/22.	DFG spend is customer driven and volatile.
Total	7.053	6.581	(0.472)	-7	(0.731)			

Variance = Budget v Projected Outturn

HOUSING REVENUE ACCOUNT

Capital Budget Monitoring 2020/21 - Outturn

Programme Area	Total Budget	Outturn	Variance (Under)/ Over	Variance %age	Variance Prev Qtr	Cause of Variance	Action Required	Comments
	£m	£m	£m	%	£m			
Buy Back / Strategic Acquisition	0.225	0.225	0.000	0	0.000			
Disabled Adaptations	0.681	0.681	0.000	0	0.000			
Energy Services	1.610	1.610	0.000	0	0.000			
Major Works	2.153	2.153	0.000	0	0.000			
Accelerated Programmes	0.259	0.259	0.000	0	0.000			
WHQS Improvements	10.948	10.948	0.000	0	0.000			
SHARP	1.152	1.152	0.000	0	0.000			
Total	17.028	17.028	0.000	0.000	0.000			

Variance = Budget v Projected Outturn

SUMMARY

Capital Budget Monitoring 2020/21 - Outturn

Programme Area	Total Budget	Outturn	Variance (Under)/ Over	Variance %age	Variance Prev Qtr	Cause of Variance	Action Required	Comments
	£m	£m	£m	%	£m			
People & Resources	0.260	0.000	(0.260)	-100	0.000			
Governance	3.332	3.201	(0.131)	-4	(0.306)			
Education & Youth	12.593	11.519	(1.074)	-9	(0.987)			
Social Services	10.118	9.808	(0.310)	-3	0.000			
Planning, Environment & Economy	3.854	3.660	(0.194)	-5	(0.461)			
Streetscene & Transportation	9.549	8.700	(0.849)	-9	(1.632)			
Strategic Programmes	2.449	2.418	(0.031)	-1	(0.235)			
Housing & Assets	7.053	6.581	(0.472)	-7	(0.731)			
Sub Total - Council Fund	49.208	45.888	(3.320)	-7	(4.352)			
Housing Revenue Account	17.028	17.028	0.000	0	0.000			
Total	66.236	62.916	(3.320)	-5	(4.352)			

Variance = Budget v Projected Outturn

INVESTMENT IN COUNTY TOWNS - 2020/21- OUTTURN

APPENDIX C (Cont)

TOWN FUNDING	ACTUAL TO DATE £000	BUCKLEY		CONNAH'S QUAY		FLINT		HOLYWELL		MOLD		QUEENSFERRY		SALTNEY		UNALLOCATED		TOTALS			
		Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Total £000	
EXPENDITURE																					
HOUSING - HRA																					
SHARP	1,152	122		20		51		187		227		366					179		1,152	0	1,152
EDUCATION & YOUTH																					
Connah's Quay High School	264			69	195														69	195	264
Queensferry Campus	3,303												3,303						0	3,303	3,303
Ysgol Glanrafon	770										770								0	770	770
Castell Alun High School	3,511													3,511					3,511	0	3,511
SOCIAL CARE																					
Marleyfield EPH	8,005	4,225	3,780																4,225	3,780	8,005
PLANNING, ENVIRONMENT & ECONOMY																					
Solar PV Farms	2,058			433		1,625													2,058	0	2,058
STREETSCENE & TRANSPORTION																					
Highways Maintenance	1,259		131		54				398		156		53		243	140	84		140	1,119	1,259
Transport Grant	6,136		45		641		505	164	708		30		2,103		1,087		853		164	5,972	6,136
Improvements to Standard Yard Waste Transfer Station	447		447																0	447	447
STRATEGIC PROGRAMMES																					
Theatr Clwyd - Redevelopment	1,808										1,808								0	1,808	1,808
HOUSING & ASSETS																					
County Hall Demolition	1,042										1,042								1,042	0	1,042
Affordable Housing	3,029	1,407									1,622								3,029	0	3,029
	32,784	5,754	4,403	522	890	1,676	505	351	1,106	2,891	2,764	366	5,459	3,511	1,330	319	937		15,390	17,394	32,784
AREA TOTAL			10,157		1,412		2,181		1,457		5,655		5,825		4,841		1,256				

INVESTMENT IN COUNTY TOWNS - 2021- 2023 BUDGET

APPENDIX C (Cont)

TOWN FUNDING	FUTURE BUDGET £000	BUCKLEY		CONNAH'S QUAY		FLINT		HOLYWELL		MOLD		QUEENSFERRY		SALTNEY		UNALLOCATED		TOTALS			
		Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Internal £000	External £000	Total £000			
EXPENDITURE																					
HOUSING - HRA																					
SHARP	14,052	968		817		306		7,798		3,285		878							14,052	0	14,052
EDUCATION & YOUTH																					
Queensferry Campus	7,250											2,149	5,101						2,149	5,101	7,250
Ysgol Glanrafon	3,347									201	3,146								201	3,146	3,347
Brynford CP	1,040							1,040											1,040	0	1,040
Castell Alun High School	2,626													2,626					2,626	0	2,626
Ysgol Croes Atti, Shotton	1,125			262	863														262	863	1,125
Joint Archive Facility, FCC and DCC	3,028									3,028									3,028	0	3,028
SOCIAL CARE																					
Marleyfield EPH	944	944																	944	0	944
Foster Care Homes Adaptations	120																120		120	0	120
Mockingbird	688																	688	0	688	688
PLANNING, ENVIRONMENT & ECONOMY																					
Solar PV Farms	1,192			1,192															1,192	0	1,192
STREETSCENE & TRANSPORTION																					
Highways Asset Management Plan:-	1,200																1,200		1,200	0	1,200
Improvements to Standard Yard Waste Transfer Station	1,253	1,200	53																1,200	53	1,253
Greenfield Waste Management Infrastructure	450							450											450	0	450
STRATEGIC PROGRAMMES																					
Ystrad Clwyd - Redevelopment	2,300									1,100	1,200								1,100	1,200	2,300
HOUSING & ASSETS																					
Adaptable Housing	24,092			1,500		2,600				900		3,000					16,092		24,092	0	24,092
	64,707	3,112	53	3,771	863	2,906	0	9,288	0	8,514	4,346	6,027	5,101	2,626	0	17,412	688	53,656	11,051	64,707	

AREA TOTAL

3,165

4,634

2,906

9,288

12,860

11,128

2,626

18,100

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CORPORATE RESOURCES OVERVIEW AND SCRUTINY

Date of Meeting	Thursday 8th July, 2021
Report Subject	Revenue Budget Monitoring 2021/22 (Interim)
Cabinet Member	Cabinet Member for Finance, Social Value and Procurement
Report Author	Corporate Finance Manager
Type of Report	Operational

EXECUTIVE SUMMARY

The purpose of this report is to provide Members with the Revenue Budget Monitoring 2021/22 (Interim) Report.

RECOMMENDATIONS

1	That the committee considers and comments on the Revenue Budget Monitoring 2021/22 (Interim) report. Any specific matters for attention will be noted and reported back to the Cabinet when it considers the report.
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REPORT DETAILS

1.00	EXPLAINING THE REVENUE BUDGET MONITORING POSITION 2021/22 (INTERIM)
1.01	The Revenue Budget Monitoring 2021/22 (Interim) report will be presented to Cabinet on Tuesday 13th July, 2021. A copy of the report is attached as Appendix A to this report.

2.00	RESOURCE IMPLICATIONS
2.01	As set out in Appendix A; Revenue Budget Monitoring 2021/22 (Interim).

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	As set out in Appendix A; Revenue Budget Monitoring 2021/22 (Interim).

4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	None required.

5.00	APPENDICES
5.01	Appendix A; Revenue Budget Monitoring 2021/22 (Interim)

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None required.

7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Dave Ledsham, Finance Manager Telephone: 01352 704503 E-mail: dave.ledsham@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
8.01	<p>Revenue: a term used to describe the day to day costs of running Council services and income deriving from those services. It also includes charges for the repayment of debt, including interest, and may include direct financing of capital expenditure.</p> <p>Budget: a statement expressing the Council's policies and service levels in financial terms for a particular financial year. In its broadest sense it includes both the revenue budget and capital programme and any authorised amendments to them.</p> <p>Capital Programme: The Council's financial plan covering capital schemes and expenditure proposals for the current year and a number of future years. It also includes estimates of the capital resources available to finance the programme.</p>

CABINET

Date of Meeting	Tuesday 13 th July, 2021
Report Subject	Interim Revenue Budget Monitoring Report 2021/22
Cabinet Member	Cabinet Member for Finance, Social Value and Procurement
Report Author	Corporate Finance Manager
Type of Report	Operational

EXECUTIVE SUMMARY

The report provides the first overview of the budget monitoring position for the 2021/22 financial year. Here we report by exception on significant variances which may impact on the financial position in 2021/22.

At this early stage and based on the high level assumptions included in the report the potential variations to budget identified by Portfolios equate to a minimum net additional expenditure requirement of £1m.

Our ability to mitigate financial risks arising from the pandemic in the first half of the year will largely depend on the continuation of funds for hardship and income loss by Welsh Government.

At this stage it is uncertain whether the Hardship Fund will be extended beyond September should current restrictions around the pandemic continue. There is no account taken of the financial risks arising should no additional funding be made available during a prolonged pandemic situation.

A full detailed monitoring report will be provided in September which will update on the overall financial position.

RECOMMENDATIONS

1	To note the report and the estimated financial impact on the 2021/22 budget.
2	To approve a £0.175m budget virement between Localities Services to Resources and Regulated Services within Older People's Purchasing

	budget and a £0.300m budget virement between Localities Services to Mental Health Residential Budget (paragraph 1.04 refers)
3	To approve the ring-fencing of allocations from the Contingency Reserve for Investment in Change (£0.400m) and Severe Weather (£0.250m)

REPORT DETAILS

1.00	EXPLAINING THE REVENUE BUDGET MONITORING 2021/22
1.01	The report provides the first overview of the budget monitoring position for the 2021/22 financial year and one which reports by exception on variances and financial risks only. The first full monthly in-year budget monitoring report will be reported in September, up to Month 4.
1.02	<p>Emergency Grant Funding – Additional Costs Only</p> <p>The Local Government Hardship fund has been allocated £206.6m in the Welsh Government Final Budget 2021-22 to support local government for the first six months of 2021-22. The budget will continue to be monitored on a monthly basis with any additional funding allocations being based on the path of the pandemic and any additional funding from the UK Government.</p> <p>Claims will continue to be submitted on a monthly basis retrospectively for additional costs incurred up to the end of September, 2021. Claims of £1.436m have been submitted for additional costs incurred in April and May and the first quarterly income loss claim is due for submission by 15 July.</p>
1.03	<p>OVERVIEW OF THE IN-YEAR BUDGET POSITION</p> <p>The following paragraphs set out the significant variances and financial risks identified at this early stage by portfolio.</p>
1.04	<p>Social Services Up to £0.230m over budget</p> <p>Localities (£0.485m) under budget; The commissioned Older People’s Residential Care budget is projected to underspend by (£0.338m) due to the costs of care being offset by income such as Free Nursing Care, ICF funding and property income. There are also projected underspends of (£0.050m) on the Minor Adaptations budget and (£0.058m) on the Localities staffing budget.</p> <p>Disability Services £0.123m over budget; mostly due to the in-house supported living service based on the number of hours to deliver the required care within each supported living home.</p> <p>Mental Health Services £0.719m over budget; - based on the net costs of current commissioned care packages within the Mental Health service.</p>

Children's Services – Fostering £0.223m over budget; - due to the current demands on the service from the number of fostering placements although it is important to note that these placements are less expensive than alternative Out of County placements.

Children's Services - Legal & Third Party £0.406m over budget- due to the number of legal cases going through the courts and the use of external legal professionals. Direct payments also continue to increase in demand.

Children's Services - Professional Support £0.341m over budget; to support adequate levels of child protection; the established staffing structure needs to be at a sufficient level to meet mandatory safeguarding standards. Vacancies are therefore minimised and additional temporary posts are sometimes required to be able to meet the challenges and demands of Children's Services.

Hardship Funding for in-house care provision (£0.300m) under budget; Last year Welsh Government provided for Council Provided Care Services through the Social Services allocation within the Hardship Fund. The fund has been extended to the first part of the year but no announcement has been made regarding funding for quarters 3 and 4, although it is anticipated that there will be some funding available.

Additional Continuing Health Care Funding (CHC) (£0.300m) under budget: A post is to be filled to assist the Authority in securing additional CHC funding from the health service. This is a complicated and complex process and this post will bring expertise to support social work and other staff to ensure we are compliant with the framework and its requirements in relation to Local Authority (LA) responsibilities and thus generate additional contributions.

Integrated Care Fund (ICF) Slippage and Winter Pressures funding (£0.250m) under budget; In past years there has been slippage on some ICF projects which was eligible to be transferred to Local Authority provided services. There has also been additional funding provided by Welsh Government to offset Winter Pressure costs within Social Services. Based on this historic trend, it is assumed that one or both of these situations will occur again this financial year.

Flexible use of Children's Services Grants (£0.250m) under budget; Last financial year the pandemic restricted grant funded activities within Children's Services and due to this Welsh Government allowed a more flexible approach with some grants which were able to be used to fund some service costs normally funded from the Council's revenue budget. As not all services have returned to normal, it is highly likely that some flexibility will be allowed again this year.

Budget Virement

It is recommended that an amount of £0.175m is transferred from the Localities Services budget to Resources and Regulated Services within Older People.

	<p>Marleyfield Older People's Residential Care Home has been expanded to increase bed capacity, and this has meant an increase in the required annual running costs estimated to be £0.879m.</p> <p>Within the budget for 2020/21 and 2021/22 there was additional budget provided totalling £0.529m to meet this pressure in addition to an expected contribution from BCUHB of £0.150m.</p> <p>In addition efficiencies of £0.200m were identified as contributing towards the increased costs; £0.025m from within the Resources and Regulated Services Budget and £0.175m from the Localities Service budget. This virement request is being made to formally approve the transfer of £0.175m from the Localities Services budget to the Resources and Regulated Services budget within the Older People's Service.</p> <p>It is recommended that an amount of £0.300m is transferred from the Localities Services budget to Mental Health Residential budget.</p> <p>The Mental Health Residential Care budget is coming under increasing financial pressure and continued net increases to the number of service users supported has meant there is now insufficient budget to meet the current projected costs.</p> <p>The Localities Budget in recent years has been underspending due to an increase in contributions from Welsh Government, BCUHB and property income. Approval is requested for the transfer of £0.300m from the Localities Services budget to the Mental Health Residential Budget to assist in reducing some of this financial pressure.</p>
1.05	<p>Education and Youth (Up to £0.143m) under budget</p> <p>The Early Entitlement service is projecting a surplus balance of £0.143m but relies heavily on funding from Welsh Government in relation to top-up payments to non-maintained settings. This funding is projected at £0.158m but it is still unclear this early in the financial year whether this funding will be confirmed.</p>
1.06	<p>Streetscene & Transportation Up to £0.100m over budget</p> <p>This potential overspend within the Transportation Service is based on the number of additional school days due to Easter school holidays not being until April 2022 and re-procurement of one of the local bus services.</p>
1.07	<p>Planning & Environment Up to £0.360m over budget</p> <p><u>Fee Income Shortfalls</u> Building Control fee income is projected to be £0.205m less than budget over a full year. Delayed income loss will be evaluated after the second quarter and we aim to recoup the loss from the WG Hardship Fund. Planning Fee income is projected to meet current income targets based on actual income received to date. However, based on historic full year income totals, there is a projected income loss in the range of £0.035m to £0.085m for a full year. Delayed income loss will be evaluated after the second quarter and we aim to recoup the loss from the WG Hardship Fund.</p>

	<p>Markets fees were reinstated at 100% from June, 2021 and initial projections indicate a potential shortfall of £0.030m dependant on whether any further restrictions are placed due to potential increase in infection rates.</p> <p>Licensing Fee Income is projecting a shortfall of £0.083m as a consequence of the pandemic, falling numbers in taxi and alcohol licensing.</p>
1.08	<p>Housing & Assets (Up to £0.150m) under budget</p> <p>Claims will continue to be made from the Hardship Fund for additional staffing costs within the Benefits Service in 2021/22 and to date a total of £0.055m has been claimed for the months of April and May. Subject to continuity of full funding for the amounts we have claimed will there may be a potential underspend on the staffing budget which was increased in 2021/22 to assist with resourcing demand levels.</p>
1.09	<p>Corporate Services (Up to £0.105m) under budget</p> <p>A saving of £0.075m - £0.105m is forecast based on projected vacancy savings.</p>
1.10	<p>Governance (Up to £0.200m) under budget</p> <p>Based on current income levels there is a potential surplus on the budgeted Council Tax Collection Fund in the region of (£0.200m).</p>
1.11	<p>Central & Corporate Finance (Up to £0.100m) under budget</p> <p>In the previous financial year there was a significant underspend in employer pension fund contributions of £0.495m and the budget for 2021/22 was adjusted by £0.300m. Based on the contributions to date and the previous year trend a positive variance between £0.080m and £0.100m is projected.</p>
1.12	<p>Open Risks</p> <p>Members were made aware when setting the budget that there were a number of open risks that would need to be kept under close review. An update on these is provided below.</p>
1.13	<p>Council Tax Income</p> <p>In 2020/21 the Council achieved an 'in-year' collection level of 97%, a reduction of 0.9% from the previous year, a shortfall of £0.900m in cash terms.</p> <p>Recovery processes have re-commenced in full which has had a positive response and indicates that the collection fund will recover over the coming months. Welsh Government have provided financial support of £22.6m across Wales in 2020/21 as a contribution towards these potential losses. As a result of this, the Council received an additional £1.051m which has been set aside in a provision to safeguard against potential future bad</p>

	debts. The position will be closely monitored but at this stage no shortfall is projected to the year end.
1.14	<p>Pay Award (Teacher and Non Teacher)</p> <p>Based on the UK Government position on public sector pay no general provision was included in the 2021/22 budget other than funding to reflect the intention to provide for those staff earning less than £24k.</p> <p><u>NJC (Green Book)</u> National negotiations are ongoing although based on the latest offer by Employers of a 1.5% uplift this would add a minimum further £0.160m to the pay bill for schools and £0.799m for non-schools. In the absence of any further funding being made available this will need to be met from the Contingency Reserve and built into the base budget from 2022/23.</p> <p><u>Teachers</u> National negotiations are ongoing although based on a 1.75% uplift this would add a minimum further £0.736m to the pay bill for schools in 2021/22, with the full year impact in 2022/23 being £1.282m. Representations will continue to be made for further funding to meet these additional costs, although if unsuccessful it is likely that the council and schools will need to cost share the burden.</p>
1.15	<p>Out of County Placements</p> <p>There is a significant pressure on this volatile budget arising from the full year impacts of new placements made during 2020/21, including several new high cost placements which were agreed in March after the budget for 2021/22 had been set. At present, the projected overspend for the current cohort of placements is £0.890m. With over 9 months of the year remaining and the high potential for further new placements to emerge, it is anticipated that the final overspend may be significantly in excess of £1m.</p>
1.16	<p>Benefits</p> <p>Council Tax Reduction Scheme (CTRS) – Based on current demand costs are currently within budget although a surge in demand is expected from October when the UK Government furlough scheme ends. At this stage it is unclear how WG funding support for CTRS will operate in 2021/22. There is however £0.105m within reserves which could accommodate some partial mitigation should it be required</p>
1.17	<p>Homelessness</p> <p>There is a risk that demands on the service will continue to increase with the impacts of removal of restrictions on landlords to seek repossessions. In addition, the economic impacts on residents in the rented sector and owner occupiers following the end of the furlough scheme at the end of September continue to cause concern.</p> <p>There is additional support in place with strategic use of the increased Housing Support Grant funding, but this may still not be sufficient.</p>

1.18	<p>Summary of Overall Financial Impact</p> <p>At this early stage, and based on the high level assumptions included in the report the potential variations to budget identified by Portfolios equate to a minimum net additional expenditure requirement of £1m.</p> <p>Our ability to mitigate financial risks arising from the pandemic in the first half of the year will largely depend on the continuation of funds for hardship and income loss by Welsh Government.</p> <p>At this stage it is uncertain whether the Hardship Fund will be extended beyond September should current restrictions around the pandemic continue. There is no account taken of the financial risks arising from the pandemic should no additional funding be made available during a prolonged situation.</p> <p>A full detailed monitoring report will be provided in September which will update on the overall financial position.</p>
1.19	<p>Unearmarked Reserves</p> <p>The final level of Council Fund Contingency Reserve brought forward into 2021/22 was £5.973m as detailed in the 2020/21 outturn report. However, this increases to £6.444m when taking account of the budgeted contribution to Reserves in the 2021/22 budget. This is the amount available for general purposes following the set-aside of £3.0m for a COVID-19 Emergency Funding. There is likely to be a requirement to meet any unfunded impacts of the pay awards from the Contingency Reserve as detailed in para 1.14 following the the outcome of the national pay award negotiations.</p>
1.20	<p>It is recommended that the following amounts are ringfenced from the Contingency Reserve to help manage future risks:</p> <ul style="list-style-type: none"> - Investment in Change (£0.400m) - Severe Weather (£0.250m)

2.00	RESOURCE IMPLICATIONS
2.01	As set out within the report.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	<p>The financial impacts of the emergency as set out in the report are a combination of actual costs and losses to date and estimates of costs and losses for the future. There is the possibility that the estimates will change over time. The budget will be monitored closely and mitigation actions taken wherever possible.</p>

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	None specific.

5.00	APPENDICES
5.01	None.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Various budget records.

7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Dave Ledsham Strategic Finance Manager</p> <p>Telephone: 01352 704503</p> <p>E-mail: dave.ledsham@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
8.01	<p>Budget: a statement expressing the Council's policies and service levels in financial terms for a particular financial year. In its broadest sense it includes both the revenue budget and capital programme and any authorised amendments to them.</p> <p>Council Fund: the fund to which all the Council's revenue expenditure is charged.</p> <p>Financial Year: the period of twelve months commencing on 1 April.</p> <p>Housing Revenue Account: the Housing Revenue Account (HRA) is a local authority account showing current income and expenditure on housing services related to its own housing stock. The account is separate from the Council Fund and trading accounts and is funded primarily from rents and government subsidy.</p> <p>Intermediate Care Fund: Funding provided by Welsh Government to encourage integrated working between local authorities, health and housing.</p> <p>Projected Outturn: projection of the expenditure to the end of the financial year, made on the basis of actual expenditure incurred to date.</p> <p>Reserves: these are balances in hand that have accumulated over previous years and are held for defined (earmarked reserves) and general (general reserves) purposes. Councils are required to regularly review the</p>

level and purpose of their reserves and to take account of the advice of the Chief Finance Officer.

Revenue: a term used to describe the day-to-day costs of running Council services and income deriving from those services. It also includes charges for the repayment of debt, including interest, and may include direct financing of capital expenditure.

Variance: difference between latest budget and actual income or expenditure. Can be to date if reflecting the current or most up to date position or projected, for example projected to the end of the month or financial year.

Virement: the transfer of budget provision from one budget head to another. Virement decisions apply to both revenue and capital expenditure heads, and between expenditure and income, and may include transfers from contingency provisions. Virements may not however be approved between capital and revenue budget heads.

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Corporate Resources Overview and Scrutiny Committee

Date of Meeting	Thursday 8 July, 2021
Report Subject	Joint Funded Care Packages
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer for Social Services
Type of Report	Operational

EXECUTIVE SUMMARY

Health and Social Care work closely together to provide appropriate care and support packages to meet the needs of individuals in the community. These packages are funded either by Social Services (with or without a client contribution depending of the outcome of a financial assessment) or jointly between the Health Board and ourselves, or solely by the Health Board if an individual's needs meet the criteria for full Continuing Health Care (CHC) funding.

The process of funding is complex and close working relationships with Health Board colleagues have been established over a number of years to enable constructive partnership working to agree the most appropriate care for an individual which is funded accordingly.

This report provides information on the processes of both agreeing joint funded care packages and budget management.

RECOMMENDATIONS

1	To assure Members of the robust and proactive budget management approach the Council takes on joint funded care packages.
2	To inform members of the plan to introduce a CHC Monitoring Officer post supported by 'Invest to Save' corporate funding.

REPORT DETAILS

1.00	EXPLANATION OF THE FINANCIAL PROCESSES SUPPORTING JOINT FUNDEED CARE PACKAGES
1.01	Background
1.02	NHS Continuing Health Care (CHC) is a package of care and support for people over 18 years of age who have complex care issues which are primarily health based. The NHS in Wales is responsible for the delivery of CHC, though the Local Authority has a role.
1.02	Welsh Government created an implementation framework for NHS Continuing Health Care in Wales which was published in 2014 and which is currently under review. The framework sets out the arrangements for CHC in Wales and how eligibility is determined. It stipulates that Local Health Boards have the lead responsibility for CHC in their local area. They must, however, work with local authorities, other NHS organisations and independent/voluntary sector partners to ensure effective operation of the Framework.
1.03	Under the Social Services and Well-being (Wales) Act 2014, Social Services will provide/fund social care for adults who are assessed as having care and support needs. The local authority cannot fund or provide care to undertake health tasks. If as health tasks are required to be undertaken in the community to support an individual to live at home or in a care home, the local health board (Betsi Cadwaladr University Health Board [BCUHB]) is responsible, through CHC, for the funding of these services. Some peoples' needs are clearly identified as all social care, or all health and, as such, each agency will fund 100% of the package.
1.04	As everyone has individual needs, some people will have needs that are clearly identified as 100% social care and will be funded either wholly by the local authority or through a client contribution and local authority funding (dependent of the outcome of a financial assessment). Other individuals who live in the community have needs which are 100% health needs, and all of their package of care will be funded by the health board through CHC.
1.05	However, many people have a blend of some social care needs and some health needs and their care packages are jointly funded by the health board and the local authority with the proportion of funding determined by the eligibility laid down in the Welsh Government CHC Framework referred to above.
1.06	There are around 5,000 people in Wales receiving CHC at any point in time and this accounts for around £360m of the annual Wales NHS budget.
1.07	In addition to the Adult CHC Framework, there is also a different CHC mechanism to support Children and Young People. The frameworks for both are currently being reviewed.

1.08	Continuing Healthcare in Flintshire
1.09	<p>The CHC process is well-established and regularly used by Social Services. The current challenges are as follows:</p> <ul style="list-style-type: none"> • As people become older, frailer, or their health deteriorates, their health needs increase. The social care package which used to meet their needs are now required to contain some health tasks. It is therefore beholden on Social Services to gain engagement from the CHC team in BCUHB to contribute to the cost of care packages. This has been at times a challenge for Social Services. • Flintshire and Wrexham have the highest number of CHC packages across North Wales. This is likely due to the population size and indicator that officers have acted promptly and diligently to pursue CHC claims where appropriate. • BCUHB employ a team of specialist CHC reviewers and have a management structure to solely undertake this work which affords them resource and capacity. Social Services staff however, undertake this role as part of their varied and demanding work. • During a recent Internal Audit review of CHC processes, it was identified that to assist with the reconciliation of claims (both 'agreed' and 'in-dispute'), as well as the close monitoring of disputed CHC claims, it was identified that a business case be put forward to appoint a Continuing Health Care Co-ordinator to suit within the Financial Assessment and Charging Team of Social Services. The funding for this post is outside the current budget for the service and a request for 'Invest to Save' corporate monies is being sought.
1.10	<p>When working with Children's Health the CHC framework is less prescriptive than the current Adult framework. This can make it a challenge to secure consistent decisions on funding. For information, there are very few children who receive 100% CHC funding, and this can be attributed to how the system operates and is not directly linked to the complexity of need. Often when a child supported through CHC becomes an adult, the contribution from Adult Health BCUHB increases.</p>
1.11	<p>The challenge for a local authority is twofold. Firstly, it is to ensure that those individuals who meet the eligibility criteria for CHC receive wholly or jointly funded packages of support. BCUHB have informed partners that they pay the highest value of CHC payments in Wales and that Flintshire receives the highest amount of CHC payments in the region.</p>
1.12	<p>Secondly, it is to ensure that all agreed packages are paid in a timely manner, and the resolution and payment of disputed packages.</p>
1.13	<p>In response to this second challenge, Social Services have the following processes in place:</p> <ul style="list-style-type: none"> • The accountants meet regularly with BCUHB to ensure payments claimed for are accurate and outstanding debts are paid. • Debt levels are monitored monthly and a report produced by the Revenue Service for the Chief Officer. This report is discussed at the Social Services Directorate Management Team meeting and outstanding debt levels escalated with BCUHB Senior Managers

	<ul style="list-style-type: none"> Any issues are further escalated through the Flintshire and BCUHB Strategic Partnership meetings held quarterly between the Chair, Chief Executive and Area Director of BCUHB and the Leader, Deputy Leader, Cabinet Member, Chief Executive and Chief Officer for the Council.
1.14	The creation of the role of a CHC Monitoring Officer will further assist with the management of disputed cases along with timely monitoring of both agreed and disputed packages and the provision of management information.

2.00	RESOURCE IMPLICATIONS
2.01	Additional funding through the 'Invest to Save' to support the creation of a CHC Monitoring Officer post.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	Debt levels are monitored monthly and an escalation route has been established

4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	None required at this stage.

5.00	APPENDICES
5.01	Appendix 1 - CHC National Framework for implementation in Wales

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Contact Officer: Jane Davies – Senior Manager Safeguarding and Commissioning Telephone: 01352 702503 E-mail: jane.m.davies@flintshire.gov.uk

7.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
7.01	None

7.00	GLOSSARY OF TERMS
7.01	(1) Social Services and Wellbeing (Wales) Act 2014: The Social Services and Well-being (Wales) Act came into force on 6 April 2016. The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.

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Continuing NHS Healthcare The National Framework for Implementation in Wales

June 2014

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Introduction

This document sets out the arrangements for the effective and efficient delivery of Continuing NHS Healthcare (CHC) in Wales.

CHC is a complete package of ongoing care arranged and funded solely by the NHS through Local Health Boards (LHBs), where an individual's primary need has been assessed as health-based.

CHC can be provided in any residential or non-residential setting and is part of the continuum of care and support that an individual with complex needs may move in and out of. There are around 5,500 people in Wales who receive CHC at an annual cost to the LHBs of approximately £278 million.

CHC is different from 'Funded Nursing Care' provided for people in nursing homes. The provision of NHS Funded Nursing Care derives from Section 49 of the Health and Social Care Act, 2001, which excludes nursing care by a registered nurse from the services which can be provided by local authorities. The decision on eligibility for NHS Funded Nursing Care should only be taken when it is considered that the person does not fall within the eligibility criteria for CHC.

The existing arrangements for CHC are set out by the Welsh Government in the 2010 National Framework for Implementation. This stipulates LHBs have the lead responsibility for CHC in their local area. They must, however, work with Local Authorities, other NHS organisations and independent/voluntary sector partners to ensure effective operation of the Framework.

In response to a report by the Wales Audit Office Report ¹ and feedback received from a range of stakeholders, Welsh Government undertook a collaborative review of the 2010 Framework, followed by a formal consultation exercise. The revised 2014 Framework has been informed by this feedback.

In addition, over the last twelve months Welsh Ministers have issued interim guidance to clarify and strengthen arrangements relating to eligibility for CHC and financial restitution for backdated (retrospective) claims. These new measures are built into the revised 2014 National Framework for Continuing NHS Healthcare, which strengthens guidance and strategic oversight given to LHBs.

This Framework replaces the previous arrangements set out in the 2010 National Framework for Continuing NHS Healthcare. It also incorporates and replaces the interim guidance.

¹ Implementation of the National Framework for Continuing NHS Healthcare (June 2013)

It is supported through:

- Public information leaflets;
- A national joint training programme;
- an online Complex Care Information & Support site www.cciss.org.uk ;
- structured opportunities for shared learning, including an annual conference and a relaunch of the Complex Care Forum; and,
- a National Performance Framework, to be implemented from the 1st October 2014.

This Framework refers to various legislation, regulations and statutory guidance and some of these will be revised over time. The interpretation of the guidance in this document should therefore take into account future changes.

June 2014

Key Messages

K1 For individuals who are eligible to receive it, Continuing NHS Healthcare (CHC) is an entitlement. It is essential to aim for a decision on eligibility to be right first time. Incorrectly denying someone eligible for CHC access to their entitlement can result in significant financial costs for them and can lead to distress for them and their families. It may also result in retrospective claims which can be expensive and time consuming.

K2 The sole criterion for determining eligibility for CHC is whether an individual's primary need is a health need.

K3 This Framework sets out the process for the NHS, working with local authority (LA) partners, to assess an individual's health needs and to ensure that the appropriate care is provided to meet those needs.

K4 There must be a clear and transparent rationale to support the decision making process. Professional integrity is vital.

K5 The NHS is responsible for assessing, funding and providing services to meet the needs of its population. Local authorities are responsible for the provision of social services and there may be a charge to the individual for some of these. Individuals may require services from both the NHS and local authority.

K6 Individuals and their families/representatives must be fully involved and informed throughout the assessment process.

K7 The services provided in response to assessed need must be proportionate to need and effectively co-ordinated, in order to avoid unnecessary disruption to the individual and their family.

The National Framework

Nature and Purpose

- 1.1 The Welsh Government has produced this 2014 Framework (referred to throughout this document as “the Framework”) for Continuing NHS Healthcare (CHC). It sets out the Welsh Government’s policy for eligibility for CHC, and the responsibilities of NHS organisations and local authorities under the Framework and related matters.
- 1.2 The effective date for implementation of this Framework is 1st October 2014 and it will replace the 2010 ‘Continuing NHS Healthcare: The National Framework for Implementation in Wales’.
- 1.3 This Framework sets out a process for the NHS, working together with local authority partners, to assess health needs, decide on eligibility for CHC and provide appropriate care. It is accompanied by the Complex Care Information & Support site www.cciss.org.uk and will be supported by a comprehensive joint training programme.
- 1.4 The purpose of the Framework is to provide a consistent foundation for assessing, commissioning and providing CHC for adults across Wales. This is to ensure that there is a consistent, equitable and appropriate application of the process for determining eligibility.
- 1.5 The assessment of and provision for care for children and young people is addressed in the Welsh Government’s Children and Young People’s Continuing Care Guidance 2012.

Action

1.6 NHS bodies must:

- confirm to the Welsh Government that the principles and processes in this Framework are used throughout their organisations;
- ensure all relevant staff are fully aware of the procedures for assessing, determining eligibility and the providing CHC services, through participation in the national joint training programme;
- ensure the national information leaflets provided on the Complex Care Information & Support site www.cciss.org.uk are available in a range of formats to individuals in need of care, their families and carers.
- review their current assessment, quality assurance, discharge processes and commissioning arrangements to ensure they comply with this Framework.

1.7 **Local authorities should:**

- consider how their current practice fits with the responsibilities set out in this Framework and make any necessary changes.

1.8 **NHS bodies and local authorities should:**

- work together in a partnership approach when reviewing existing processes and services to ensure best outcomes for individuals;
- consider where CHC responsibilities require clear arrangements to be made with provider organisations and ensure that these are built into purchasing and contracting processes;
- comply with their responsibilities as set out within this Framework;
- as part of their responsibilities for assessment, care and support planning and commissioning they need to communicate the requirements of the framework to service providers across all sectors. This will help them to, for example, identify individuals with continuing health care needs.

1.9 The Welsh Government gives a commitment to review the Framework after three years of implementation and to issue additional or interim guidance where this is required.

Note: The NHS Funded Nursing Care in Care Homes Guidance 2004² remains in effect, though will be subject to review.

² WHC 2004 (024)

Governance Arrangements

Strategic Oversight

- 1.10 The effective delivery of Continuing NHS Healthcare is a key component of LHB business. Each LHB must identify a named executive, at Director level, who is responsible for monitoring performance and maintaining strategic oversight.
- 1.11 The named Director must have access to the data and management information required to enable them to undertake this role effectively.
- 1.12 Each local authority should have a named link with equivalent organisational status, who will liaise closely with their LHB's CHC director and be responsible for reporting to their scrutiny committee or equivalent.
- 1.13 The named Directors of the Local Health Board and Local Authority should actively engage with the local independent sector provider organisation, to ensure that the views and experiences of providers are included as part of the scrutiny process. These arrangements should comply with any concordant negotiated to replace the Memorandum of Understanding: Securing Strong Partnerships in Care.

Reporting arrangements

- 1.14 The named Director should present, as a minimum, an agreed quarterly performance report to their Board, copied to Welsh Government. The Director should escalate required actions for which the Board will be held to account.
- 1.15 These reports should also be shared with any local partnership board with local authorities. Partnership boards should be monitoring the pressures, activity, expenditure, and outcomes achieved across the health and social care sector.
- 1.16 LHBs are required to utilise the agreed national Performance Framework which can be accessed via the Complex Care Information & Support site www.cciss.org.uk and includes the Self-Assessment Tool developed by the Wales Audit Office (2013).

Organisational Responsibilities

Welsh Government

- 1.17 Welsh Government will work with LHBs to collate a national report and will provide the support mechanisms required to share learning and promote improvement.

Local Health Boards

- 1.18 LHBs have a role in establishing and maintaining governance arrangements for CHC eligibility considerations and purchasing and securing care, as they do in other policy areas of health care.
- 1.20 LHBs are responsible for:
- ensuring consistency in the application of the National Framework for CHC;
 - promoting awareness of CHC;
 - implementing and maintaining good practice, ensuring quality standards are met and sustained;
 - providing necessary training and development opportunities for practitioners;
 - identifying and acting on issues arising in the provision of CHC;
 - informing commissioning arrangements, both on a strategic and individual basis;
 - ensuring best practice in assessment and record keeping;
 - provision of strategic leadership and organisational and workforce development, and ensuring local systems operate effectively and deliver improved performance.
- 1.21 Access to assessment, decision making and provision should be fair and consistent. There should be no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief, or type of health need(for example whether the need is physical, mental or psychological). LHBs are responsible for ensuring that discrimination does not occur and should use effective monitoring to monitor this issue.
- 1.22 LHBs who contract with other organisations and, in particular the independent sector, are responsible for ensuring that the quality and

range of services are sufficient to meet the individual's assessed needs.

- 1.23 Arrangements must be in place to ensure regular reviews are undertaken.

Section 2: Policy and Law

Continuing NHS Healthcare (CHC) in context

- 2.1 Continuing NHS Healthcare (CHC) is a package of care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need.
- 2.2 CHC is just one part of a continuum of services that local authorities and NHS bodies need to have in place to support people with health and social care needs. CHC is one aspect of care which people may need as the result of disability, accident or illness to address both physical and mental health needs.
- 2.3 The ongoing assessment and review process should be explained to the individual and/or their representative from the outset and confirmed in writing. Communication tools and template letters for various stages of the process can be accessed via the Complex Care Information & Support Site www.cciss.org.uk.
- 2.4 CHC should not necessarily be viewed as a permanent arrangement. Care provision should be needs-led and designed to maximise ability and independence. Any care package, regardless of the funding source, should be regularly reviewed in partnership with the individual and/or their representatives to ensure that it continues to meet their needs. Health and social care professionals involved in arranging the care package must have open conversations with the individual and/or their representative, describing the options to be considered and balanced against the Sustainable Care Planning model (see www.cciss.org.uk).

Responsibilities of the NHS and Local Authorities

- 2.5 The NHS is responsible for assessing, arranging and funding a wide range of services to meet the health care needs, both short and long term, of the population. In addition to periods of acute health care, some people need care over an extended period of time, as the result of disability, accident or illness to address and/or physical and mental health needs. These services are normally provided free of charge.
- 2.6 Local authorities also provide a range of services to support their local population, including people who require extended care. These services include accommodation, education, personal and social care, leisure and other services. Local authorities must charge for residential care in accordance with the Charging for Residential Care Guidance (CRAG) and they may charge for other care services, including care packages provided in the community, subject to any guidance or regulation by the Welsh Government.

- 2.7 It is the responsibility of the local authority to ensure that any potential impact on the individual in terms of charging should be explained at the earliest opportunity.
- 2.8 The fact that someone has health needs which are beyond the powers of a local authority to provide for, does not, of itself, mean that the individual is eligible for CHC.
- 2.9 If an individual does not meet CHC eligibility they can still access a range of health and social care services. These can be both part of mainstream services, or individually planned to meet specific needs.
- 2.10 When an individual has been assessed as having a primary health need, and is therefore eligible for CHC, the NHS has responsibility for funding the full package of health and social care. Where the individual is living at home, this does not include the cost of accommodation, food or general household support.
- 2.11 NHS bodies and local authorities have responsibilities to ensure that the assessment of eligibility for, and provision of, CHC takes place in a consistent manner and the process is actively managed to avoid unnecessary delays. The timing and place of assessment must be carefully considered. It should ensure that the individual's potential for recovery and rehabilitation has been maximised, prior to assessment for CHC. Options to be considered include step-down/ intermediate care facilities in the community or, where it is considered clinically safe to do so, in the person's own home with intensive short-term support. There should be no delays due to disputes concerning which agency should fund. Partners can use a joint or pooled budget to fund the placement in the short-term, and this fund can be replenished once the funding responsibilities have been determined.
- 2.12 Individuals do not have an indefinite right to occupy a hospital bed, or specialist bed commissioned by the NHS, when they no longer clinically require it. Local Health Boards may move an individual to a more appropriate setting whilst any dispute process is being progressed, or help the individual to choose an appropriate placement.

The Legal Framework

Legislation

2.13 Primary legislation governing the health service does not use the terms “continuing care”, “Continuing NHS Healthcare” or “primary health need”. However, section 1 of the National Health Service (Wales) Act 2006 requires Welsh Ministers to continue the promotion in Wales of a comprehensive health service, designed to secure improvement in:

- (i) the physical and mental health of the people of Wales and
- (ii) the prevention, diagnosis and treatment of illness.

The Duties of the NHS and Local Authorities

2.14 Furthermore, Welsh Ministers are under a duty to provide throughout Wales, to such extent as they consider necessary to meet all reasonable requirements, “such services for, or facilities for the prevention of, illness, the care of persons suffering from illness and after-care of persons who have suffered from illness as they consider are appropriate as part of the health service”³. This includes accommodation for the purposes of health services provided under that Act. NHS organisations (amongst others) carry out this function on behalf of the Welsh Ministers.

2.15 What is appropriate to be provided as part of the health service therefore has to be considered in the light of the overall purpose of the health service - to improve physical or mental health and prevent, diagnose or treat illness.

2.16 Each local authority is under a duty to assess fully any person who appears to it to be in need of community care services⁴. Community care services can include residential accommodation for persons who by reason of age, illness or disability are in need of care and attention which is not otherwise available to them⁵ as well as domiciliary and community-based services enabling people to continue to live in the community.

³ section 3, particularly section 3(1)(e) of the National Health Service (Wales) Act 2006

⁴ National Health Service and Community Care Act 1990, Section 47

⁵ National Assistance Act 1948, Section 21

- 2.17 The local authority, having regard to the result of that assessment, must then decide whether the individual's needs call for the provision of community care services. The local authority must also notify the relevant LHB if, in carrying out the assessment, it becomes apparent that the person has needs which may fall under the National Health Service (Wales) Act 2006, and invite them to assist in the making of the assessment (see National Health Service and Community Care Act 1990 section 47(3)).
- 2.18 If an NHS body is assessing an individual's needs (whether or not potential eligibility for CHC has been identified) and the assessment indicates a potential need for community care services that may fall within a local authority's responsibilities, it should notify the authority of this and consider inviting it to participate in the assessment process.

Extent of Local Authorities' Powers

- 2.19 Section 21(8) of the National Assistance Act 1948 states that nothing in section 21 authorises or requires a local authority to make any provision that is authorised or required to be provided under the National Health Service (Wales) Act 2006 (formerly the NHS Act 1977). This was considered by the Court of Appeal in *Coughlan* where it was held that a local authority is excluded from providing services if the NHS has, in fact, decided to provide those services.

"[Section 21] should not be regarded as preventing a local authority from providing any health services. The subsection's prohibitive effect is limited to those health services which, in fact, have been authorised or required to be provided under the 1977 Act. Such health services would not therefore include services which the Secretary of State legitimately decided under section 3(1) of the 1977 Act it was not necessary for the NHS to provide."

- 2.20 Local authorities also have the function of providing services under section 29 of the National Assistance Act 1948 (which includes functions under the Chronically Sick and Disabled Persons Act 1970)⁶. Section 29(6)(b) of the National Assistance Act 1948 prohibits local authorities from providing services under section 29 which are "required" to be provided under the National Health Service (Wales) Act 2006 so excludes only those services which must, as a matter of law, be provided under the National Health Service (Wales) Act 2006.
- 2.21 Section 49 of the Health and Social Care Act 2001 prohibits local authorities from providing or arranging for the provision of nursing care by a registered nurse in connection with the provision by them of community care services. "Nursing care by a registered nurse" is defined as "services provided by a registered nurse and involving either the provision of care or the planning, supervision or delegation of the

⁶ Chronically Sick and Disabled Persons Act 1970, Section 2

provision of care other than any services which, having regard to their nature and the circumstances in which they are provided, do not need to be provided by a registered nurse”.

Case Law

- 2.22 Deciding on the balance between local authority and health service responsibilities with respect to long-term care has been the subject of key court judgments.
- 2.23 The decision of the Court of Appeal in *R v North and East Devon Health Authority ex parte Coughlan* [1999]11 considered the responsibilities of Health Authorities and local authority social service provision.
- 2.24 The Court examined the language of the relevant sections of the National Assistance Act 1948 (“the Care Act”) and the National Health Service Act 1977 (“the Health Act”) and acknowledged that the Health Act is the dominant act. The Court noted that the Secretary of State’s duty under section 3 of the Health Act is limited to providing the services identified to the extent that he or she considers necessary to meet all reasonable requirements: in exercising his or her judgement the Secretary of State is entitled to take into account the resources available to him or her and the demands on those resources.
- 2.25 The Court went on to consider the limits on the provision of nursing care by local authorities (in a broad sense, i.e. not just registered nursing). The Court referred to a very general indication of the limit of local authorities provision in the context of a person living in residential accommodation, saying that if the nursing services are: -
- i. merely incidental or ancillary to the provision of the accommodation which a local authority is under a duty to provide pursuant to section 21; and
 - ii. of a nature which it can be expected that an authority whose primary responsibility is to provide social services can be expected to provide, then such nursing services can be provided under section 21 of the National Assistance Act 1948.
- 2.26 This case was decided before the enactment of section 49 of the Health and Social Care Act 2001. The key points from this judgment are set out at **Annex 1**.
- 2.27 However, since the enactment of the Health and Social Care Act 2001, care from a registered nurse cannot be provided by the local authority as part of community care services. Such care is now provided within NHS Funded Nursing Care. Persons who have been assessed as not having a primary health need, and therefore as not eligible for

continuing NHS healthcare may be assessed as requiring care which can now be provided within NHS Funded Nursing Care.

- 2.28 Eligibility for CHC must always be considered prior to any consideration of eligibility for NHS Funded Nursing Care. The interaction between CHC and NHS funded Nursing Care was further considered by the High Court in R v. Bexley NHS Trust, ex parte Grogan [2006]12. The Court also acknowledged that the extent of the Secretary of State's duties to provide health services is governed by the health legislation and not by the limits of the duties of local authorities. The key points from this judgment are set out at **Annex 1**.

Equality and Human Rights Legislation

- 2.29 The Equality Act 2010 (the Act) brings together discrimination law introduced over four decades through legislation and regulations. It replaces most of the previous discrimination legislation, which is now repealed. The Act covers discrimination because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These categories are known in the Act as 'protected characteristics'.
- 2.30 The Act received Royal Assent on 08.04.2010 and came into force from October 2010. The Equality and Human Rights Commission also published Codes of Practice which cover discrimination in services and public functions as set out in Part 3 of the Act, and which became law on 6th April 2011.
- 2.31 Part 3 is based on the principle that people with the protected characteristics defined in the Act should not be discriminated against when using any service provided publicly or privately, whether that service is for payment or not.
- 2.32 Public authorities also have a duty under the Human Rights Act 1998 (HRA) to act compatibly with rights under the European Convention for the Protection of Fundamental Rights and Freedoms (the Convention). It is unlawful for public authorities to breach Convention rights in any area of their activity, including service provision or employment and work-related activities.
- 2.33 Human rights issues can arise in relation to the exercise of any public function or the provision of any public service where a person's dignity, personal freedom or other Convention right is at stake. If a public authority or any other body discriminates when carrying out a function of a public nature, this can amount to a breach of the HRA because discrimination in the enjoyment of Convention rights is a breach of the Convention (under Article 14). Where such discrimination is based on a characteristic protected under the Equality Act it is likely also to be a breach of the Equality Act.

2.34 LHBs and Local Authorities have statutory duties to have due regard to the need to promote equality and human rights which should be integral to the way in which health and social care is prioritised and delivered, allowing people to enjoy quality of life and to be treated with dignity and respect. Such objectives will be supported by:

- Equality of access to care and support, meaning that LHBs and local authorities should not preclude anyone from having an assessment for community health and social care services, if their needs appear to be such that they may be eligible for support.
- Equality of outcomes from care and support, meaning that within the same area, individuals with similar levels of needs should expect to achieve similar quality of outcomes, although the type of support they choose to receive may differ depending on individual circumstances.
- Equality of opportunity, meaning that the NHS and local authorities should work together with individuals to identify and overcome any barriers to economic and social participation within society.

Consent and Capacity

2.35 As with any examination or treatment, the individual's informed consent should be obtained and documented before the process of determining eligibility for CHC begins and before any decisions are made. It is acceptable to gain the individual's consent for the whole assessment and care planning process at the outset, rather than require repeated consent for the individual components of the assessment. However, it must be made clear to the individual or their representative that they that they are consenting to the whole process and that they may withdraw consent at any point, if they so wish. The consistent application of the 'no decision about me without me' principle will ensure that subsequent implied consent is re-affirmed throughout the process.

2.36 Many individuals likely to be offered a CHC assessment have significant health care needs. Their ability to participate in the consenting process can often be impaired by their mental capacity or physical ill-health that affects their ability to communicate their decision.

2.37 If there is a concern that the individual may not have capacity to give their consent or to participate effectively in the decision-making process, this should be determined in accordance with the Mental Capacity Act 2005 and the associated Code of Practice. The five key principles of the Mental Capacity Act 2005 (section 1) to be considered are:

- **A presumption of capacity:** every adult has the right to make his or her own decisions and must be presumed to have capacity to do so, unless it is proved otherwise.
- **Individuals being supported to make their own decisions:** a person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- **Unwise decisions:** just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- **Best interests:** an act done or decision made under the Act for or on behalf of a person who lacks capacity must be in their best interests.
- **Least restrictive option:** anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

2.38 Because an individual may have significant difficulty in expressing their views it does not in itself mean that they lack capacity. Appropriate support and adjustments should be made available in compliance with the Mental Capacity Act 2005 and with disability discrimination legislation.

2.39 If an individual lacks the mental capacity either to consent or refuse an assessment, a 'best interests' decision should be taken as to whether or not to proceed with the assessment for eligibility for CHC. This decision must be recorded. Those making this decision should bear in mind the expectation that everyone who is potentially eligible for CHC should have the opportunity to be considered for eligibility. A third party cannot give or refuse consent for an assessment of eligibility for CHC on behalf of a person who lacks capacity, unless they have a valid and applicable Lasting Power of Attorney (LPA- Welfare) or they have been appointed a Welfare Deputy by the Court of Protection.

2.40 Where a 'best interests' decision needs to be made, the LHB must consult with any relevant third party who has a genuine interest in the individual's welfare. This will normally include family and advocates.

Valid Voluntary Consent

2.41 To be valid, consent must be given voluntarily and freely, without pressure or undue influence being exerted on the individual either to accept or refuse the assessment. Such pressure can come from partners or family members as well as health or social care professionals. Professionals should be alert to this possibility and, where appropriate, should arrange to see the individual on their own to establish that the decision is truly theirs.

Where there are concerns about undue influence these should be documented on the consent form.

2.42 For consent to be valid, the individual must:

- have capacity to agree to the assessment;
- have received sufficient information to take an informed decision to proceed with the assessment ;
- give consent voluntarily and not under any form of duress or undue influence from professionals or family members; and,
- in practice be able to communicate their decision.

2.43 When an individual has capacity, then only they can give consent – no-one else can give it on their behalf.

2.44 When an individual gives valid consent to the assessment that consent remains valid during the current assessment process unless it is withdrawn by them. If a further assessment is to be carried out in the future, consent will need to be obtained on that occasion.

Refusal to Consent to the CHC Assessment (see Figure 1)

2.45 An adult with capacity is entitled to refuse an assessment. If after providing relevant information and discussing all the options and consequences, an individual refuses an assessment, this fact should be documented on the consent form and patient notes. LHBs should take into account the Guidance 'Patient Consent to Examination and Treatment'⁷. Although focussed on examination and treatment issues, the principles of the guidance should be taken into account when consenting to an assessment.

2.46 If the individual has already signed a consent form, but then changes their mind, this should be noted on the form and preferably signed by them. Professionals should ensure that the individual realises that they are free to change their mind and accept the assessment at a later stage.

2.47 If an individual does not consent to an assessment of eligibility for CHC, or changes their mind following an assessment, the individual and/or their family must be informed of the potential effect this will have on the ability of the NHS or local authority to provide appropriate services.

2.48 The key consequence of refusing an NHS CHC assessment is that the NHS cannot become responsible for arranging and funding the entire care package and therefore providing care services that are free to the individual. The individual's long term care requirements may be met by the NHS and local authority sharing responsibility and, as a result, the individual may be charged for a contribution to the local authority arranged

⁷ WHC (2008) 10 'Patient Consent to Examination and Treatment' (revised Guidance)

services. The individual must be provided with a detailed care plan setting out who will provide which services and what they may be charged.

- 2.49 Consenting to the CHC assessment process is not a pre-commitment to accepting any subsequent offer of CHC funding. This offer will be made by the LHB to the individual following an assessment and if they are found to be eligible. At this point the individual can decline to accept the offer. In these circumstances the LHB cannot become solely responsible for arranging and funding the individual's future care because they have not agreed to it.
- 2.50 When an individual has the capacity to make a health care decision and has decided to refuse an assessment or care package, follow-up should be arranged with the Care Co-ordinator, so that they have the opportunity to have a change of mind. The responsible clinician(s) should be told that an assessment or care package was offered and refused.
- 2.51 In the case of individuals lacking capacity, it is important to record whether there is potential for their capacity to make the decision to be restored and when review should take place.
- 2.52 Where there are concerns that an individual may have significant ongoing needs, and that the level of appropriate support could be affected by their decision not to give consent, the appropriate way forward must be considered jointly by the LHB and the local authority, taking into account each organisation's statutory legal powers and duties. Where necessary, each organisation should seek legal advice.
- 2.53 Although refusal of consent only occurs in a minority of cases, LHBs and local authorities should consider developing jointly agreed protocols on the processes to be followed. These should provide clarity regarding approaches such as the use of existing assessments and other information to determine each organisations responsibilities and the appropriate way forward.

Advocacy

- 2.54 The Independent Mental Capacity Advocate (IMCA) is a statutory service, whose purpose is to help vulnerable individuals who lack capacity and who are facing important decisions made by the NHS and local authorities. This may include serious medical treatment or change of residence, for example, moving into a care home. LHBs and local authorities have a duty under the MCA to instruct and consult an IMCA if those concerned are individuals who lack capacity in relation to the decision being made and who have no family or friends available (or appropriate) for consultation on their behalf.
- 2.55 The Mental Health (Wales) Measure 2010 expanded the provision of Independent Mental Health Advocate(IMHA) services to include more patients detained under the Mental Health Act 1983 and those receiving

treatment for their mental disorder in a hospital setting anywhere in Wales. IMHAs provide statutory advocacy and patients will be offered this support in all decisions regarding their care and treatment.

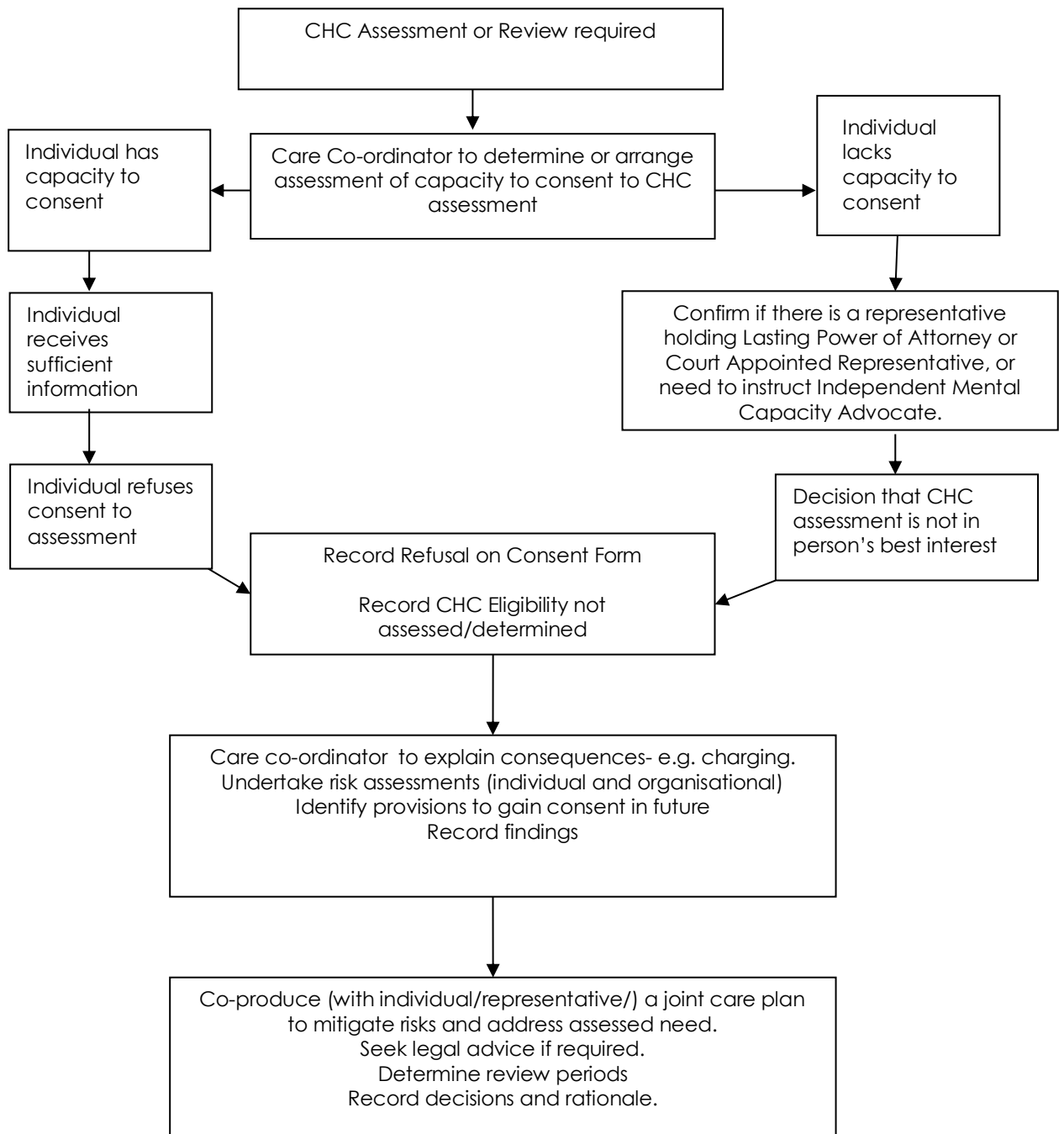
- 2.56 Where an individual does not meet the criteria for the support of an IMCA, and regardless of whether or not they lack capacity, they may still wish to be supported by an advocate. LHBs and local authorities should ensure that individuals are made aware of local advocacy services that may be able to offer advice and support. (LHBs also need to consider whether any action should be taken to ensure adequacy of advocacy services for those who are eligible or potentially eligible for CHC). In addition, an individual may choose to have a family member or other person (who should operate independently of LHBs and local authorities) to act as an advocate on their behalf.

Carers

- 2.57 Where informal carers are being asked, or are offering, to provide support, LHBs and local authorities should bear in mind that a carer who provides a substantial care on a regular basis has a right to have their needs as a carer assessed. LHBs and local authorities must inform carers of this right in accordance with what may be provided under community care legislation, the Children Act 1989 or the Carers and Disabled Children's Act 2000, as amended by the Carers (Equal Opportunities) Act 2004. It should never be assumed that the carer is able or willing to continue to assume the role. Which legislative basis is used will depend on individual circumstances and what is in the best interests of the service user and carer.
- 2.58 Arrangements for support for carers will be subject to further development and change when the Social Services and Well-being (Wales) Act is implemented from 2016. In particular, carers will:
- have a right to an assessment of their needs for support without the need to formally request an assessment (a local authority's duty to assess will be triggered where it appears that the carer may or will have needs as part of their caring role);
 - have a new right to support where their need is one that meets with eligibility criteria set out in regulations; and
 - where they have eligible needs, have a statutory support plan which the local authority must review on a regular basis.

Figure 1

Refusing Consent for CHC Assessment



***This process can also be followed where an assessment has been undertaken and the individual then changes their mind or refuses a CHC Care Package**

Annex 1: Legal Judgements

The Coughlan judgment

(R v. North and East Devon Health Authority ex parte Pamela Coughlan)

A1.1 Pamela Coughlan was seriously injured in a road traffic accident in 1971. Until 1993 she received NHS care in Newcourt Hospital. When the Exeter Health Authority wished to close that hospital and to move Miss Coughlan and other individuals to a new NHS facility at Mardon House the individuals were promised that Mardon House would be their home for life. In October 1998, the successor Health Authority (North and East Devon Health Authority) decided to withdraw services from Mardon House, to close that facility, and to transfer the care of Miss Coughlan and other disabled individuals to social services. Miss Coughlan and the other residents did not wish to move out of Mardon House and argued that the decision to close it was a breach of the promise that it would be their home for life and was therefore unlawful.

A1.2 The arguments on the closure of Mardon House raised other legal points about the respective responsibilities of the Health Service and of Social Services for nursing care. The Court of Appeal's judgement on this aspect has heavily influenced the development of continuing care policies and the National Framework. The key points in this regard are as follows:-

1. The NHS does not have sole responsibility for all nursing care. Local authorities can provide nursing services under section 21 of the National Assistance Act as long as the nursing care services are capable of being properly classified as part of the social services' responsibilities
2. No precise legal line can be drawn between those nursing services which are and those which are not capable of being provided by a local authority: the distinction between those services which can and cannot be provided by a local authority is one of degree which will depend on a careful appraisal of the facts of an individual case
3. As a very general indication as to the limit of local authority provision, if the nursing services are:-
 - i. merely incidental or ancillary to the provision of the accommodation which a local authority is under a duty to provide pursuant to section 21; and
 - ii. of a nature which it can be expected that an authority whose primary responsibility is to provide social services can be expected to provide,

they can be provided under section 21 of the National Assistance Act 1948.

4. By virtue of section 21(8) of the National Assistance Act a local authority is also excluded from providing services where the NHS has in fact decided to provide those services
5. The services that can appropriately be treated as responsibilities of a local authority under section 21 may evolve with the changing standards of society
6. Where an individual's primary need is a health need, the responsibility is that of the NHS, even when the individual has been placed in a home by a local authority
7. An assessment of whether an individual has a primary health need should involve consideration not only the nature and quality of the services required but also the quantity or continuity of such services
8. The Secretary of State's duty under section 3 of (what is now) the National Health Service Act 2006 is limited to providing the services identified to the extent that he or she considers necessary to meet all reasonable requirements: in exercising his or her judgement the Secretary of State is entitled to take into account the resources available to him or her and the demands on those resources. (NB the Welsh Ministers have similar duties under the National Health Service (Wales) Act 2006)
9. In respect of Ms Coughlan, her needs were clearly of a scale beyond the scope of local authority services.

The Grogan Judgment

(R v. Bexley NHS Care Trust ex parte Grogan)

A1.3 Maureen Grogan had multiple sclerosis, dependent oedema with the risk of ulcers breaking out, was doubly incontinent, a wheelchair user requiring two people for transfer, and had some cognitive impairment. After the death of her husband her health deteriorated, she had a number of falls and, following an admission to hospital with a dislocated shoulder, it was decided that she was unable to live independently and she was transferred directly to a care home providing nursing care. Subsequent assessments indicated that Mrs Grogan's condition was such that she did not qualify for fully funded Continuing NHS Healthcare.

A1.4 She was initially determined to be in the medium band of NHS-funded nursing care, and remained in this band with the exception of one determination which placed her in the high band from April to October 2004. Mrs Grogan argued that the decision to deny her full NHS

funding was unlawful, since the eligibility criteria put in place by South East London SHA were contrary to the judgment in the *Coughlan* case. She also submitted that the level of nursing needs identified in the RNCC medium and high bandings (in which she had been placed) indicated a primary need for health care which should be met by the NHS.

- A1.5 The Court concluded that in assessing whether Mrs Grogan was entitled to Continuing NHS Healthcare, the Care Trust did not have in place or apply criteria which properly identified the test or approach to be followed in deciding whether her primary need was a health need. The Trust's decision that Mrs Grogan did not qualify for Continuing NHS Healthcare was set aside and the question of her entitlement to Continuing NHS Healthcare was remitted to the Trust for further consideration. There was no finding, or other indication, that Mrs Grogan in fact met the criteria for Continuing NHS Healthcare.

Section 3: Assessment & Eligibility

Underpinning Principles

- 3.1 No guidance will address all of the potential situations that can present when assessing and meeting an individual's complex needs. There will be occasions when a degree of interpretation is required to apply the guidance in real-life cases. Where this does occur, practitioners must be able to demonstrate that they have applied the underpinning principles detailed below.
- 3.2 This should be read alongside those underpinning the Integrated Assessment, Planning and Review Arrangements for Older People – Guidance for Professionals in supporting the Health, Care and Wellbeing of Older People; aged 65+), the Unified Assessment Process for other users groups and the Framework for the Delivery of Services for Older People with Complex Needs.

Principle 1: People first.

- 3.3 Individuals who turn to health and social care providers when they have complex needs have to know that their best interests are the primary focus of the people assessing and supporting them. The focus will be manifested in the dignity and respect shown to them as individuals. Individuals who have a primary health need are entitled to Continuing NHS Healthcare funding; they should feel supported throughout the process of determination of eligibility and be confident that they will receive the quality of care required to meet their needs.

Principle 2: Integrity of Decision Making

- 3.4 Members of the multi-disciplinary team are responsible for the integrity of their assessments, expert professional advice and decisions which should be underpinned with a rationale. Assessments can only be challenged on the basis of their quality. They cannot be challenged on financial grounds.

Principle 3: No decisions about me without me.

- 3.5 Individuals are the experts in their own lives. Including them and/or their carers (be they paid or unpaid) as empowered co-producers in the assessment and care planning process is not an optional extra. Where the available care options carry financial or emotional consequences, professionals must not avoid honest and mature conversations with the individual and/or their representative. Professionals must be mindful that some individuals may need support or advocacy to express their wishes, feelings and aspirations.

Principle 4: No delays in meeting an individuals needs due to funding discussions.

- 3.6 The individual must not experience delay in having their needs met because agencies are not working effectively together. Joint funding and pooled budget options must be considered wherever these can promote more agile, and as a consequence, more efficient responses to individual needs and preferences. Commissioners have a responsibility to resolve concerns/disputes at the earliest opportunity.

Principle 5: Understand diagnosis, focus on need.

- 3.7 Individuals do not define themselves by their medical diagnosis and nor should the professionals who are supporting them. Health and social care providers must work together to gain a holistic understanding of need and the impact on the individual's daily life. The aim of assessment, treatment and longer-term care planning/commissioning should be to deliver quality and tailored support which maximises independence and focuses on what is most important from the perspective of the individual and their carers.

Principle 6: Co-ordinated care & continuity.

- 3.8 Fragmented care is distressing, unsafe and costly. It can result in unnecessary changes to living arrangements, which in turn creates instability and insecurity. Every effort must be made to avoid disruption to care arrangements wherever possible, or to provide smooth and safe transition where change is required in the best interests of the individual.
- 3.9 The individual and their carers must have a named contact for advice and support, who can co-ordinate a prompt response to any change in need.

Principle 7: Communicate.

- 3.10 The vast majority of complaints, concerns and disputes have poor communication at their core. It is unacceptable for professionals to claim not to have time to communicate – it will take longer to put the situation right later and trust will have been broken. The individuals seeking our help and their carers will, by the nature of the interaction, require clear communication and support.
- 3.11 Extra care must be taken to communicate carefully and using the preferred means of communication with the individual. Information also needs to be provided in the most appropriate formats, including copies of relevant assessment and care planning documentation.

- 3.12 Where possible, the professional should attempt to establish the preferred means of communication of any individual prior to undertaking any assessment. Assessments together with any provision of care and support services have to be linguistically sensitive.
- 3.13 Users and carers will be empowered if they are able to speak with staff in their first language. It is important to recognise the concept of language need. For many Welsh speakers, language is an integral element of their care. Many people can only communicate and participate in their care as equal partners effectively through the medium of Welsh. Effective communication is a key requirement of assessment and the provision of any support required.
- 3.14 The same considerations apply to British Sign Language (BSL) users. The evidence suggests that BSL users prefer to communicate directly with professionals who can communicate fluently in BSL when discussing care and support needs. Many local authorities employ special social workers who work with deaf people and can communicate in BSL. Most local authorities employ specialist social workers for deaf people and can assist with assessments.
- 3.15 In cases where professionals cannot communicate directly in BSL, interpreters will have to be used either directly or via video computer link.
- 3.16 All professionals involved in an assessment of the needs of people with severe speech and communication difficulties will need to establish the preferred means of communication before starting the assessment. Assessment specifically concerned with communication may require the assistance of the 'All Wales Electronic and Assistive Technology Service'.

Key Roles and Responsibilities

In implementing the principles detailed above, all of those involved have key roles and responsibilities to play. These include:

The person whose needs are being assessed.

- 3.17 It is essential that the individual whose needs are being assessed is central to the assessment and care planning process. They are the experts in their own lives and situation. The assessment will by its nature often be triggered by illness or other life event and every effort must be made by the professionals involved to support the individual to participate in discussions which will impact on their future. This relies on the individual providing honest information, expressing their views and aspirations, and being open if they require further explanation, or there are issues that the team need to understand to effectively meet their needs.

The person's carer/family members/representative

- 3.18 The individual's family and unpaid carers and/or appointed representative will have an important contribution to make in assessing their needs and advocating on their behalf. It is vital they engage in the assessment and planning process and professionals must make every effort to facilitate their involvement. In order to achieve the best possible outcome for the individual, including support for recovery and maintenance of independence, carers/family/representatives will be expected to respond to reasonable requests for information and/or to attend the multidisciplinary meeting in a timely manner. Where there are a number of family members involved, a key contact should be nominated, who will then be responsible for communicating with other family members.

Care Co-ordinator/Lead Professional

- 3.19 The Care Co-ordinator is the named individual responsible for co-ordinating the whole process of assessment for longer-term care, including gathering evidence to inform the decision on CHC eligibility.
- 3.20 They must ensure that the individual and/or their representative is kept informed of the process and fully involved in discussions about their care. Where the Care Co-ordinator changes there should be a formal handover of relevant information.
- 3.21 The Care Co-ordinator is most likely to be a health professional and it will be important to maintain continuity where for example, the individual has a progressive disease and specialist key professional.

This person-centred approach would suggest that it may also be acceptable for a social worker with a long-standing relationship with the individual and the family to act as Care Co-ordinator. This would be subject to inter-agency agreement, with the final decision on who acts as Care Co-ordinator resting with the Local Health Board.

- 3.22 It is acknowledged that the role of Care Co-ordinator/Lead Professional can be complex and challenging. The expertise of specialist Discharge Liaison Nurses will be invaluable in providing guidance and support to this function.
- 3.23 The 'Care Co-ordinator' role is also referred to in some documents e.g. the Integrated Assessment Framework⁸ as the Lead Professional. We use the term 'Care Co-ordinator' in this document but it reads across to the Lead Professional function.
- 3.24 We note that the term 'Care Co-ordinator' has specific meaning in relation to Care and Treatment Planning for people with mental health needs. Whilst the same professional may also co-ordinate the CHC assessment, they are different functions.

A more detailed description of the Care Co-ordinator function can be found at **Annex 2**.

Multidisciplinary team members

- 3.25 Multidisciplinary team members are responsible for working with the individual and/or their representatives to undertake a thorough and objective assessment of the person's needs, for providing expert advice to the LHB regarding eligibility for NHS Continuing Health Care, and for making recommendations as to the setting and skill set required to deliver the co-produced care plan.
- 3.26 Members of the multi-disciplinary team are responsible for the integrity of their assessments, professional advice and decisions which should be underpinned with a clear rationale. Members of the multi-disciplinary team may be challenged on the quality of their assessment, if for example there are gaps in the information required. They must not be subjected to pressure to change their professional views due to financial constraints.

⁸ 'Integrated Assessment, Planning and Review Arrangements for Older People -Guidance for Professionals in supporting in the Health, Care and Wellbeing of Older People: aged 65+'. Welsh Government 2013

Commissioning team

- 3.27 Each Local Health Board will have a robust mechanism in place for commissioning the services required to meet the individual's needs, as detailed in the assessment and care plan. It must consider and balance the preferences of the individual, the views of their family/representative(s) and the NHS Wales Sustainable Care Planning Policy (available on the Complex Care Information & Support site www.cciss.org.uk). It will have the responsibility for identifying and addressing gaps in local service provision.
- 3.28 The commissioning of services to meet the needs of individuals with continuing care needs cannot be undertaken in isolation to the commissioning of other similar services. LHBs and local authorities, for example, should have an integrated approach to the commissioning of residential and nursing home care, to exercise maximum influence over the development of provision. They will also need to work closely with providers to ensure that an appropriate range of services are in place to respond to the needs of their population. Partners may use formal partnerships with pooled funding arrangements to underpin their integrated approach to commissioning.

The Assessment Process for Longer-Term Care and Support

Right Process

- 3.29 Continuing NHS Healthcare (CHC) is just one part of a continuum of services that local authorities and NHS bodies need to have in place to support people with health and social care needs. It is a package of care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need.
- 3.30 Establishing that an individual's primary need is a health need requires a clear, reasoned decision which is based on evidence of needs from a comprehensive assessment. There is therefore no separate assessment process for CHC.
- 3.31 Rather the health and social care practitioners involved are expected to comply with existing Welsh Government and practice guidance on assessment and care planning including:
- 'Integrated Assessment, Planning and Review Arrangements for Older People – Guidance for Professionals in supporting the Health, Care and Wellbeing of Older People; aged 65+)
 - The Unified Assessment Process for other Adult User groups.
 - The Care Programme Approach for Mental Health Service Users

- NAFWC 17/2005 Hospital Discharge Planning Guidance
- Passing the Baton: A Practical Guide to Effective Discharge Planning (2008).

- 3.32 Individuals should refer to this guidance directly and it can be accessed via the Complex Care Information & Support site www.cciss.org.uk. There is no attempt to replicate in this framework.
- 3.33 A summary overview of the assessment and CHC eligibility decision-making process is provided as **Annex 3**.

Using a 'Trigger Tool' prior to assessment for CHC eligibility

- 3.34 The use of a screening tool or checklist is not mandated in this Framework. It is acknowledged however, that there may be specific circumstances where such a tool may be useful. For example, care home residents whose condition has changed and earlier than planned review may be required, or to provide a structured rationale where the Multidisciplinary Team (MDT) believes a complex care package is clearly not required.
- 3.35 In those circumstances where a checklist is employed, the NHS CHC Checklist developed by the Department of Health in England should be used in order to ensure that a consistent approach adopted <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care> .
- 3.36 In order to comply with the ethos of this Framework, the use of the Checklist must not replace professional judgement or dialogue with the individual and their family/representative.
- 3.37 When used in Wales it should be completed by at least two practitioners, including a representative of the Local Authority. When completing the Checklist, practitioners must be mindful not to make premature assumptions regarding reablement and comprehensive assessment outcomes.

Right Place

- 3.38 Care must be taken to ensure that no premature presumptions are made regarding the requirements for long-term care whilst the individual is acutely unwell. 'Home first' should be the default position and rehabilitation/reablement to support the retention of as much independence as possible, must always be considered.

- 3.39 The MDT, working in partnership with the person and their carer(s), must consider the optimum environment in which the assessment for longer-term care should take place in order to maximise the individual's potential for independence. Options to be considered include step-down/intermediate assessment facilities in the community, or the person's own home with intensive short-term support.
- 3.40 As a matter of principle, no-one should be discharged from an acute hospital environment to a new care home placement, as reflected in Welsh Government Guidance⁹.
- 3.41 Using an 'adopt or justify' approach, in circumstances where it is deemed clinically inappropriate to provide such a period of recovery/reablement prior to, or as part of, the assessment for long-term care, the rationale must be clearly recorded. Scrutiny of such cases should be included in the LHB's CHC audit and performance framework.

Right People.

- 3.42 The assessment process should draw on those who have direct knowledge of the individual and their needs.
- 3.43 When it becomes apparent through discussion with the individual, their carers and the MDT, that longer-term support to meet complex needs is likely to be required on discharge (or in the community if the person is at home), a named care co-ordinator/lead professional must be identified.
- 3.44 The Care Co-ordinator is the named individual responsible for co-ordinating the whole process of assessment for longer-term care, including gathering evidence to inform the decision on CHC eligibility.
- 3.45 The Care Co-ordinator is most likely to be a health professional and it will be important to maintain continuity where for example, the individual has a progressive disease and specialist key professional. This person-centred approach would suggest that it may also be acceptable for a social worker with a long-standing relationship with the individual and the family, to act as Care Co-ordinator. This would be subject to inter-agency agreement, with the final decision on who acts as Care Co-ordinator resting with the LHB.
- 3.46 A detailed description of the role is attached as **Annex 3**.
- 3.47 The individual and their carers must be fully involved in the assessment process from the outset. They should be provided with all the necessary information and support they need to participate effectively, taking into account specific requirements e.g. language needs or other

⁹ NAFWC 17/2005 Hospital Discharge Planning Guidance

needs such as sensory loss. Language need and preference must be recorded.

- 3.48 It is recognised that in Wales many individuals can only communicate their care needs effectively through the medium of Welsh and the ability to use their language of choice has to be seen as a core component of care and not an optional extra.
- 3.49 Individuals and their carers must be made aware (through the giving of verbal and written information) of their right to be considered for CHC and also of the right to have the decision making process reviewed. Information should also make it clear that the assessment of eligibility for CHC is subject to reassessment, that people may move in and out of eligibility, depending on their changing health care needs, and that this can impact on how care is funded. The involvement of the patient/carer/family does not mean that they can veto a decision.
- 3.50 Public Information Leaflets to support this dialogue are available on the Complex Care Information & Support site www.cciss.org.uk . Individuals being assessed for CHC, and their carers, should routinely be offered access independent advocacy services.
- 3.51 Involving social services colleagues as well as health professionals in the assessment process is essential and will make decision-making more effective, informed and consistent.
- 3.52 The assessment must include the input of the consultant or GP who has responsibility for the patient, so that the clinical facts and medical needs are considered alongside all other care needs.
- 3.53 The assessment should, where appropriate, involve other agencies who work with the individual and form part of their existing support mechanisms. This could include for example, third sector agencies and housing associations.
- 3.54 The Care Co-ordinator must ensure that the assessments undertaken by the MDT are robust and provide the evidence required to enable reasoned decision making on CHC eligibility.
- 3.55 Whilst the benefit of multi-disciplinary team meetings is recognised, they should not result in delay that could negatively impact on the outcome for the person. Co-ordination of assessment can, and should, continue in a timely manner, beyond the confines of a formal meeting. The consideration of eligibility, using the Decision Support Tool, must however be undertaken in a formal MDT meeting to which the individual and if they wish, their family/carer/advocate, are invited.
- 3.56 The Care Co-ordinator and/or the MDT may decide that additional information is required to provide robust expert advice to the LHB concerning the individual's eligibility for CHC. If this is the case the

information required must be identified together with the most appropriate professional to supplement the assessment. Decision making should not be delayed because of repeated requests for further information.

Determining Primary Health Need

Sole Criterion for Eligibility

3.57 The policy of Welsh Ministers on eligibility for CHC is based on whether an individual's primary need is a health need (this is known as the "primary health need approach"). The sole criterion for determining eligibility for CHC is whether an individual's primary need is a health need.

Determination of a Primary Health Need

3.58 The following characteristics of need and their impact on the care required to manage them will determine whether an individual's primary need is a health need:

- **Nature:** This describes the particular characteristics of an individual's needs (which can include physical, mental health or psychological needs) and the type of those needs. This also describes the overall effect of those needs on the individual, including the type ('quality') of interventions required to manage them.
- **Intensity:** This relates both to the extent ('quantity') and severity ('degree') of the needs and to the support required to meet them, including the need for sustained/ongoing care ('continuity').
- **Complexity:** This is concerned with how the needs present and interact to increase the skill required to monitor the symptoms, treat the condition(s) and/ or manage the care. This may arise with a single condition, or it could include the presence of multiple conditions or the interaction between two or more conditions. It may also include situations where an individual's response to their own condition has an impact on their overall needs, such as where a physical health need results in the individual developing a mental health need.
- **Unpredictability:** This describes the degree to which needs fluctuate and thereby create challenges in managing them. It also relates to the level of risk to the individual's health if adequate and timely care is not provided. Someone with an

unpredictable healthcare need is likely to have either a fluctuating, unstable or rapidly deteriorating condition.

- 3.59 Each of these characteristics may alone or in combination, demonstrate a primary health need, because of the quality and/or quantity of care required to meet the individual's needs. The totality of the overall needs and effects of the interaction of needs should be carefully considered.
- 3.60 The diagnosis of a particular disease or condition does not, of itself, determine eligibility. The determination of a primary health need should take into account all the relevant health care needs.
- 3.61 The decision-making rationale should not marginalise a need just because it is successfully managed; well-managed needs are still needs. Only where successful management of a healthcare need has permanently reduced or removed an ongoing need, such that the active management of this need is reduced or no longer required, will this have a bearing on CHC eligibility.
- 3.62 It is also important that deterioration and disease progression are taken into account when considering eligibility. The assessment should anticipate circumstances where deterioration or a material change in condition might reasonably be regarded as likely in the near future. In these circumstances, although the individual may not have a primary health need at the time of assessment, an earlier review should be considered.
- 3.63 The MDT should also advise commissioners if, in their professional opinion, any stabilisation of a progressive condition, and potential withdrawal of CHC funding, is likely to be short-term. In such cases commissioners should balance the contribution of well-managed need to the current assessment and the benefits to the individual of continuity of care provision, alongside financial considerations.

Using the Decision Support Tool (DST)

- 3.64 The Decision Support Tool that accompanies this Framework is designed to support the decision making process. The tool must only be used following a comprehensive assessment of an individual's care needs. It is not an assessment in itself and it does not replace professional judgement in determining eligibility. It is simply a means of recording the rationale and facilitating logical and consistent decision-making.
- 3.65 The multidisciplinary team should use this tool to support consideration of not just the overall needs, but also the interaction between the needs, and evidence from relevant risk assessments.
- 3.66 The evidence concerning eligibility and the decision making process should be accurately and fully recorded. The documentation should be organised e.g. collated into a single folder or section of the patient notes, to ensure the CHC process and the outcomes can be easily identified via a clear audit trail.
- 3.67 If the integrated assessment and care plan are sufficiently robust there is no requirement to duplicate paperwork by copying information into the DST document. It will be acceptable in these circumstances (in Wales) to only complete:
- the DST Summary Sheet (matrix),
 - the summary record of the MDT decision on eligibility and the rationale,
 - the Equality Monitoring Form.

The focus must be on a rounded and holistic assessment of the individual rather than DST scores.

- 3.68 The final discussion and determination of CHC eligibility must be undertaken in a formal MDT meeting, to which the individual and/or their carers must be invited.
- 3.69 The individuals and/or carer(s) should be encouraged and supported to attend. The Care Co-ordinator must ensure that the individual and their family/carer(s) have been provided with the leaflet 'Preparing You for a CHC Eligibility Meeting' (see www.cciss.org.uk). The Chair of the MDT is responsible for ensuring that they know what to expect, are actively included in the discussion and understand the rationale for the decision made. The Care Co-ordinator should make contact within 48 hours to answer any queries arising from the meeting. As a minimum, the individual and/or their representative should be provided with copies of the matrix and the summary record/rationale.

Quality Assurance

- 3.70 It is the responsibility of the MDT to undertake robust needs assessment, to provide the LHB with consistent expert advice on CHC eligibility, to develop the care plan to meet the individual's needs and to make recommendations regarding the setting and skill set required to most effectively deliver the care plan.
- 3.71 LHBs and their partners have a responsibility to ensure that MDT members have the knowledge, skills and competency to undertake these functions effectively. LHBs must identify, through their quality assurance system, teams or individuals who fail to follow the CHC process to the expected standard and to take the responsive action required to support service improvement.
- 3.72 Determination of eligibility must be based on assessed need and must be independent of budgetary constraint. LHBs must ensure therefore that there is a clear split between the MDT function and confirmation of their conclusions, and the commissioning of the services required to deliver the care plan.
- 3.73 Only in exceptional circumstances and for clearly articulated reasons should the LHB not accept the multidisciplinary team's expert advice on CHC eligibility.
- 3.74 LHBs must have robust quality assurance mechanisms in place to ensure consistency of decision making. This should include peer review by another MDT where consensus has not been achieved. LHBs are also encouraged to incorporate peer review of CHC eligibility decisions into their audit and continuous service improvement programmes.
- 3.75 Quality assurance processes should not however lead to delay in providing the individual with the support they need and LHBs should consider employing a stream-lined process for non-contentious cases.

TIMESCALES AND COMMENCEMENT OF CHC FUNDING

- 3.76 An individual may require services from the NHS and/or local authority. Both the NHS and local authority therefore have responsibilities to ensure that assessment of eligibility for and provision of, CHC takes place in a timely and consistent fashion. The consideration for CHC must always be made first.
- 3.77 The time taken for assessments informing CHC decision-making and agreeing a care package may vary but should generally be completed in no longer than eight weeks, from initial trigger to agreeing a care package. This includes the period of reablement and assessment at

home or in step down facility. Extension of this timeframe is acceptable where the individual needs a longer period of rehabilitation or reablement, but not in relation to delays in determining CHC eligibility.

- 3.78 In some cases much speedier decisions should be taken in the individual's best interests: for example in terminal illness, or where there has been a catastrophic event from the point of which it is clear that the individual has a primary health need (see 'Fast Track Assessments').
- 3.79 In exceptional circumstances time scales may be more protracted, though as an underpinning principle the professionals involved must ensure that the individual is in the most appropriate environment and, wherever possible, reabled, during this period. The Care Co-ordinator should ensure that time scales, decisions and rationales relating to eligibility are transparent from the outset for individuals, carers, family and staff.
- 3.80 Any exceptions should be monitored locally as part of the performance framework and actioned as appropriate.
- 3.81 It is the responsibility of the MDT to undertake robust assessment and to provide the LHB with expert advice as to whether the individual has a primary health need. It is the responsibility of the LHB to ensure consistency and fairness of the decision-making process; it should only be in exceptional circumstances that the LHB does not accept the MDT's advice. The legal responsibility for the LHB to fund commences at the point at which it confirms that the MDT's advice is consistent and fair. However, the principles of good public administration dictate that, if an individual has paid for their care in the interim, they should be reimbursed.
- 3.82 Such reimbursement would normally commence from the date on which the MDT met and made its determination of eligibility. However the MDT should advise the Health Board if they can, in their reasoned professional judgement, identify a date at which the primary health need became evident and the individual should be reimbursed accordingly.
- 3.83 The timescale for the provision of care following assessment can vary between the remainder of an individual's life and episodes of care; people may move in and out of eligibility for CHC. Individuals, their families and carers, and other care purchasers and providers, must be made fully aware of the financial and practical implications of this as part of the information provided to support the assessment process.

FAST TRACK ASSESSMENTS

- 3.84 Occasionally, individuals with a rapidly deteriorating condition who may be entering a terminal phase will require 'fast tracking' for immediate provision of CHC so that they can be supported in their preferred place of care without waiting for the full CHC eligibility process to be completed. In such cases LHBs should aim to complete the process within two days. There will also be cases, other than end of life care e.g. a catastrophic event where professional judgement indicates that the individual has evidently developed a primary health need, where LHBs should also consider applying fast track assessment.
- 3.85 LHBs should consider and put in place a fast track process that reduces the amount of information required, the time taken to gather information and reduce timescales for making a decision for those individuals who require 'fast tracking'. However, streamlined processes should still ensure that the individual and their carers are fully involved, provide enough information to support the need for fast tracking and for the decision makers to agree a package of care. An example policy can be accessed via the Complex Care Information & Support site www.cciss.org.uk.
- 3.86 Fast track assessment should be completed by an appropriate clinician who should give the reasons why the individual meets the conditions requiring a fast track decision to be made. 'Appropriate clinicians' are those who are, pursuant to the National Health Service (Wales) Act 2006, responsible for an individual's diagnosis, treatment or care who are registered nurses or medical practitioners. The clinician should have an appropriate level of knowledge and experience of the type of health needs to decide on whether the individual has a rapidly deteriorating condition that may be entering a terminal phase.
- 3.87 Although an NHS professional must co-ordinate the fast track assessment, appropriate clinicians contributing to that assessment can include professionals employed in the voluntary and independent sector organisations that have a specialist role in end of life care e.g. hospice nurses, providing they are offering services pursuant to the National Health Service (Wales) Act 2006. Others involved in supporting those with end of life needs, including wider voluntary and independent sector organisations may identify the fact that the individual has needs for which the fast track process should be considered. In these cases, they should contact the NHS Co-ordinator.
- 3.88 The completed fast track assessment should be supported by a prognosis. However, strict time limits that base eligibility on some specified expected length of life remaining should not be imposed. It is the responsibility of the assessor to make a decision based on the relevant facts of the case.

- 3.89 Where a recommendation is made for an urgent package of care by an appropriate clinician through the fast track process, this should be accepted and actioned immediately by the LHB. Disputes about the fast track process should be resolved outside of the care delivery
- 3.90 No individual who has been identified through the fast track process should have their care package removed without their eligibility being reviewed in accordance with the review process set out in Section 4. The review should include completion of the DST by the MDT, including a recommendation on future eligibility. This overall process should be carefully and sensitively explained to the individual and, where appropriate, their representatives. Sensitive decision making is essential in order to avoid the undue distress that may result from an individual moving in and out of CHC eligibility within a very short period of time.
- 3.91 CHC fast track assessments, care planning and commissioning for those with end of life needs should be carried out in an integrated manner in line with the individual's overall end of life care pathway, with full account being taken of the individual's preferences. An Advance Care Plan should be developed in accordance with Welsh Government policy¹⁰.

Links to Other Policies and Specialist Areas of Practice

Links to Mental Health Act 1983 After Care Services

- 3.92 Under section 117 of the Mental Health Act 1983 (the 1983 Act) health and social services authorities have a duty to provide after care services for individuals who have been detained under certain provisions of the 1983 Act, until they are satisfied that the person is no longer in need of such services.
- 3.93 All those subject to section 117 are considered to be in receipt of secondary mental health services as defined under the Mental Health (Wales) Measure 2010 (the Measure) and will therefore have a Care Co-ordinator and an outcome focussed prescribed Care and Treatment Plan (CTP) that is reviewed at least yearly. Detailed guidance regarding Care and Treatment planning is given in the Code of Practice to Parts 2 and 3 of the Measure.
- 3.94 Section 117 is a free-standing joint duty. Local Health Boards and local authorities (LAs) should develop protocols to help determine their respective responsibilities for the delivery of section 117 aftercare (see for example Mental Health Act 1983 Code of Practice for Wales, chapter 31). This Framework does not therefore attempt to provide

¹⁰ Together for Health: End of Life Delivery Plan 2013

additional guidance on this issue, but focusses on the interface between section 117 and eligibility for Continuing NHS Healthcare.

- 3.95 Responsibility for the provision of section 117 lies jointly with LAs and the NHS. Where a patient is eligible for services under section 117 these should be provided jointly under section 117 and not under CHC.
- 3.96 There are no powers to charge for services provided under section 117 of the 1983 Act, regardless of whether those services are provided by the NHS or local authorities. Accordingly, the question of whether services should be 'free' NHS services rather than potentially charged-for services does not arise. It is not appropriate to assess eligibility for CHC if all the services in question are to be provided as after-care under section 117
- 3.97 However, an individual in receipt of after-care services under section 117 may also have additional needs which are not related to their mental disorder. For example an individual may be receiving services under section 117 and develop separate physical needs e.g. following a stroke, which may then trigger the need to consider NHS continuing healthcare.
- 3.98 In such cases the general approach set out in this Framework of considering the totality of need in assessing eligibility for CHC still applies. The individual may as result, have the services required to meet their total care needs funded by the NHS, but this does not necessarily remove the joint duty under section 117. The section 117 joint duty remains unless a joint assessment and agreement by both the LA and the LHB determines that those arrangements are no longer needed.
- 3.99 Where an individual in receipt of section 117 services develops physical care needs resulting in a rapidly deteriorating condition which may be entering a terminal phase (or a catastrophic health event which clearly requires CHC), consideration should be given to the use of the Fast Track Pathway Tool.
- 3.100 Where an individual is to be discharged from section 117, eligibility for CHC or funded nursing care will need to be considered where the transition assessment and plan indicate that these may be required. Information should be provided to the individual or their representative in regards to the effect that discharge from section 117 arrangements may have on their finances and/or welfare benefits.

Example local section 117 local policies, section 117 pack and case scenarios can be accessed via the Complex Care Information & Support site www.cciss.org.uk .

Deprivation of Liberty Safeguards

3.101 The Mental Capacity Act 2005 contains provisions that apply to a person who lacks capacity and who, in their own best interests, needs to be deprived of their liberty in a care home or hospital, in order for them to receive the necessary care or treatment. The fact that a person who lacks capacity needs to be deprived of his or her liberty in these circumstances does not affect the consideration of whether that person is eligible for CHC.

The Transition from Child and Young Person's to Adult Services

3.102 The 2014 Framework should be used to determine eligibility for NHS Continuing Health Care and what services people aged 18 years or over should receive from the NHS. The Framework should be used in conjunction with the Welsh Government's Children's and Young People's Continuing Care Guidance (2012) and the Sustainable Care Planning in Continuous NHS Health Care operational policy for Local Health Boards (2012). Both of these documents can be accessed via the Complex Care Information & Support site www.cciss.org.uk .

3.103 The legislation and the respective responsibilities of the NHS, social services and other services are different in child and adult services. The term 'continuing care' also has different meanings in child and adult services. The Children and Young People's Continuing Care Guidance was issued in November 2012. That guidance applies to children and young people whose health needs cause them to require a bespoke multi agency package of continuing care that cannot be met by existing universal or specialist services alone. Although the main reason for such a package will derive from the child or young person's health needs, they are likely to require multi agency service provision involving input from education, social services and sometimes others. CHC for adults refers to a package of care which is arranged and funded solely by the NHS for those individuals who have been assessed as having a primary health need. The Local Authority will retain the responsibility for meeting any ongoing educational needs.

3.104 It is important that young people and their families are helped to understand this and its implications right from the start of transition planning. An example transition pack can be accessed via the Complex Care Information & Support site www.cciss.org.uk .

3.105 While service provision and the meaning of the term Continuing Care is different pre and post 18 years, the needs of the individual will not automatically change because an individual has reached 18 years of age. Individuals with complex needs, regardless of their age, require continuous review and assessment to ensure that their needs are met in the most effective way. The assessment and review process should continue throughout transition.

- 3.106 Transition is an area that can cause anxiety for children, their parents and carers. When some young people move from children services to adult services they experience uncertainty about future care provision and support and also the loss of income due to changes in benefits. Each Local Health Board must draw up a robust local transition policy with its partner agencies. A template document is provided in the Complex Care Information & Support site www.cciss.org.uk .
- 3.107 Transitional arrangements with key milestones must be identified in care plans and LHBs must work with their partners and with the young person and their family/carer to agree a process for transition from children's services into adult services.
- 3.102 All of the partner agencies must ensure that practitioners with the appropriate skills and knowledge are available to contribute to the assessment and care planning process. Appropriateness of practitioners will be indicated by the child's presenting needs.
- 3.103 Planning for transition to adult CHC services must commence when the young person is aged 14. A lead professional must be identified, and supported by all the agencies involved. This person will act as the Transition Co-ordinator and key point of communication for the individual and their family. There is an expectation that partners will work together to define and agree the role and responsibilities of the Lead professional/ Transition Co-ordinator. Support materials can be found on the Complex Care Information & Support site www.cciss.org.uk .
- 3.104 Support during transition should be provided from 14 years to 19 years of age, though there will be cases where such support may be required up to the age of 25 years, for example Local Authorities have the discretion to support a young person in the process of leaving care, who may need ongoing support with support living/emotional support.
- 3.105 At the age of 17, eligibility for adult CHC should be determined in principle by the relevant LHB, bearing in mind that, in complex cases, needs can change in the course of a year. Local multidisciplinary teams will need to use their professional judgement regarding the timing of assessment and review to ensure that effective packages of care can be planned and commissioned in time for the individual's 18th birthday.
- 3.106 Even if a young person is not entitled to adult CHC, they may have certain health needs that are the responsibility of the NHS. In such circumstances, LHBs should continue to play a full role in transition planning for the young person, and should ensure that appropriate arrangements are in place for services that meet these needs to be commissioned or provided. The focus should always be mutually agreed and take in to account the individual preferences.

- 3.107 A key aim is to ensure that a consistent package of support is provided. The nature of the package may change because the young person's needs or circumstances change. However, it should not change simply because of the move from children's to adult services or because of a switch in the organisation with commissioning or funding responsibilities. Where change is necessary, it should be carried out in a phased manner, in full consultation with the young person and their family. No services or funding should be withdrawn unless a full assessment has been carried out of the need for adult health and social services.
- 3.108 Service provision should be tailored for the individual and may be drawn from a combination of sources, including core (e.g. primary care, district nursing, social services), specialist services (e.g. mental health, learning disability, residential educational placements) as well as individually funded elements of the package. The potential complexity of the package means that effective care co-ordination by the designated lead professional is essential. The individual and their family must be provided with a detailed and co-produced multi-agency care plan which sets out which services will be provided by whom, including funding arrangements.
- 3.109 Financial implications for the young person and their family, including any changes to benefits or other funding sources such as Direct Payments, must be clearly explained at the earliest possible opportunity. Accommodation and independent living choices should be fully explored, and a clear explanation provided of entitlements and options. Support for carers must be included in the care plan, in accordance with the Carers Measure.
- 3.110 The young person and their family/carers should not experience any delay in receiving the services they require whilst funding sources are being negotiated. Partner agencies should consider joint/pooled budget arrangements to ensure that the right care is provided at the right time.
- 3.111 There is a risk that the tailoring of comprehensive packages of care (be they CHC or joint funded) for children and young people with complex needs can lead to families feeling over-whelmed by the numbers of people involved. Care co-ordination, designated lead professional, and effective communication will do much to mitigate that risk.
- 3.112 In order to continue to provide effective support to the increasing numbers of children with complex needs who move to adult service provision, there is an expectation that partner agencies and providers will share intelligence and work together to address any emerging skills and service gaps. Examples may include developing a workforce (registered and unregistered) which has a broad range of skills to support young people and adults with a combination of physical, mental health and learning needs, and developing market position statements to bring residential provision closer to home.

3.113 Compliance with the guidance on transition will be assessed via the Performance Management Framework.

Applying the CHC Framework to Adults with a Learning Disability

3.114 The Statement on Policy and Practice for adults with a learning disability announced in March 2007, sets out the Welsh Government's values and vision underpinning support for individuals with learning disabilities. The 1983 All Wales Mental Handicap Strategy and 1994 Revised Guidance required local authorities to develop strategic planning in partnership with local stakeholders.

3.115 It is expected that partnerships will work in collaboration to ensure that evidenced need is appropriately met. Care packages should be developed in accordance with the Mental Capacity Act 2005 and the following long-established principles¹¹:

- Community Presence
- Relationships & Partnerships
- Choice
- Competence
- Respect & Status
- Individuality & Continuity

3.116 Many individuals with a learning disability already live in supported living environments. In order to maintain continuity and stability for the individual, joint care packages which utilise staff with whom they are familiar, supplemented by flexible health and social care responses, must be the preferred option wherever it is safe to do so from a clinical and social perspective. Funding arrangements will change once an individual has been assessed as having a primary health need but disruption to the individual should be minimised as far as possible.

3.117 The meaning of 'Primary Health Need', the limits of local authority responsibility and the primary health need test are not repeated here.

3.118 The principles and process set out in this Framework should be implemented for all adults who require assessment for CHC, irrespective of their client group/diagnosis. The assessment focuses on the individual's needs, not on their diagnosis. If someone has a primary health need they must be deemed eligible for CHC.

3.119 In all cases eligibility for CHC should be informed by good quality multi-disciplinary assessment. It will be important to involve all

¹¹ O'Brien, J. (1984) A guide to personal futures planning. Lithonia, GA: Responsive Systems Associates.

professionals who know and are involved with the individual. The question is not whether learning disability is a health need, but rather whether the individual concerned, whatever client group he or she may come from, has a 'primary health need'.

- 3.120 The assessment process must be person-centred and family members/carers supported to be fully and appropriately involved.
- 3.121 It is emphasised that the Decision Support Tool (DST) must be used in context. It cannot and should not replace professional judgement on whether the totality of an individual's needs demonstrate the four key characteristics of a primary health need. It simply supports multidisciplinary teams (MDTs) to demonstrate that they have implemented a rational and consistent approach to their advice.
- 3.122 The reasons given for a decision on eligibility should not be based on the use or not of NHS employed staff to provide care; the need for/presence of "specialist staff" in care delivery or any other input related (rather than needs-related) rationale.
- 3.123 NHS and social care service providers have a responsibility to ensure that their staff have the inclusive skills required to assess and support this client group. Access to care should not be restricted to specialist learning disability services.
- 3.124 Where an individual is presenting with behaviours that challenge, there is an expectation that the MDT will have undertaken the appropriate assessment to attempt to determine the cause. See 'Frequently Asked Questions' at www.cciss.org.uk .
- 3.125 Where an individual is eligible for CHC, Local Health Boards have responsibility to ensure that effective case management is commissioned. Consideration should be given as to who is best placed to provide this function, and clear responsibilities agreed. Amongst other options it may be appropriate to secure this from the local authority who may have previous knowledge of the individual concerned or have staff with particular skills and experience to undertake this function on behalf of the LHB.

Entitlement to other NHS Funded Care

- 3.126 Those in receipt of CHC continue to be entitled to access to the full range of primary, community, secondary and other health care services regardless on care setting.
- 3.127 LHBs should ensure that their contracting arrangements with care homes that provide nursing care clarify the responsibilities of nurses within the care home and of community nursing services respectively. There should be no gap in service provision between these two sectors (see Section 4).

Community Equipment

- 3.128 Where individuals are in receipt of CHC and they require equipment to meet their care needs, there are a number of routes by which this may be provided.
- 3.129 If the individual is, or will be, supported in a care home setting, the care home may be expected to provide certain equipment as part of regulatory standards or as part of the contract with the LHB. The care home should normally provide equipment which can or is used by a number of residents i.e. it is not prescribed for an individual. Equipment which is specifically prescribed for an individual and should not be used by other residents should be provided by the LHB. A draft protocol on the responsibilities of nursing homes, residential care homes and joint equipment partnerships will be published for consultation later this year.
- 3.130 LHBs have the option to contribute to the existing formal partnership and pooled fund arrangements for community equipment services to purchase and manage CHC equipment to benefit from existing procurement arrangements. Alternatively, where LHBs purchase CHC equipment separately they should consider an agreement with the joint store to manage this equipment to ensure that appropriate servicing and maintenance are in place. Where the LHB maintains completely separate arrangements for CHC equipment it must have in place systems to keep track of equipment, maintain and service it and recall and refurbish when no longer required.
- 3.131 LHBs should ensure that there is clarity about which of the above arrangements is applicable in each individual case.

Annex 2: The Role Of The Care Co-Ordinator In Assessment For Longer-Term Care And CHC Eligibility.

The 'Care Co-ordinator' role is also referred to in some documents e.g. the Integrated Assessment Framework¹², as the Lead Professional. We use the term 'Care Co-ordinator' in this document but it reads across to the Lead Professional function.

We note that the term 'Care Co-ordinator' has specific meaning in relation to Care and Treatment Planning for people with mental health needs. Whilst the same professional may also co-ordinate the CHC assessment, they are different functions.

Why do we need a Care Co-ordinator?

Evidence tells us that the assessment process for longer-term care, particularly where eligibility for Continuing NHS Healthcare is being considered, can often be fragmented, inefficient and stressful for the individual and their family/representative(s).

The purpose of having a named Care Co-ordinator is to address those challenges by having a key professional who is accountable for ensuring that the assessment process is co-produced, robust, and timely.

Who should be the Care Co-ordinator?

The Care Co-ordinator is the named individual responsible for co-ordinating the whole process of assessment for longer-term care, including gathering evidence to inform the decision on CHC eligibility.

The Care Co-ordinator is most likely to be a health professional and it will be important to maintain continuity where for example, the individual has a progressive disease and specialist key professional. This person-centred approach would suggest that it may also be acceptable for a social worker with a long-standing relationship with the individual and the family to act as care co-ordinator. This would be subject to inter-agency agreement, with the final decision on who acts as Care Co-ordinator resting with the Local Health Board.

It is acknowledged that the role of Care Co-ordinator can be complex and challenging. Whilst they that may not have sufficient capacity to undertake the role themselves, the expertise of specialist Discharge Liaison Nurses and Nurse Assessors will be invaluable in providing guidance and support to those undertaking this function.

In order to ensure that continuity is not lost, should the Care Co-ordinator be unavailable for example due to sickness and annual leave, a second (back-up) key contact should be identified who is closely involved with the case.

¹² 'Integrated Assessment, Planning and Review Arrangements for Older People -Guidance for Professionals in supporting in the Health, Care and Wellbeing of Older People: aged 65+'. Welsh Government 2013

Ideally, the Care Co-ordinator should follow the patient wherever their location may be during the assessment process in order to reduce miscommunication due to hand-offs. Where this is not possible and the Care Co-ordinator changes, there must be a formal handover of relevant information and (if possible and appropriate) introduction to the individual and their family/representative(s).

What is the Care Co-ordinator expected to do?

As the lead professional and key point of contact for the individual being assessed, the Care Co-ordinator is responsible for ensuring that all the appropriate people are involved in a timely manner and for pulling together their contributions to the assessment and care planning process. This does not mean however, that the Care Co-ordinator does all the work.

They must ensure that the individual and/or their representative is kept informed of the process and fully involved in discussions about their care.

The Care Co-ordinator role includes:

- Identifying and securing the involvement of all the appropriate MDT members;
- Ensuring that MDT members understand their role in the comprehensive assessment and their contribution to the decision-making process;
- Ensuring that the individual and their family/representative(s) have all the information they need to understand and fully contribute to the assessment and decision-making process. This will include securing access to advocacy support if required;
- Ensuring that all assessments are collated in one place and are of sufficient quality to provide the evidence required to support fair and rational decision-making;
- Ensuring that there is a clear timetable for the decision-making process and that the process complies with the requirements of this Framework;
- Ensuring that MDT's expert advice to the LHB on eligibility and the rationale is clearly recorded and communicated to the necessary parties, including the individual and their family/carer;
- Liaising with individual and/or their family/representative(s) within 48 hours of the MDT meeting at which CHC eligibility was determined. This is to ensure that the outcome is fully understood and to answer any questions they may have on reflection;
- Ensuring compliance with local protocols including quality assurance arrangements and, if required, disputes resolution and appeals processes, prior to escalation to the next level of management.

Specific responsibilities regarding keeping the individual and/or their family/representatives informed include:

- Providing the standard information leaflets:
 - 'Continuing NHS Healthcare Public Information Leaflet'
 - 'Preparing You for a CHC Eligibility Meeting'
 - 'What receiving CHC services means for you' (if applicable);
- Explaining timescales and key milestones, including timescales for review;
- Making the person aware of other individuals likely to be involved;
- Informing them of any potential delays;
- Providing a clear channel of communication between the individual and their family/representative(s) and the MDT;

Annex 3: Overview of Standard Assessment & CHC Eligibility Decision-Making Process

TIMEFRAME				
Up to 8 weeks <small>(extension of the timeframe is acceptable where further rehabilitation is required, but should not be due to the CHC eligibility process.)</small>			1 week max.	2 weeks
<p>Comprehensive assessment for longer-term care needs triggered.</p> <p>Identify the Care Co-ordinator/Lead Professional</p> <p>Obtain valid consent to comprehensive assessment.</p> <p>Transfer individual (if required) to the most appropriate environment for assessment.</p>	Deliver rehabilitation/reablement programme (unless clinically contra-indicated)		Complete The quality assurance process	
	Collate co-produced comprehensive assessment.			
	<p>Arrange the MDT meeting at which CHC eligibility will be considered.</p> <p>Ensure the individual and/or their representatives have the information and support they need to fully participate.</p>		<p>At the meeting, review the comprehensive assessment and determine whether the individual has a primary health need.</p> <p>Ensure that a clear and agreed rationale is documented and shared with the individual and/or their representatives.</p>	Arrange the care package
			Contact with individual and/or their representatives within 48 hours to answer queries etc.	

Annex 4: Example Standard Assessment & Eligibility Process Checklist

	Care Co-ordinator/Lead Professional identified. Name: Contact details: Individual/family informed		
	Most appropriate place for assessment agreed. Rationale/justification required if assessment takes place in acute hospital environment.		
	Transfer completed.		
	Rehabilitation/reablement programme commended. Date:		
	Assessment process explained to individual and their family/carer(s)		
	Preferred language for assessment identified. Mechanisms in place to accommodate language preference e.g. Welsh speakers in MDT.		
	Advocacy offered		
	CHC Public Information Leaflet provided and discussed		
	Appropriate and proportionate MDT input determined: (tick as appropriate)		
	<ul style="list-style-type: none"> • The individual • Nominated family member as key contact or other unpaid carer • Advocate • Specialist and/or community-based practitioner who has regular contact • Existing service provider(s) e.g. care home, domiciliary care agency, voluntary sector service • Social worker • Occupational therapist • Physiotherapist • Dietician 		

	<ul style="list-style-type: none"> • Speech and language therapist • Housing support • Benefits advice • Other 		
	Assessments completed and collated		
	Formal CHC eligibility meeting arranged. Date: Venue:		
	Individual and /or carer or advocate prepared for meeting Leaflet provided.		
	CHC eligibility determined by MDT		
	Outcome and rationale clearly recorded and communicated to individual and/or carer or advocate		
	Individual/representative contact within 2 working days to discuss and answer questions		
	MDT eligibility decision confirmed by LHB and LA. Date:		
	Referred for Peer Review?		
	Dispute/Appeal/Complaints procedure required?		
	Care package agreed Confirmed with individual/representative: Verbally: In writing: 'What Receiving CHC Funded Services Means for You' leaflet provided		
	Transfer arranged if appropriate Date of commencement of CHC care package:		
	Date of first review:		

Section 4: Service Provision and Review

Care Provision and Monitoring

- 4.1 The commissioning of services to meet the needs of individuals with continuing care needs cannot be undertaken in isolation to the commissioning of other similar services. LHBs and LAs should have an integrated approach to the commissioning of residential and nursing home care to exercise maximum influence over the development of provision. They will also need to work closely with providers to ensure that an appropriate range of services are in place to respond to the needs of their population. Partners may use formal partnerships with pooled funding arrangements to underpin their integrated approach to commissioning. The pooled budget may include funds to cover local authority Funded Nursing Care and CHC commitments.
- 4.2 All service provision must demonstrably respond to assessed need and the care plan. The multi-disciplinary team (MDT), in hospital or community, is responsible for undertaking a thorough and objective assessment in partnership with the individual and/or their representative. It is also responsible for providing expert advice on eligibility for NHS Continuing Health Care and for developing a detailed care plan (collated by the Care Co-ordinator) which responds to the assessed need and maximises independence wherever possible, taking into consideration the preferences of the individual. The MDT is responsible for making recommendations on the skills and interventions that need to be commissioned in order to deliver the care plan.
- 4.3 Support for carers is a health and social care responsibility and must be considered and provided. This includes:
- The provision of appropriate information and advice;
 - Active engagement with and involvement of carers when making decisions about provision of services to or for carers or the person cared for;
 - The duty to consult with carers with regard to the planning, commissioning and delivery of local services that affect carers or the individuals they look after. This extends to individual care plans;
 - The right to a Carers Assessment.
- 4.4 The UAP and Integrated Assessment Framework provide guidance on the arrangements for ongoing monitoring and management of care for adults. In particular it:

- Emphasises the importance of monitoring and review of both needs and effectiveness of services, in order to confirm, amend or close personal plans of care;
- Indicates the necessity to review continued eligibility for CHC as their needs change.

Where a Person is eligible for CHC

- 4.5 When it has been determined that an individual is eligible for CHC, it is the responsibility of the health service to make the necessary arrangements for the care of the patient irrespective of setting. The NHS will take the lead role in working with the other organisations to establish an appropriate package of care, accommodation and support. While the overall responsibility for the care provision for those individuals who are eligible for CHC will lie with the LHB there will be ways in which other agencies, such as (but not only) social services may become involved, for example through:
- ongoing social work services;
 - agreed delegated responsibility, under formal partnership arrangements, for purchasing or providing care;
 - agreed delegated or shared responsibility for providing ongoing assessment and/or care management;
 - locally developed joint service provision;
 - their housing, education and leisure services responsibilities, local authorities have a corporate role in enabling people to have fulfilling lifestyles and to participate in and contribute to the wider community;
 - the provision of equipment via the integrated community equipment service.
- 4.6 The CHC package to be provided is that which the LHB assesses is appropriate for the individual's health and personal care needs. LHBs are encouraged to consider the local authority's assessment or its contribution to a joint assessment as these will be important in identifying the individual's needs and, in some cases, the options available for meeting them.
- 4.7 Decisions on eligibility must be based on assessed need and must be independent of budgetary constraint. LHBs must ensure therefore that there is a clear split between the MDT function and confirmation of their conclusions, and the commissioning of the services required to deliver the care plan.
- 4.8 In order to support prompt arrangements for service delivery, LHBs should consider having a single CHC budget which sits across specialities and a single commissioning panel/team which brings together the appropriate expertise within its membership. The single

budget can still have budget lines which relate to specific user groups. This should prove helpful if partners decide to pool budgets at some stage.

- 4.9 It is the responsibility of the LHB to plan, specify outcomes, procure services, and manage demand and provider performance for all services that are required to meet the health and personal care needs of individuals who are eligible for CHC. LHBs can delegate their functions in terms of commissioning to local authorities and vice versa, under agreed formal partnership arrangements¹³. The LHB and its partners may wish to consider this option to develop a coherent integrated approach to securing services with one approach to negotiating contracts, service specifications, fee negotiations and quality assurance. Both agencies retain their statutory functions and they continue to exercise control through a partnership board.
- 4.10 Unless the function is formally delegated LHBs continue to have responsibility for the case management/care co-ordination role for those entitled to CHC as well as for the NHS component of a joint care package, including an assessment and review of individual patient needs.
- 4.11 The LHB will have arrangements in place for brokering and commissioning the services required to deliver the detailed care plan. The MDT recommendations and the individual's preferences need to be balanced in accordance with the Sustainable Care Planning Policy (see www.cciss.org.uk).
- 4.12 The LHB must demonstrate a clear rationale for its decision on the CHC package to be commissioned, and should reflect the principles detailed above. This rationale and the care package arrangements must be clearly explained to the individual and/or their representatives and confirmed in writing.
- 4.13 Clear contract arrangements must be established with the service provider. The contract must be outcomes-focussed and include arrangements for regular review.
- 4.14 As with all service contracts, LHBs are responsible for monitoring quality, safety, access and patient experiences within the context of provider performance. The ultimate responsibility for arranging and monitoring the services required to meet the needs of those with CHC rests with the LHB. LHBs should ensure that there is clarity on the respective responsibilities of the LHB and providers for CHC.
- 4.15 LHBs will have in place service specifications and contracts for registered settings which cover health and social care and take into account relevant regulations, National Minimum Standards, Standards

¹³ S33 of The NHS Act (Wales) 2006

for Health Services and other relevant guidance and best practice. LHBs will be expected to utilise the national CHC service specification, terms and conditions and contract monitoring proforma, which will be made available via the Complex Care Information & Support site www.cciss.org.uk . This should link to the work of local government on the development of model terms and conditions for contracts/ specifications for residential and nursing homes.

- 4.16 Where individuals eligible for CHC are cared for in a care home, escalating concerns will be managed in accordance with the Welsh Governments '*Escalating Concerns With, and Closures of, Care Homes Providing Services for Adults*' Guidance (May 2009). This statutory guidance addresses the management of escalating concerns with, and closures of, care homes that are registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide services to adults, including those providing nursing care. It is issued under section 7 of the Local Authority Social Services Act 1970 and sections 12 and 19 of the National Health Service (Wales) Act 2006.
- 4.17 In accordance with the Welsh Governments '*Escalating Concerns With, and Closures of, Care Homes Providing Services for Adults*' Guidance, LHB's and social care agencies will have in place systems and processes which enable registered providers, contract managers, care managers and other professionals to clearly understand what is expected and required from each setting and how such requirements will be delivered and monitored. These systems will frame how agencies contract and work with providers to shape quality services.
- 4.18 LHBs should develop operational procedures to ensure its responsibility for commissioned services are effectively secured and monitored where care is provided by external agencies.
- 4.19 LHBs have a statutory duty under the Health and Safety at Work Act (HSWA) 1974 to ensure the health and safety of NHS patients is maintained where a provider is providing services on behalf of the NHS. This duty is owed to residents both by the provider and the NHS commissioning body.
- 4.20 The individual should be advised that Social Security and other welfare benefits available to support the person's living costs may be affected by eligibility for CHC, and should be signposted to appropriate advice.
- 4.21 The location of the delivery of the CHC care package will be determined in response to the care plan and in accordance with the Sustainable Care Planning Policy (see www.cciss.org.uk).
- 4.22 The choice of location for those individuals who meet eligibility for CHC will have differing implications for the involvement of other agencies. Where a person receives their CHC care package in a hospital or care home, the NHS will arrange and fully fund the care, including the

accommodation, board costs and personal care. Where a person returns to their own home (or that of a carer) the LHB fully funds the cost of their health and personal care needs but not the accommodation, food or general household support.

- 4.23 LHBs and local authorities must work together to identify gaps in current and future service provision. There is an expectation that partner organisations will share intelligence to inform future workforce planning and to develop market position statements, working with a range of independent and not-for-profit organisations to develop the required provision.

Additional Personal Contributions from an individual who is eligible for CHC

- 4.24 The NHS provides a comprehensive service available to all. Access to NHS services is based on clinical need and not on an individual's ability to pay. Public funds for healthcare will be devoted solely to the benefit of people that the NHS serves. As overriding principles, it is essential that: the NHS should never subsidise private care with public money (which would breach core NHS principles) and patients should never be charged for their NHS care, or be allowed to pay towards NHS care (except where specific legislation is in place to allow this) as this would contravene the founding principles and legislation of the NHS. To avoid these risks, there should be as clear a separation as possible between private and NHS care. LHBs should seek to ensure that providers are aware of the above principles.
- 4.25 The care plan should set out the services to be funded and/or provided by the NHS. It may also identify services to be provided by other organisations such as local authorities and third sector providers. Where such non-NHS funded support is provided as part of a total package, the individual and their carers should be signposted by the local authority to clear information on charging arrangements and by the voluntary sector to potential alternative funding sources e.g. benefits and charitable organisations.
- 4.26 In addition to such arrangements, there may be circumstances, as described below, where individuals and/or their representative may choose to access additional services or premium accommodation by making, and paying for, separate arrangements themselves.
- 4.27 Queries regarding additional personal contributions ('top ups') to CHC packages usually fall into three categories:
- Additional services
 - Higher cost 'premium' accommodation
 - Retaining an existing (more expensive) provider

- Additional Services.

- 4.28 Where a provider receives a request for privately funded additional services from an individual who is funded by NHS continuing healthcare they should refer the matter to the LHB for consideration.
- 4.29 'Additional services' are defined as those which are over and above those detailed in the care plan developed to address assessed need. Such personal contribution arrangements must never be utilised as a mechanism for subsidising the service provision for which the Local Health Board is responsible
- 4.30 Any decision to purchase additional private services must be borne purely through personal choice and not through a lack of appropriate NHS or Local Authority provision to meet assessed need. It is the responsibility of the LHB to engage with the individual and/or their representatives to assure them that this is not the case, and that vulnerable individuals are safeguarded against financial exploitation. If the individual advises that they have concerns that the existing care package is not sufficient or not appropriate to meet their needs, the LHB should offer to review the care package in order to identify whether a different package would more appropriately meet the individual's assessed needs.
- 4.31 An example where an individual may choose to purchase private services would be someone who is assessed as requiring, and is provided with, one NHS physiotherapy session a week but wishes to purchase an additional session privately. In such circumstances the financial arrangements for the privately funded service will be entirely a matter between the individual and the relevant provider and it should not form part of any service agreement between the LHB and the provider. Another example would be where an individual may wish to purchase an additional visit each day from the care provider. The LHB must firstly consider whether it should meet the full costs of the care package. If after review, the LHB is satisfied that the services it has commissioned are appropriate to meet the individual's identified needs, the person may chose to initiate a private arrangement with the care provider. In such a case the LHB will need to liaise with the individual and the care provider to ensure that all parties are clear as to the additional support to be provided in the privately funded visits.
- 4.32 Although NHS-funded services must never be reduced or downgraded to take account of privately-funded care, the LHB and the organisations delivering NHS-funded care should, wherever clinically appropriate, liaise with those delivering privately-funded care in order to ensure safe and effective coordination between the services provided. The care plan should detail effective risk management, appropriate sharing of information, continuity of care and co-ordination between NHS funded and privately funded care.

- Higher Cost 'Premium' Accommodation

- 4.33 As stated above, the funding provided by LHBs in NHS continuing healthcare packages should be sufficient to meet the needs identified by the MDT in the care plan. Unless it is possible to separately identify and deliver the NHS-funded elements of the service, it will not usually be permissible for individuals to pay for higher-cost accommodation.
- 4.34 There may be exceptional circumstances, to be considered on a case by case basis, where a LHB should consider the case for a higher than usual cost, for example, where an individual and/or their representative requests a larger room or a new placement in a care home which charges a rate significantly above that which the LHB would normally pay in that locality.
- 4.35 The LHB must liaise with the individual and/or their representative(s) to identify the reasons for the preference. Where the need is for identified clinical reasons (for example, an individual with challenging behaviour who requires a larger room because it is identified that the behaviour is linked to feeling confined, or an individual considers that they would benefit from a care provider with specialist skills rather than a generic care provider), consideration should be given as to whether it would be appropriate for the LHB to meet this.
- 4.36 If no clinical need is established the LHB will need to make a decision which balances the needs and preferences of the individual with the requirement for probity with public funds. See All Wales Policy for Sustainable Care Planning.
- 4.37 In some circumstances providers may offer 'extras' such as flower arrangements, daily newspapers etc. as part of their package. In the interests of public probity, it is reasonable to expect individuals and/or their representatives to make separate arrangements to purchase such items directly from the provider as detailed above.

- Retaining an existing (higher cost) provider.

- 4.38 In some circumstances individuals become eligible for CHC when they are already resident in care home accommodation for which the fees are higher than the relevant Local Health Board would usually meet for someone with their needs. This may be where the individual was previously funding their own care or where they were previously funded by a local authority and a third party had 'topped up' the fees payable.
- 4.39 "Topping up" is legally permissible under legislation governing Local Authority Social Care but it is not permissible under NHS legislation. In

such situations, Local Health Boards should consider whether there are reasons why they should meet the full cost of the care package, notwithstanding that it is at a higher rate. Such reasons could include for example the frailty, mental health needs or other relevant needs of the individual which mean that a move to other accommodation could involve significant risk to their health and well being.

- 4.40 There may also be circumstances where an individual in an existing out of area placement becomes entitled to NHS continuing healthcare and where, although the care package is of a higher cost than the responsible LHB would usually meet for the individual's needs, the cost is reasonable taking into account the market rates in the locality of the placement. LHBs should establish this by liaison with the Local Health Board where the placement is located.
- 4.41 LHBs should also consider whether there are particular circumstances that make it reasonable to fund the higher rate. This could be because the location of the placement is close to family members who play an active role in the life of the individual or because the individual has resided in the placement for many years so that they have strong social links with the area and it would be significantly detrimental to the individual to move them.
- 4.42 LHBs should deal with the above situations with sensitivity and in close liaison with the individuals affected and, where appropriate, their families, the existing service provider and the local authority if they have up to this point been funding the care package. Where a Local Health Board determines, following the recommendations from the MDT, that circumstances do not justify them funding an existing higher cost placement or services that they have inherited responsibility for, the LHB does have the authority to move accommodation or change provider. Any decisions should be taken in full consultation with the individual concerned and confirmed in writing with reasons given. Advocacy support should be provided where this is appropriate.
- 4.43 Where an individual becomes entitled to CHC and has an existing high-cost care package, LHBs should consider funding the full cost of the existing higher-cost package until a decision is made on whether to meet the higher cost package on an ongoing basis or to arrange an alternative placement.
- 4.44 Where an individual wishes to dispute a decision not to pay for higher-cost accommodation, they should do this via the NHS complaints process. The letter from the LHB advising them of the decision should also include details of the complaints process and who to contact if the individual wishes to make a complaint.
- 4.45 In cases of transition, a care plan should be developed by the existing commissioners with the new providers that identifies health and social care needs, and addresses how any specific clinical needs and risks

should be addressed. The LHB is responsible for monitoring and reviewing the placement. It should keep in regular liaison with the new provider and with the individual during the initial weeks of the new services to ensure that the transition has proceeded successfully and to ensure that any issues that have arisen are being appropriately addressed.

Direct Payments¹⁴ and Continuing NHS Health Care

- 4.46 As a matter principle, if an individual has existing Direct Payment arrangements, these should continue wherever and for as long as possible within a tailored joint package of care.
- 4.47 It is currently unlawful for Direct Payments to be used to purchase health care which the NHS is responsible for providing. Direct Payments can only be used for social care provision.
- 4.48 Where an individual whose care was arranged via Direct Payments becomes eligible for Continuing Health Care funding, the LHB must work with them in a spirit of co-production. Although Direct Payments will no longer be applicable where an individual has a primary health need, this should not mean that the individual loses their voice, choice and control over their daily lives. Every effort should be made to maintain continuity of the personnel delivering the care, where the individual wishes this to be the case.
- 4.49 There may be circumstances where it is possible for an individual to retain some Direct Payment for the elements of their care for which the local authority is still responsible, e.g. opportunities for social inclusion. Partner organisations must work together to explore all the options available to maximise an individual's independence.
- 4.50 An individual in receipt of Direct Payments retains the right to refuse to consent to CHC assessment and /or care package, as detailed in Section 2. In such cases, partner agencies must work together with the individual and their family/carers to ensure that the risks are fully understood and mitigated as far as possible.

¹⁴ Direct Payments Guidance: Community Care, Services for Carers & Children's services (Direct Payments) (Wales) Guidance 2011.

Where a person is not eligible for CHC

- 4.51 Where it has been determined that a person is not eligible for CHC and an alternative package of care is required (e.g. NHS Funded Nursing Care in a care home, or a joint package of care in the community), the lead role will normally lie with the local authority, or, as agreed between agencies, in their local care management arrangements. The NHS will work alongside the local authority to develop and implement an appropriate care plan.
- 4.52 This care plan must not require a local authority to provide services which are beyond its powers to provide. However, neither the LHB nor the local authority can dictate what the other organisation can provide.
- 4.53 There should be no gap in the provision of care. People should not find themselves in a situation where neither the NHS nor the relevant local authority (subject to the person meeting the relevant means test and having needs that fall within the appropriate Fair Access to Care eligibility criteria) will fund care, either separately or together.
- 4.54 A written agreement should also be established with the individual and/or their representative, clearly setting out what is covered by NHS funding, what may be accessed via the local authority subject to its eligibility criteria, and what the individual will be responsible for.
- 4.55 Clarity of responsibility for funding and implementation should inform, rather than prevent, any joint arrangements that may be established e.g. lead commissioning, pooled budgets.

Joint Packages of Health and Social Care

- 4.56 Increasing numbers of people with complex care needs are being supported in the community. If services are to be truly needs (not diagnosis) -led, citizen focussed and supporting independence, then it is logical that individuals will be supported for longer at home with joint packages of care, where this is sustainable.
- 4.57 If an individual is not entitled to CHC but has some healthcare and social care needs, they should receive a package of health and social care. There will be some individuals who, although they are not entitled to CHC, have needs identified through the DST that are not of a nature that a local authority can solely meet or are beyond the powers of a local authority to solely meet. LHBs should therefore work in partnership with the local authority to agree their respective responsibilities in joint care packages.

Joint funding in care home placements.

- 4.58 Where an individual is not eligible for CHC but has health needs which are different from, or additional to, those supported by NHS Funded Nursing Care, the NHS may still have a responsibility to meet those needs as part of a “joint package” in so far as these health needs are beyond the powers of the local authority to provide.
- 4.59 There may be some individuals in care home placements who do not have a primary health need indicating eligibility for CHC, but are acknowledged to have nursing needs greater than would normally be expected to be covered by the Funded Nursing Care rate and what can be reasonably expected for a local authority to commission. Welsh Health Circular (2004) 024 (NHS Funded Nursing Care in Care Homes) states that there should be no gap between local authority and NHS provision.
- 4.60 Options available to LHBs to meet their responsibility in providing this additional level of health care include NHS in-reach from core services or additional financial contribution to the total funding package. LHBs and local authorities will need to work together to ensure that neither body is operating outside of its statutory duty. The funding arrangements and the local authority contribution for which the individual may be charged must be confirmed in writing by the lead agency and shared with commissioners, providers and the service user and/or representative.
- 4.61 Examples of additional services to funded nursing care, which may also be provided by the NHS if these are agreed as part of an assessment and individual care plan include (but are not limited to):
- Primary healthcare.
 - Assessments involving doctors and registered nurses.
 - Rehabilitation and recovery (where this forms part of an overall package of NHS care as distinct from intermediate care).
 - Community health services.
 - Community mental health services.
 - Specialist support for healthcare needs.
 - Additional support for episodic higher needs in joint care packages e.g. additional registered nurse input into behaviour management assessment/care planning.
 - Palliative care and end of life care.
 - Specialist transport (i.e. ambulances).

Joint funding of packages of care delivered in an individual's own home.

- 4.62 More, and increasingly complex, packages of care are being delivered in an individual's own home. Where an individual is not eligible for NHS CHC, a comprehensive joint health and social care package must be developed to meet their assessed need. This must be detailed in a clear interagency care plan, with a named care co-ordinator/lead professional, which is jointly owned by commissioners, providers and the individual and/or their representative.
- 4.63 According to each local authority's 'Fair Access to Care' eligibility criteria, they will be responsible for providing such social care, including personal care, as can lawfully be provided. See CHC Toolkit for public information leaflet.
- 4.64 The joint funding arrangements will be determined locally and in accordance with the needs of the individual. Options available include the use of a joint funding matrix or formalised pooled budget arrangements. The individual should not experience delay in receiving their care package whilst funding arrangements are negotiated.
- 4.65 A written agreement should also be established with the individual and/or their representative, clearly setting out what is funded by the LHB, what may be accessed via the local authority subject to its eligibility criteria and charging, and what the individual will be responsible for.

Reviews

- 4.66 An individual's eligibility for CHC is subject to review. Reviews should follow the format of an assessment, consider all the services received and be tailored to the individual.
- 4.67 As a minimum there should be an initial review of the care plan within 3 months of services first being provided, unless this is triggered earlier by the individual, their family/representative or the provider.
- 4.68 Thereafter reviews should be at least annually. Where an individual's condition is anticipated to deteriorate, more regular review may be necessary. The frequency of such reviews will be determined by professional judgement based on the individual's assessed needs or if there is a change in circumstances. Where there is an obvious deterioration in circumstances, reviews should also be held within 2 weeks and acted upon appropriately.

- 4.69 The individual and/or their representative and the service provider must be provided with the contact details of a named care co-ordinator, so that any changes in the individual's condition or circumstances can be promptly addressed.
- 4.70 Review timescales should be identified and communicated to the individual and their relatives verbally and in writing. For those receiving secondary mental health services there is a legal requirement to review their care at least every 12 months and in line with the Code of Practice to Part 2 and 3 of the Mental Health (Wales) Measure 2010.
- 4.71 The individual should be central to the review process. Prior to the review, they should be offered the opportunity to re-assess their own needs and be offered appropriate support to do so. It will also be necessary to consider whether a further carer's assessment should be undertaken at this time.
- 4.72 If the local authority is also responsible for any part of the care, both the LHB and the local authority will have a requirement to review needs and the service provided. In such circumstances, it would be beneficial to conduct a joint review. Even if all the services are the responsibility of the NHS, it would be beneficial for the review to be held jointly by the NHS and the local authority especially as any decision affecting CHC will require input from both sectors. Some cases will require a more frequent case review, in line with clinical judgement and changing needs.
- 4.73 Individuals who are in receipt of Funded Nursing Care in a care home must also be reviewed on an at least annual basis. The LHB must ensure that the individual, their family/representative and care home provider have the information and contacts available to enable them to identify changes in need which indicate a timely review is required. Care home providers may find it helpful to use the Department of Health Checklist themselves and alert the LHB when an assessment for CHC eligibility is required.
- 4.74 When reviewing the need for NHS Funded Nursing Care, potential eligibility for CHC must always be considered and a full assessment should be carried out, where necessary.
- 4.75 Care providers who monitor their own service effectiveness should contribute this information to the review of the whole plan of care. The review should be recorded, describe who was involved, those individuals not involved and reasons why, location and method of review and issues that the individual (or carer/advocate) raised.
- 4.76 The LHB's responsibility to provide or commission care (including CHC) is not indefinite as needs might change. This should be made clear to the individual and their family or carer at the time of the initial assessment and at each subsequent review and confirmed in writing.

The individual and the carer or representative should be provided with the 'What receiving CHC-funded services means for you' leaflet at the commencement of their CHC care package.

- 4.77 The outcome of a review will determine whether the individual's needs have changed, which then determines whether the package of care needs to be revised or the funding responsibilities altered. The outcome of a review does not necessarily indicate the same outcome should have been reached with a previous assessment, provided that the previous assessment was properly carried out and the decision taken was based on sound reasoning.
- 4.78 The review information should be used to inform the individual's care plan. A copy of the review and care plan should be drafted, agreed and given to the service user. Subject to the constraints of confidentiality, the findings of the review and changes to the care plan should also be shared with those involved in the individual's care.
- 4.79 If the individual/relative or their carer is not satisfied with the care plan which has been developed, they will need to raise this with the person responsible for it in the first instance. They may request a re-assessment of their needs and review of the care plan. If they continue to be dissatisfied, they will need to consider making use of the complaints process.
- 4.80 The CHC Independent Review Panel (see Section 5) is not designated to review the content of care plans, only the decision-making process relating to the application of the primary health need approach.
- 4.81 Where, following a review, services are to be discontinued, the review report should clearly state the reasons for this withdrawal. There should be an evaluation and record of the extent to which the objectives and outcomes were achieved and the name of the professional that the individual can contact if needs and circumstances change.
- 4.82 Providers must be made aware, within the contract documentation, of their responsibilities to notify the funding body of any marked deterioration or any other issues affecting the delivery of care.
- 4.83 Neither the LHB nor the local authority should unilaterally withdraw from an existing funding arrangement without a joint reassessment of the individual and without first consulting one another and the individual about the proposed change of arrangement. Any proposed change should be put in writing to the individual by the organisation that is proposing to make such a change. If joint agreement cannot be reached upon the proposed change, the local disputes procedures (see Section 5) should be invoked and current funding arrangements should remain in place until the dispute has been resolved.

Section 5: Disputes and Appeals

Formal Challenges to Eligibility Decisions between Organisations

- 5.1 The Welsh Government expects Local Health Boards and their partners to work together to deliver the best possible outcomes for the citizens of Wales. Effective partnership working and integration, together with implementation of this Framework should minimise the need to proceed to formal dispute procedures.
- 5.2 In the first instance, where the MDT is unable to reach a consensus view on CHC eligibility, they should escalate the dispute to the appropriate manager and access peer review from within, or outside of, their LHB.
- 5.3 In order to assess the consistency of CHC eligibility decision making and to support continuous service improvement across Wales, LHBs are expected to participate in an annual peer review or external audit exercise which will be co-ordinated by Welsh Government and supported with materials on the Complex Care Information & Support site www.cciss.org.uk.
- 5.4 If mature partnership discussion, including objective managerial/clinical expertise and peer review, has failed to achieve a consensus view, the formal dispute process will need to be initiated. LHBs and local authorities should have in place locally agreed procedures/protocols for dealing with any formal disputes about eligibility for CHC and/or about the apportionment of funding in jointly funded care packages.
- 5.5 Disputes must not delay the provision of care and the protocol should make clear how funding will be provided pending the resolution of the dispute. Where disputes relate to the NHS and local authorities in different geographical areas, the relevant NHS body and local authority should agree a dispute resolution process to ensure resolution in a timely manner. This should include agreement on how funding will be provided during the dispute, and arrangements for reimbursement to the relevant organisations once the dispute is resolved.
- 5.6 All stages of disputes procedures will normally be completed within two weeks. All stages will be appropriately documented.

An example disputes process can be accessed via the Complex Care Information & Support site www.cciss.org.uk.

Challenges to Eligibility Decisions from Individuals

- 5.7 The formal responsibility for informing individuals of the decision about eligibility for CHC and of their right to request a review lies with the LHB. Whether or not it is considered that an individual has a primary health need, the LHB must give clear reasons for its decisions, setting out the basis on which the decision was made.
- 5.8 Where the individual and/or their representative disputes the clinical assessment of the MDT, external (from another Directorate or LHB) peer review should be offered as a matter of course. This may avoid escalation to the formal appeals or complaints procedure and applications for retrospective reviews.
- 5.9 LHBs should deal promptly with any request to review decisions about eligibility for either CHC or NHS Funded Nursing Care. A clear and written response should be given including the individual's rights to complain under the NHS Complaints Procedure.
- 5.10 Each LHB should agree local review processes, including timescales, which is available publicly. These local review processes should set out the stages involved in dealing with any requests for a review.
- 5.11 Once local procedures have been exhausted, the case should be referred to the Independent Review Panel. (See below).
- 5.12 If the original decision is upheld by the Independent Review Panel and the individual still wishes to challenge the decision, the individual has access to the Public Services Ombudsman.
- 5.13 The individual's rights under the existing NHS Complaints procedures and their existing right to refer their case to the Ombudsman remains unaltered by the panel arrangements. In particular, where an individual is dissatisfied with issues other than the points outlined above the matter should be considered through the appropriate complaints procedure.

Appeals and Complaints

- 5.14 Local Health Boards are accountable for ensuring that the processes are place and that their staff have the skills and resources required to determine CHC eligibility correctly first time.
- 5.15 NHS organisations should deal promptly with any request to reconsider decisions about eligibility for CHC. They should, in the first instance, work closely with the individual to resolve the situation informally, as detailed above. They should ensure that appropriate assessments have been undertaken, applied, recorded and peer reviewed. Where the

patient still wishes to contest the decision, the LHB will consider whether it is appropriate to convene the review panel.

5.16 An individual may apply to the relevant LHB for a review of the decision if they are dissatisfied with:

- The procedure followed by the LHB in reaching its decision on the individual's eligibility for CHC, or
- The application of the primary health need consideration.

5.17 LHBs must give this request due consideration, taking into account all the information available, including any additional information from the individual and/or their representative.

Independent Review Panel

5.18 The Independent Review Panel (IPR) procedure (see Annex 5) is intended as an additional safeguard for individuals who require ongoing support from health and/or social services and who consider that the eligibility criterion for CHC (the primary health need approach) has not been correctly applied in their case, or that appropriate procedures have not been followed.

5.19 If the local review process, including peer review, indicates that there is an element of doubt then recourse to the IRP process should be granted.

5.20 If the individual or their representative has significant additional information to present or exceptional circumstances apply again, there should be recourse to the IRP process.

5.21 Before taking a decision the LHB will seek the advice of the chairman of the review panel. In all cases where a decision not to convene a panel is made, a full written explanation of the basis of its decision should be provided to the individual and/or their representative, together with a reminder of their rights under the NHS complaints procedure.

5.22 The Independent Review Panel is not designated to review the content of care plans, only the decision-making process relating to the determination of whether a person is eligible for continuing NHS healthcare.

5.23 The LHB will administer the procedure on behalf of all persons residing within the area for which it is responsible. The procedure is also available for reviewing decisions on NHS Funded Nursing Care (NHS FNC). See www.cciss.org.uk for a template policy.

- 5.24 When reviewing the need for NHS FNC, potential eligibility for CHC should always be considered and a full assessment carried out where necessary.
- 5.25 LHBs must ensure that arrangements are in place for:
- the establishment and operation of independent panels (see Annex 5)
 - access to independent clinical advice, taking into account the range of medical, nursing and therapy needs in each case. Advisors will provide an opinion on judgements as to whether the primary health need approach and this Framework have been followed, and will not have a role in providing a second opinion on diagnosis, management or prognosis of the individual. Arrangements should avoid conflicts of interest between clinicians giving advice and organisations from which the patient has been receiving care
 - allocation of responsibility for review panels to a designated officer, who will ensure efficient operation of the process, check that appropriate steps have been taken to resolve the case informally and collect the factual evidence for the review panel.
- 5.26 In order to avoid delay and to maximise available expertise LHBs should implement a regional panel process as described in Annex 5. Each LHB will, however, ensure that it has allocated responsibility for overview of the proper and efficient operation of the process in their area to a designated officer.

Promoting Consistency in the operation of Independent Review Panels

- 5.27 Local Health Boards are responsible for ensuring that the regional Independent Review Panels operate to a consistent standard and must make arrangements for the appropriate training and mentorship of all panel members.
- 5.28 There is an expectation that the partner agencies will allocate sufficient time within normal working hours for panel members to prepare sufficiently for the Panel proceedings. The importance of the role of Independent Review Panel member should be reflected in their employing organisations via their job description and personal objectives.
- 5.29 The Panel's deliberations must be properly recorded and communicated, with a clear rationale provided for their decision. A template format is available via www.cciss.org.uk .

Complaints

- 5.30 If an individual is dissatisfied with the decision at this stage (or the decision-making process at any stage) they may make use of the NHS Complaints Procedure, 'Putting Things Right'.
- 5.31 If an individual wishes to make a complaint about NHS funded services, they should initially speak to the service provider, if possible, or to the Local Health Board. Following the implementation of the Care Standards Act in April 2002 individual complaints about the provision of care will be considered by regulated establishments via their own procedures; local authorities will consider complaints relating to the commissioning process (such as the appropriateness of a type of placement); and the Care and Social Services Inspectorate for Wales (CSSIW) has discretionary powers to investigate complaints where that complaint may inform its role as a regulator of care homes. Any agency receiving a complaint needs to consider whether a referral should be made in line with procedures for the protection of vulnerable adults.
- 5.32 It is good practice for the NHS and local authorities to make each other aware of complaints received to speed up their resolution, and to pinpoint the main issue to be addressed to improve services. The regulations relating to Partnership Agreements also allow for a joint approach to complaints procedures. Further information is contained in the NHS Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000.
- 5.33 Information on all relevant complaints procedures should be available in all service provision settings. The need for advocacy should be considered where appropriate.
- 5.34 Individuals who are dissatisfied with the way in which the NHS, a local authority or the CSSIW investigates their complaint may complain to the Public Services Ombudsman Wales. However, the Ombudsman will normally expect complainants to have tried to resolve their concerns through the relevant procedure before he considers taking a case. The Ombudsman does not have to investigate every complaint submitted, but will normally do so if there is evidence of hardship or injustice and that an investigation may be of benefit.
- 5.35 Further information on the NHS complaints procedure is contained in: Putting Things Right: raising a concern about the NHS (Welsh Assembly Government, 2011). The procedure can also be accessed via www.cciss.org.uk

ANNEX 5: Setting Up A Review Panel

Establishment of review panels

A.5.1 Local Health Boards must have access to a standing panel, comprising as a minimum an independent chair, representative of a LHB and a local authority. It will also have access to expert opinion. In order to avoid delays in the process and to maximise the available expertise, health boards are encouraged to operate a regional panel system such as that illustrated below:

South & West Region	
Local Health Boards	Local Authorities
Hywel Dda Abertawe Bro Morgannwg	Carmarthen Ceredigion Pembrokeshire Swansea Neath Port Talbot Bridgend

North & Mid Region	
Local Health Boards	Local Authorities
Betsi Cadwaladr Powys Hywel Dda (for North West)	Anglesey Conway & Denbighshire Wrexham Powys Ceredigion

South & East Region	
Local Health Boards	Local Authorities
Aneurin Bevan Cardiff & Vale Cwm Taf Powys	Newport Torfaen Blaenau Gwent Caerphilly Monmouthshire Rhondda Cynon Taff Merthyr Cardiff Vale of Glamorgan

A.5.2 Independent chairs are appointed via the Public Appointments process and their services can be accessed via the CHC Lead in each LHB.

A.5.3 The appointment of representatives of the LHB(s) and local authority(ies) will be on the basis of nomination by those organisations. They should take account of the professional and other skills, which will be relevant to the work of the panel.

A.5.4 Each LHB should designate an individual to maintain the review procedure and collect information for the panel by interviewing patients, family members and any relevant carer.

A.5.5 Each LHB should aim to ensure that the review procedure is completed within four weeks of the request being received, where possible. This period starts once any action to resolve the case informally has been completed, and should be extended only where unavoidable because of exceptional circumstances. The review procedure must not delay the provision of care and the local protocol should make clear how funding will be provided pending the resolution.

A.5.6 Each LHB must ensure that arrangements are in place to support the work of the panel through the provision of relevant information and clinical advice.

The purpose and scope of review panels

A.5.7 The purpose of the review procedure is:

- to check that proper procedures have been followed in reaching decisions about the need for continuing NHS healthcare and NHS Funded Nursing Care;
- to ensure that the primary health need approach in determining eligibility for continuing NHS healthcare and NHS Funded Nursing Care are properly and consistently applied.

A.5.8 The review procedure does not apply where patients or their families and any carer wish to challenge:

- the content, rather than the application, of the Local Health Board's eligibility criterion;
- the type and location of any offer of NHS funded continuing NHS healthcare or NHS Funded Nursing Care services;
- the content of any alternative care package which they have been offered;
- their treatment or any other aspect of the services they are receiving or have received.

These would more properly be dealt with through the complaints procedure

A.5.9 A review should not proceed until the LHB has, in the first instance, worked with the individual to resolve the situation informally. They should ensure that appropriate assessments have been undertaken, care plans produced, that the proper procedures and criteria have been applied, and that the patient has been provided with all relevant information.

- A.5.10 If the case cannot be resolved by informal means, the patient, his or her family or any carer may ask the LHB where the patient is normally resident to review the decision that the patient is not eligible for continuing NHS healthcare. The expectation is that the LHB in reaching a view will seek advice from an independent panel (See paragraph 7). Before doing so it should ensure, having regard to paragraphs 5.7-5.8 above, that the decision is one to which the review procedure applies.
- A.5.11 The LHB has the right to decide in any individual case not to convene a panel. It is expected that such decisions will be confined to those cases where the patient falls well outside the eligibility criteria or where the case is very clearly not appropriate for the panel to consider. Before taking a decision the LHB should seek the advice of the chairman of the review panel. In all cases where a decision not to convene a panel is made, the LHB should give the patient, his or her family or carer a full written explanation of the basis of its decision, together with a reminder of their rights under the NHS complaints procedure.
- A.5.12 While the review procedure is being conducted any existing care package, whether hospital care or community health services, should not be withdrawn until the outcome of the review is known.

Operation of the panel

- A.5.13 The designated LHB is responsible for preparing information for the panel. The panel should have access to any existing documentation, which is relevant, including the details of the patient's original assessment. They should also have access to the views of key parties involved in the case including the patient, his or her family and any carer, health and social services staff, and any other relevant bodies or individuals. It will be open to key parties to put their views to the LHB officer. This will normally be managed by the production of written statements prepared by the LHB's designated responsible officer.
- A.5.14 A patient may have a representative act on their behalf if they choose, or are unable or have difficulty in presenting their own views.
- A.5.15 While the patient or their representative will normally provide information to the designated LHB officer, they may request direct representation at the panel hearing. This does not include a lawyer acting in a professional capacity.
- A.5.16 The panel must maintain patient confidentiality.

- A.5.17 The panel will require access to independent clinical advice, which should take account of the range of medical, nursing and therapy needs involved in each case.
- A.5.18 The role of the panel is advisory. However, while its decisions will not be formally binding, the expectation is that its recommendations will be accepted. If a LHB decides to reject a panel's recommendation in an individual case, it must put in writing to the patient and to the chairman of the panel its reasons for doing so.
- A.5.19 In all cases the LHB must communicate in writing to the patient the outcome of the review, with reasons. All relevant parties (NHS, consultant, GP and other clinician(s), local authority where appropriate) should also receive this information.
- A.5.20 The patient's rights under the existing complaints procedures and their existing right to refer the case to the Public Services Ombudsman Wales, remain unaltered by the panel arrangements.

Section 6: Retrospective Claims for Reimbursement.

- 6.1 An individual and/or their representative may request a retrospective review where they contributed to the cost of their care, but have reason to believe that they may have met the eligibility criteria for CHC which were applicable at that time. A retrospective review claim is different from an appeal against a current CHC assessment and decision on eligibility; that Appeals process is outlined in Section 5.
- 6.2 If eligibility is demonstrated for either the full or part period of the claim, the principles of good public administration demand that timely restitution be made. Welsh Government is aware of a current backlog of claims being managed by LHBs and has made clear its expectation that these claims should take no longer than two years to process.
- 6.3 As with the process of determining CHC eligibility, the retrospective claim process is not a legal process. It is delivered by the LHB and therefore no charge will be made to the individual.
- 6.4 The process for making a claim is set out below. If the individual and /or their representative wish to access support in following the process they may seek advice from the LHB itself, from voluntary sector advocacy or they may choose to engage a solicitor to act on their behalf. If eligibility is found, reimbursement will not cover the costs of any legal fees incurred.
- 6.5 Each LHB should publish a point of contact to which retrospective claims may be submitted. The all Wales public information leaflet on retrospective claims and the Frequently Asked Questions leaflet are available via the Complex Care Information & Support site www.cciss.org.uk .
- 6.6 The claim may be submitted by:
- Patient.
 - Person authorised by the patient to receive reimbursement on his/her behalf.
 - Person holding a registered Power of attorney or who is a Court-appointed receiver for a mentally incapacitated patient.
 - In the case of a deceased patient, an executor named in the Grant of Probate in respect of the deceased's estate or an administrator named in the Grant of Letters of Administration of the estate.

Reimbursement, should eligibility be found, will only be paid to the above.

- 6.7 For the periods between 1st April 2003 and 31st July 2013 the cut-off date for registering intent to make an application for a retrospective review will be 31st July 2014. Thereafter, no applications for a retrospective review pertaining to this period will be considered, other than in exceptional circumstances. Exceptional circumstances can

include for example, the claimant suffering critical illness, serving with the armed forces or living abroad.

- 6.8 It is anticipated that the maximum 2 year timescale for resolution will also apply to these cases, but this may be subject to review in response to the numbers of applications received.
- 6.9 Within 5 months of registering the claim, claimants will be required to provide evidence of:
- Their right to make the claim on the individual's behalf (i.e. via Lasting Power of Attorney or Grant of Probate as detailed above);
 - Proof of fees paid to care home or domiciliary agency.
- 6.10 LHBs need to balance their requirement to provide timely restitution with that of demonstrating probity with the public purse. Making an application does not mean that reimbursement is guaranteed; LHBs must satisfy themselves that the application is genuine and that the person was indeed eligible for CHC during the disputed period.
- 6.11 From 1st October 2014 the process for considering the claim period for a retrospective review is as follows.
- The claim period to be considered will be no longer than 12 months from the date of application.
 - If the claim period is after a MDT/IRP decision of no eligibility, the period to be reviewed may go back to the date of the decision as long as it is no longer than 12 months.
 - If the claim period is prior to a MDT/IRP decision, no longer than a 12 month period will be reviewed.
- 6.12 Claims outside of the stated cut-off dates may be considered in exceptional circumstances. Exceptional circumstances can include for example, the claimant suffering critical illness, serving with the armed forces or living abroad.
- 6.13 In order to ensure fairness during the transition period between the 2010 and 2014 Frameworks, claims relating to the period from 1st August 2013 to 30th September 2014 will be accepted up to 1st October 2015. These claims should normally be resolved within 12 months of receipt.
- 6.14 The resolution of claims submitted after 1st October 2014 i.e. under the annual rolling cut-off date, should normally be achieved within 6 months.

6.15 The process for considering retrospective claims is as follows:

- i. Evidence of Legal authority to make the application and proof of payment of care fees will be provided by the claimant.
- ii. A questionnaire (including a request for the claimant's views) and Information/Frequently Asked Questions Booklets are sent to the claimant.
- iii. On receipt of the completed questionnaire, requests are made to the appropriate care providers for records.
- iv. A chronology of need is produced from the records available and the claimant's views. See www.cciss.org.uk for template.
- v. The All Wales Needs Assessment Document (see www.cciss.org.uk) will be used by the reviewer to analyse the information in the chronology using the 4 key indicators of Nature, Intensity, Complexity and Unpredictability and by applying the Primary Health Need approach for the whole of the claim period. If no eligibility is found using these criteria, the criteria that were applicable at the time of the claim period should be applied.
- vi. On completion of the analysis, the document will be peer reviewed by a different clinician to ensure the recommendation is robust based on the evidence and that the criteria have been consistently applied. If the clinicians do not agree, the case will be referred to the Independent Review Panel (IRP)
- vii. In cases of no eligibility found, the document will be peer reviewed by 2 different clinicians to ensure that the evidence supports the recommendation made.
- viii. The recommendation on eligibility will be made on the evidence available. It can be 1 of 4 possibilities:
 - Matching- the period of eligibility found matches the claim period in totality
 - Partial- eligibility is found for part of the claim period
 - No eligibility found for any part of the claim period
 - Panel- the reviewer has been unable to make a decision as the information available is complex.
- ix. Dependant on the recommendation made, the case will go along 1 of 3 pathways:
 - Matched cases will go directly for ratification
 - Partial and no eligibility cases will go for negotiation
 - Panel cases- an Independent Review Panel will be convened.

The claimant/representative will be invited to a meeting for cases where partial or no eligibility has been found:

- Partial eligibility- to discuss the recommendation made and reach a mutually acceptable period of eligibility based on the evidence available and/or new evidence that has not previously been available to consider. If agreement is reached at this stage, the case will be forwarded for ratification. If no agreement is reached, the case will be forwarded for IRP consideration.
- No eligibility- Where no evidence of eligibility is found, a meeting will take place with the claimant/representative to provide opportunity for further explanation of CHC criteria and to check that the claimant/representative has understood the lack of evidence on eligibility.

If peer review indicates that there is an element of doubt then recourse to the IRP process should be granted.

If the individual or their representative has significant additional information to present or exceptional circumstances apply again, there should be recourse to the IRP process.

Before taking a decision the LHB will seek the advice of the chairman of the review panel. In all cases where a decision not to convene a panel is made, a full written explanation of the basis of its decision should be provided to the individual and/or their representative, together with a reminder of their rights under the NHS complaints procedure.

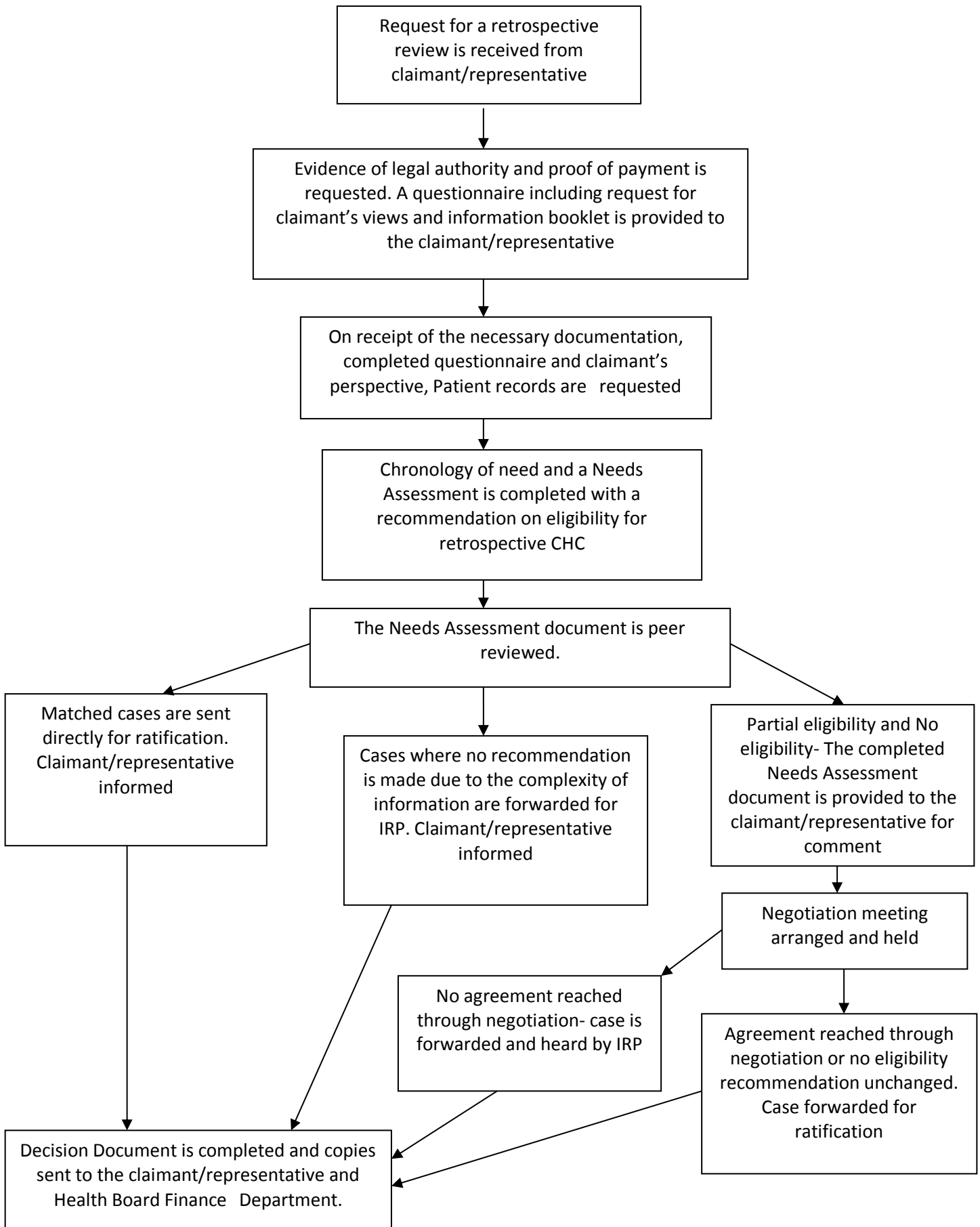
- In all cases, an All Wales Decision Document will be completed by the person ratifying the recommendation made/Chair of the IRP.
- A copy of the completed Decision Document is provided to the claimant/representative and the LHB Finance Department.

Responsibility for the management of claims

- 6.16 Welsh Government Circular 13/2011 set out the arrangements for the processing of claims by the 'Powys Project'. This referred to claims relating to the periods:
- Between 1996 and 2003;
 - After April 2003 and up to 15th August 2010 where the application was received prior to 16th August 2010; and
 - Claims straddling these two periods.
- 6.17 Applications received after 16th August 2010 are dealt with by the relevant Local Health Board. Both the Powys Project and the LHBs will follow the process detailed above.
- 6.18 In November 2013 the Welsh Government issued interim guidance in respect of proof of payment for specific cases dealt with by the Powys Project.
- 6.19 In January 2014 a national NHS Executive Task and Finish Group was established, with the support of Welsh Government, to assume responsibility for the oversight of the management of all retrospective claims and compliance with this guidance. The LHBs have agreed joint arrangements with the national (Powys) project to ensure completion of claims within the stipulated timescales and will submit monthly performance information to Welsh Government.
- 6.20 Claimants who are dissatisfied with the review process are able to access the NHS Complaints process and recourse to the Public Services Ombudsman for Wales as outlined in paragraphs 5.31 to 5.36.

See Figure 2 for an overview of the process for undertaking a retrospective review.

Figure 2: Process for undertaking a Retrospective Review



Appendices

Glossary of Terms

Assessment

Assessment involves a balanced analysis of the individual's needs, resources and capacities and the outcomes they want to achieve, in order to identify how they can best be supported to achieve them.

Care Home

An establishment registered under the Care Standards Act 2000 to provide accommodation, together with nursing or personal care.

Care Planning and Review

Care Planning and Review is a dynamic process, bringing together the individual, their carers and professionals to agree how their needs can best be met, the actions needed and who will do them.

Care and Support Package

A combination of support and services designed to meet individual's assessed health and social care needs, as detailed in the Care and Support Plan.

Care Plan

A Care Plan must contain:

- Plans and actions to be undertaken to help achieve the desired outcomes;
- The roles and responsibilities of the individual, carers and family members and practitioners (including for example GP, Nurse), and the frequency of contact with those;
- The resources (including financial resources) required from each party; and
- The review and contingency arrangements and how progress will be measured.

Carer

The Carers Strategy for Wales (2013)¹⁵ defines a carer as anyone, of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse. The definition excludes those who provide care under, or by virtue of, a contract or voluntary work.

Care Worker

Care workers provide paid support to help people manage the day-to-day activities of living. Support may be of a practical, social care nature or to meet a person's healthcare needs.

¹⁵ The Carers Strategy for Wales, Welsh Government (2013)

Behaviours that challenge

Behaviours that challenge are defined as "culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities.

Complex Care Information & Support site www.cciss.org.uk

This is a web-based resource hosted by Welsh Government to support implementation of this Framework. It is the responsibility of each Local health board to implement the Framework and to gain assurance that it is doing so via the performance framework.

Cognition

The higher mental processes of the brain and the mind including memory, thinking, judgement, calculation, visual spatial skills etc.

Cognitive impairment

Cognitive impairment applies to disturbances of any of the higher mental processes, many of which can be measured by suitable psychological tests. Cognitive impairment, especially memory impairment, is the hallmark and often the earliest feature of dementia.

Commissioning

Commissioning involves a set of activities by which Local Health Boards and local authorities ensure that services are planned and organised to best meet the health and social care outcomes of people in Wales. It involves understanding the need of their populations, best practice and local resources and using these to plan, implement and review changes in services. It encompasses both planning and procurement.

Commissioning requires a whole systems perspective and applies to services across all sectors. Commissioning services to respond to the needs of people with continuing health care should not be undertaken in isolation of commissioning other closely related services.

Local Health Boards can delegate the function of commissioning to local authorities and local authorities can delegate the function of commissioning to Local Health Boards whilst still retaining their statutory responsibilities. This option is open towards facilitating the development of a coherent approach to commissioning services such as, for example, residential and nursing home care or reablement and intermediate care services with one approach to developing contracts, service specifications, fee settings and quality assurance.

Continuing NHS Healthcare (CHC)

A complete package of ongoing care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health

need. Continuing NHS healthcare can be provided in any setting. In a person's own home, it means that the NHS funds all the care that is required to meet their assessed health and social care needs to the extent that this is considered appropriate as part of the health service. This does not include the cost of accommodation, food or general household support. In care homes, it means that the NHS also makes a contract with the care home and pays the full fees for the person's accommodation as well as their care.

Domain

These refer to the content of the integrated assessment and the decision support tool.

End of Life Care

Care that helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes the management of pain and other symptoms, and the provision of psychological, social, spiritual and practical support.

General Household Support

Such services as cleaning, laundry, meal preparation, shopping, cooking, collecting benefits, sitting with or accompanying on social outings.

Intermediate Care¹⁶

The term 'intermediate care' has been defined as a "range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living". (NSF for Older People, DOH, June 2002). This type of service is usually provided on a short term basis at home or in a residential setting (usually about 6 weeks) for people who need some degree of rehabilitation and recuperation. Its aims are to prevent unnecessary admission to hospital, facilitate early hospital discharge and prevent premature admission to residential care.

Lead professional/Care Co-ordinator

This is the person who:

- co-ordinates the assessment process, and draws in additional specialists as required;
- acts as a focus for communication for different professionals and the individual to make sure that information is recorded correctly; and,
- ensures that any problems or difficulties in the co-ordination or completion of an assessment are resolved.

¹⁶ Further work will be undertaken to achieve consistent definitions of intermediate care, reablement, rehabilitation, hospital home, virtual wards, rapid response, etc. to inform service developments.

For people with mental health needs the Mental Health Measure makes specific requirements regarding who the Care Co-ordinator should be.

LHB

Local Health Board.

Long Term Care

This is a general term that describes the care which people need over an extended period of time, as the result of disability, accident or illness to address both physical and mental health needs. It may require services from the NHS and/or social care, and can be provided in a range of settings, such as a NHS hospital, a care home (providing either residential or nursing care), hospice, and in people's own homes. Long term care should be distinct from intermediate care (which has specific time limited outcomes for rehabilitation, reablement or recuperation) and transitional/interim care (where the care setting is temporary and different from where people are expected to receive any long term care they need).

Long-term Conditions

Those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies.

Mental Capacity

The ability to make a decision about a particular matter at the time the decision needs to be made. The legal definition of a person who lacks capacity is explained in Section 2 of the Mental Capacity Act 2005: ' a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of, the mind or brain'.

Mental Disorder

Mental disorder is defined in section 1(2) of the Mental Health Act 1983 (as amended by the Mental Health Act 2007) as meaning 'any disorder or disability of the mind'.

Multi-disciplinary

Multi-disciplinary refers to professionals across health and social care and the third sector who work together to address the holistic needs of their patients/clients in order to improve delivery of care and reduce fragmentation.

National Integrated Assessment Framework

This is the Welsh Government Framework that applies to promoting wellbeing, assessment, care planning and review arrangements for services for people aged 65+ irrespective of presenting need, disability or condition and supports access to care and support in the community. (See Annex 1)

NHS

National Health Service

NHS Funded Nursing Care

The provision of NHS Funded Nursing Care derives from Section 49 of the Health and Social Care Act, 2001, which excludes nursing care by a registered nurse from the services which can be provided by local authorities. NHS Funded Nursing Care applies to all those persons currently assessed as requiring care by a registered nurse in care homes. The decision on eligibility for NHS Funded Nursing Care should only be taken when it is considered that the person does not fall within the eligibility criteria for CHC.

Palliative Care

The active holistic care of patients with advanced, progressive illness. This includes the management of pain and other symptoms and provision of psychological, social, spiritual and practical support. The goal of palliative care is the achievement of the best quality of life for patients and their families.

Personal Information

The term "personal information" should be taken to include, where appropriate, "sensitive personal information" (e.g. health information). Those terms have the same meaning as "personal data" and "sensitive personal data" in the Data Protection Act.

Primary Health Need

An individual is deemed to be eligible for CHC when their primary need is a health need: 'the primary health need approach'. This is determined by consideration of the four key characteristics of need: nature, intensity, complexity and unpredictability – see section 3.

Reablement¹⁷

The term 'reablement' refers to the active process of regaining skills, confidence and independence. This may be required following an acute medical episode or to reverse or halt a gradual decline in functioning in the community. It is intended to be a short-term intensive input.

Registered Nurse

A nurse registered with the Nursing and Midwifery Council. Within the UK all nurses, midwives and specialist community public health nurses must be registered with the Nursing and Midwifery Council and renew their registration every three years to be able to practise.

Rehabilitation¹⁸

A programme of therapy and reablement designed to maximise independence and minimise the effects of disability

¹⁷ Further work will be undertaken to achieve consistent definitions of intermediate care, reablement, rehabilitation, hospital home, virtual wards, rapid response, etc. to inform service developments.

¹⁸ Further work will be undertaken to achieve consistent definitions of intermediate care, reablement, rehabilitation, hospital home, virtual wards, rapid response, etc. to inform service developments.

Social Care

Social Care is care provided to support an individual's social needs. It refers to the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships. Social care services are provided for people who need help/assistance to live their lives as independently as possible in the community (either at home or in a care setting), people who are vulnerable and people who may need protection. Local authorities, the voluntary sector and the independent sector can provide social care. This definition should be viewed in the context of the policy of Welsh government to move to a more integrated approach. The Social Services and Well-being (Wales) Bill 2013 emphasises the duty of local authorities and Local Health Boards to work together to develop integrated primary, community and well-being services that are focussed on the holistic needs of people.

Social Work

Social work is a professional activity/service provided by a Registered Social Worker. It is an activity that can enable individuals, families and groups to identify personal, social and environmental difficulties adversely affecting them. It is a range of activities that can provide supportive, rehabilitative protective or corrective action. This can include care management, social care assessment and planning and counselling.

Sustainable Care Planning Policy

This is a policy which has been developed and adopted by all Local Health Boards in Wales for use when considering care planning options appropriate to meet the assessed need for people eligible for CHC. It describes the approach to fair and sustainable care planning within CHC and to the management of a fair allocation of resources within the wider context of care planning considerations.



CORPORATE RESOURCES OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday, 8 July 2021
Report Subject	Digital Flintshire
Cabinet Member	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets
Report Author	Chief Officer (Governance)

EXECUTIVE SUMMARY

The Council's current Digital Strategy, Digital Flintshire, covers the period 2017-2022. Since its approval the strategy has led to the advancement of digital services across the Council. Customers are able to find information and self-serve for an increasing range of functions, complemented by the Council's My Account that enables the Contact Centre to support customers when required.

In the 4 years since the strategy was approved there have been many changes, not least because the Council has completed objectives within the document. There have also been changes in the wider strategic context such as Welsh Governments digital that helps to define common minimum standards across the whole of Wales. Most significantly, of course, the changes needed to adapt to lockdown have accelerated demand for and the delivery of digital services.

It is appropriate to review and revise the strategy to reflect these factors. A revised draft is proposed that incorporates our learning, experiences, growth and ambition. It also features as a separate theme objectives to help reduce the exclusion that can be suffered without access the skills, devices or connectivity needed to take advantage of digital services.

RECOMMENDATIONS

1	<p>That the Committee comments on the proposed revisions to the digital strategy in general and that it specifically:</p> <ul style="list-style-type: none"> a) welcomes the progress made in achieving the aims of Digital Flintshire; b) agrees that the refreshed strategy sets the correct the aspirations for the further development of digital services; and c) is assured that the revised strategy will help to ensure that everyone will have equal access to digital skills, devices and connectivity.
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REPORT DETAILS

1.00	EXPLAINING DIGITAL FLINTSHIRE
1.01	<p>Background:</p> <p>The Council's current Digital Strategy, Digital Flintshire 2017-2022, was adopted four years ago and is made up of six key themes:</p> <ul style="list-style-type: none"> • Digital Customer • Digital Workforce • Digital Business and Community • Digital Partnership • Information Management • Digital Delivery <p>Each theme is led by a senior manager and is underpinned by a set of core principles and high level actions which are reflected within the Digital Strategy.</p>
1.02	<p>The Digital Strategy Board (DSB) is chaired by the Chief Officer for Governance and is comprised of theme leads and portfolio representatives from across the Council. It meets bi-monthly to:</p> <ul style="list-style-type: none"> • Receive theme updates to assess progress and remove barriers; • Review and assess business cases for new projects for inclusion in the Digital Strategy Project Plan, ensuring these meet key criteria for appropriate prioritisation; • Record and assess risks and issues. <p>The Digital Strategy Project Plan contains a list of all projects within the Digital Strategy which are assigned to a theme and reported against.</p>
1.03	<p>Progress:</p> <p>The Council has made good progress in delivering the aims set out in the Digital Flintshire 2017-2022. Some of the achievements include:</p> <ul style="list-style-type: none"> • Improving customer service via updating the corporate website and expanding the range of services available to customers online via the use of forms linking directly to business systems; • The introduction of a customer account, My Account, delivering secure personalised services including school admissions, planning applications and garden waste schemes; • Collaborating with other authorities and partner organisations to deliver regional and national projects to improve service delivery and develop standardised ways of working and information sharing such as via the North Wales Legal Case Management System; • Working with the UK Government and North Wales Economic Ambition Board to improve broadband access throughout the region

	<p>via the LFFN programme and engaging with rural communities to assess their requirements and provide support;</p> <ul style="list-style-type: none"> • Provision of a solid foundation for delivery of the curriculum to schools via the Welsh Government HWB programme, updating infrastructure and technology to agreed national standards.
1.04	<p>The Covid-19 Pandemic has had affected both individual Projects within the Digital Strategy Project Plan and the overarching strategic aims.</p> <p>It has impacted the delivery dates of projects, increased the demand for new projects and redesign of services, changed priorities, expedited organisational and transformational change, and most importantly, changed the expectations of Flintshire residents as to how and when services are delivered.</p> <p>This has forced the Council to deliver services in a different way and to refocus its ambitions and approach to delivering its duties and obligations.</p> <p>Some examples of work undertaken throughout the pandemic and during recovery are as follows:</p> <ul style="list-style-type: none"> • Enabling remote learning by providing remote access solutions to schools; • Supplying devices and mobile Wi-Fi units to digitally disadvantaged learners throughout Flintshire; • Facilitating the continued delivery of key services by enabling employees to work from home; • Providing additional digital services and solutions such as: <ul style="list-style-type: none"> - New communication tools (e.g. video conferencing, Whatsapp) - On line applications for services e.g. business rates relief, childcare offers, free school meals, keyworker applications, childcare applications for vulnerable children, recycling requests. • Direct Covid Response work including sending letters and communications to vulnerable, shielding residents and using our data services to help residents by mapping and providing information on essential local services like pharmacies, food banks, delivery and other support services; • Supporting Test Trace Protect by developing systems, training, equipment and telephony.
1.05	<p>Digital Flintshire 2021-2026</p> <p>Audit Wales reviewed the Council’s strategy and made a number of recommendations for updates/revision. The report was issued during the pandemic and consequently implementing the recommendations has needed to wait.</p> <p>As part of refreshing the objectives within the strategy, work was undertaken to identify:</p> <ul style="list-style-type: none"> • demands and expectations of service users; • areas for development and • changes to working practices and procedures.

	<p>These are reflected within the revised strategy. In addition, the following changes have been made:</p> <ul style="list-style-type: none"> • The removal of completed actions and the addition of new and updated aims and actions; • The Digital Strategy for Wales, the requirements of the Local Digital Declaration, revised Council priorities, the changed environment and expectations of the Flintshire community have been reflected; • The governance arrangements have been updated. There is growing demand on IT services to increase the speed and scope of change that they can support within the Council (whilst still maintaining continuity of service). Prioritisation is key to ensuring that only those projects which significantly advance the aims of the strategy are taken forward; • Reframing of the key themes within the Digital Strategy to incorporate: <ul style="list-style-type: none"> - Digital Business and Connectivity Replacing the existing “Digital Business and Community” theme to expand and focus on the work, locally and regionally, to help businesses in general and to improve access to high quality higher speed broadband - Digital Learning and Culture Incorporating lifelong digital learning and the development of digital opportunities for participation within Flintshire communities - Digital Inclusion Digital Inclusion wraps around all of the other themes and is a key consideration of all aims, principles, ambitions, actions and individual projects within the strategy. The aim is for residents to be able to exploit the benefits that digital can provide, tackling exclusion caused by lack of skills, lack of devices or lack of broadband, ensuring that no Flintshire resident is left behind in an increasingly digital world.
1.06	<p>Member briefings were provided on 28th June. The sessions covered the achievement made under the strategy to date, the proposed next steps and the changes in the themes. The sessions were positively received and generated a number of suggestions for follow up actions that were consistent with the proposed revisions.</p>
1.07	<p>A consistent concern for Members has been to ensure that, whilst the Council makes the necessary progress with digital services, no one should be “left behind”. The revised strategy takes a three pronged approach to making sure that everyone has access to the necessary skills, devices and connectivity to engage with digital services. These are picked up directly under the following themes:</p> <ol style="list-style-type: none"> a) Digital Customer – Connects Centres provide assisted access to devices; b) Digital Business & Connectivity – the Council is working locally to improve access for individuals and communities and regionally, via the North Wales Economic Ambition Board, to improve the broadband infrastructure;

	c) Digital Inclusion – work within the Council on promoting access and with partners to improve peoples’ digital skills.
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2.00	RESOURCE IMPLICATIONS
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2.01	Work is currently underway to ensure that the projects and ambitions within the strategy also have accurate costings assigned. This will create a funding plan and that any potential funding gaps are identified as early as possible. It is already clear that the level of ambition outstrips the available funding and the capacity of the IT Service to support new projects alongside day to day delivery and necessary renewals of software/hardware (so called “keeping the lights on”). Only those projects which are a clear priority can be taken forward.
2.02	The revised strategy contains the digital standards which to ensure that only those projects which advance our strategic aims are progressed. Also, part of the role of the Digital Strategy Board is to assess the priority to be allocated to projects within available finance and IT capacity.
2.03	Digital projects are also very demanding of transformation capacity within the services themselves so that existing work practices are amended to maximise the benefit that can be derived from any new software. Such projects need to be carefully dovetailed into the existing commitments of services to ensure that sufficient capacity exists and to minimise disruption to service users.
2.04	An action plan showing the start and end dates for projects is included within the revised strategy. This is a live document and is constantly adjusted in light of changing demands (such as emergencies or the previously unannounced termination of a piece of software). Portfolios are closely involved in ranking the importance of projects to help develop that sequencing plan.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
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3.01	Ways of Working (Sustainable Development) Principles Impact	
	Long-term	Positive
	Prevention	Recognising that our population is aging and becoming more diverse, digital services mean more focus can be given to supporting those more in need of support. Recognising the threat of climate change, more flexible working practices mean less journeys impacting onCo2 emissions and air quality.
	Integration	Easy access to information and ability to easily manage day-to-day tasks digitally can help people to be self-reliant and prevent loss of independence.

Collaboration	Consultation results have underpinned the strategy and ongoing programmes of learning from feedback from citizens and users will inform future development.
Involvement	Benefits across the wellbeing goals from improved digital services e.g. an equal Wales. Working with our partners to deliver digital services that enable Health and Social Care Integration e.g. Single Point of Access (SPOA).
Well-being Goals Impact	
Prosperous Wales	Improving local infrastructure to support developing businesses. Helping local people gaining relevant skills.
Resilient Wales	Changing working practices and developing skills for more resilient services and communities as the population and climate changes in the long-term.
Healthier Wales	Timely access to information to ensure support can be provided promptly preventing further deterioration, supported by real time information.
More equal Wales	Flexible services, responsive to the needs of the most vulnerable.
Cohesive Wales	Supporting improved internet connectivity so that information is easily and reliably available to enable all communities to be well-connected, informed and involved in their local area.
Vibrant Wales	Ensuring all services and information are provided bilingually.
Globally responsible Wales	More digital services reduces the need for journeys and resources such as fuel and paper, reducing Co2 emissions and use of resources.
Risks are logged, recorded and monitored by the Digital Strategy Board and included in the Corporate Risk Register where required.	

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	Two Member briefings took place on 28 th June 2021.
4.02	It is proposed to consult user groups on the strategy especially the proposed themes of digital customer and digital inclusion. The conclusions of the IIA will also be tested/validated.

5.00	APPENDICES
5.01	Appendix 1 – Digital Flintshire 2017-2022 Appendix 2 – Digital Flintshire 2021-2026

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Digital Strategy for Wales – publication date 23 March 2021 https://gov.wales/digital-strategy-wales-html Local Digital Declaration - https://localdigital.gov.uk/declaration/

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Lisa McQuaide – Project Manager Telephone: 01352 702357 E-mail: lisa.mcquaide@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	<p>Theme Lead: a senior manager responsible for overseeing and reporting against any projects which are assigned to their theme</p> <p>LFFN Programme – Local Full Fibre Network: a national programme to implement high quality broadband connections to key public buildings and sites, enabling providers to then offer packages to local business and residents who would not have been able to access these otherwise.</p> <p>HWB Programme: a national programme to invest in schools IT infrastructure and technology. The aim is to increase digital standards in schools across Wales by investing in a standard level of provision.</p> <p>Medium Term Financial Strategy: a written strategy which gives a forecast of the financial resources which will be available to a Council for a given period, and sets out plans for how best to deploy those resources to meet its priorities, duties and obligations.</p> <p>Capital Funding: Capital funding is usually utilised to acquire or improve a long-term asset such as equipment or buildings.</p> <p>Revenue Funding: is utilised for items that will be used within a year.</p>

<p>Examples include salaries, heating, lighting, services and small items of equipment. Routine repairs are revenue expenditures and can include significant repairs that do not extend the life of the asset or do not improve the asset.</p>
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Digital Flintshire

Supporting a Modern &
Efficient Council



2017 - 2022

Introduction

Since the development of the Council's previous IT Strategy, rapid developments in technologies have transformed the way that many people live their lives. This ranges from how they purchase goods and services to how they communicate with others. The public sector has also seen significant change against a backdrop of unprecedented financial challenges with little indication of this position changing within the lifetime of this Strategy. The future landscape for Local Government within Wales still remains uncertain which can make planning for long term investment in technology difficult. In the face of these challenges, there are many examples of councils using technology to deliver business efficiencies whilst improving services to customers.

Within Flintshire, we have embraced technology to deliver changes in; procurement through the introduction of an e-Procurement solution, human resources through introduction of manager and employee self-service; housing maintenance through introduction of mobile working; school admissions through development of online application for school admission; customer contact through development and implementation of a fully responsive website, Customer Relationship Management (CRM) system, contact centre telephony and a corporate mobile APP. We have almost 2000 employees able to work in an agile way with secure access to technology from locations of their choice. This has supported the Council's Asset Management Strategy enabling the reduction of office space across the Council. These examples represent just a few of the areas where

technology has been used to support improved business efficiency and customer service.



Within the IT service, we have realigned resources and investment to better meet the Council's priorities, the changing shape of the organisation and the compliance requirements surrounding information management and security.

Increased use of technology has also seen a growth in cybercrime. Balancing the needs of the Council to deliver flexible and reliable services to our customers whilst also ensuring the security and integrity of our digital infrastructure and information presents an increasing challenge.

It is clear that technology has, and will continue to play a significant role in the way that the council develops and delivers services and that it will make a major contribution to the council's priority to deliver a 'Modern & Efficient Council'.

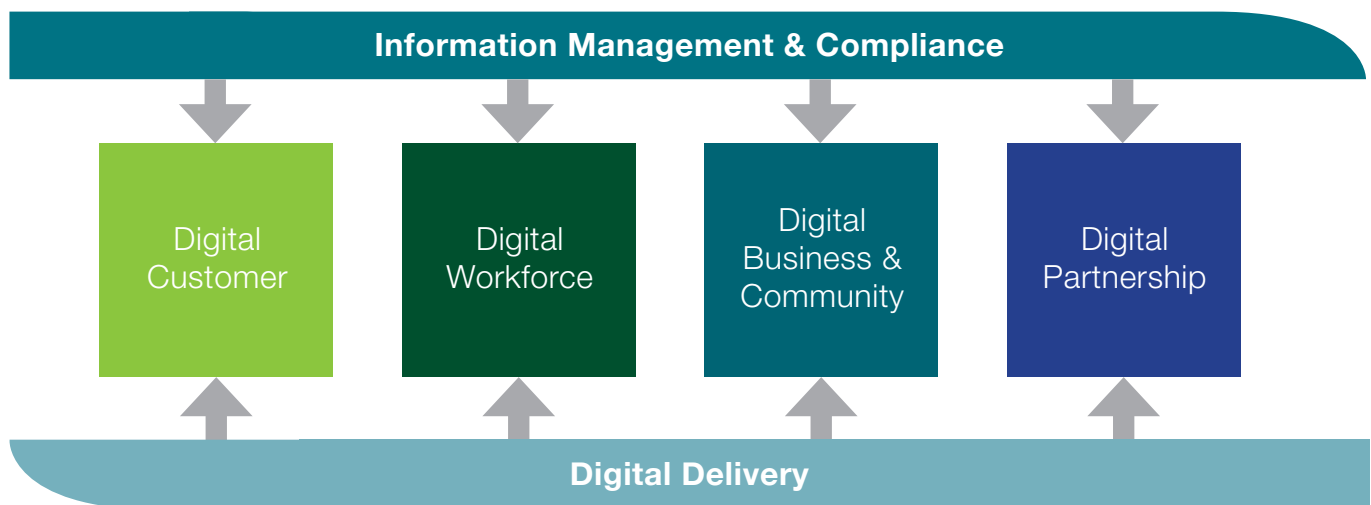
This Strategy will outline how Digital Information and Technology will be used to support the Council's Improvement Priorities and strategic plans over the next five years. A separate Information Management Strategy will also be developed to complement it.

Digital Flintshire: The Vision

This digital strategy sets out how the Council will embrace the opportunities that technologies offer for effective service delivery in an agile, mobile and responsive way. in *Supporting a Modern & Efficient Council* by:



- Using technology to offer customers increased flexibility in when and how they access our services
- Providing and promoting accessible and inclusive transactional services and information online
- Enabling our workforce to work smarter with the necessary skills and technologies to support
- Supporting our customers and communities in the use of, and access to digital technology to ensure that they can take advantage of all of the benefits it may offer them
- Working with and supporting our businesses to maximize opportunities that digital technology offers
- Using digital technology to work and collaborate with our partners efficiently and securely, including the effective sharing and use of data
- Ensuring that we treat Information as a key corporate asset ensuring it is compliant, accurate, relevant and secure so that we can use it to design and deliver more effective and efficient services
- Delivering a secure, reliable, resilient and cost effective digital infrastructure that is responsive to the needs of the council and its customers



Digital Customer

“Empowering customers to access the services and information they need online”

Principles:

- Continue to move transactional services to more effective and efficient digital channels by maximising self service
- Providing services and information online to customers in a user-friendly way
- Ensuring customers have the digital skills to access services and information online
- Delivering accessible, inclusive services and supporting customers to adopt digital services
- Providing choice of contact method whilst balancing efficiency with service quality
- Ensuring that customer needs and service efficiency are at the core of solutions development and implementation
- Delivering secure digital solutions so that customers trust us to protect their information



High Level Actions to Support Delivery:

No.	Action
1	Continued development of CRM to enable single view of the customer
2	Development of customer self-service facilities on the Council's website
3	Effective signposting to information and online resources on the Council's website
4	Working with services to ensure a "Digital First" approach to service delivery
5	Continue to move transactional services to more effective and efficient digital channels by maximizing self-service
6	Working with local training providers, partners and 3rd sector to identify and deliver effective customer training to ensure take up of digital services and support Digital Inclusion
7	Identify further opportunities for use of social media to support service delivery

Digital Workforce

“Equipping our workforce with the right tools and skills required to deliver ‘digital first’ services”

Principles:

- Employees will have the digital tools and skills required to deliver services effectively and efficiently
- Providing employees access to the information they need when and where they need it
- Equipping employees with the technology they need to deliver high performing services
- Supporting employees to adopt digital change
- Accelerating the move to digital only delivery where possible
- Designing new services ‘digitally by default’



High Level Actions to Support Delivery:

No.	Action
1	Continued implementation and development of agile and mobile technologies to enable employees to access business systems and information from any location
2	Development of mobile working to support service delivery
3	Implementation of collaboration and document management technologies
4	Appropriate workforce training to support use of digital technologies and systems
5	Implementation of technologies to support agile and mobile working
6	Extended provision of wireless in Council buildings
7	E-learning - Development of e-learning modules to support workforce development in use of new and existing technologies and to promote compliance with information management legislation
8	Implementation of a new intranet with ability for whole workforce access
9	Continued development and rollout of self-service systems across workforce and schools e.g. HR and Payroll

Digital Business & Community

“Encouraging the development of an effective digital infrastructure to maximize the opportunities that ‘digital’ offers to business, communities and learning centres”

Principles:

- Working with technology providers to ensure the best possible digital infrastructure and services are made available to Flintshire’s businesses and communities
- Supporting business growth in Flintshire regardless of location
- Supporting strong local economies and sustainable communities
- Working with partners to ensure businesses and communities have the knowledge and skills to embrace digital opportunities
- Providing information to support our young people using channels that they are most familiar with
- Providing all schools with an effective digital infrastructure to support their delivery of core education services
- Providing a platform for the delivery of the Digital Competency Framework to ensure all learners develop the appropriate skills to engage in the digital world

High Level Actions to Support Delivery:

No.	Action
1	Provision and support of digital services to schools through the Council’s new service delivery model for Schools IT support
2	Provision of training and support for school staff in delivering the Digital Competency Framework through access to Digital Leaders and the Regional Schools Improvement Service (GwE)
3	Modernising public IT facilities in community settings including Libraries, Connects etc.
4	Support communities in the development and implementation of town based wireless schemes
5	Lobbying telecommunication providers and Welsh Government to improve broadband coverage and speed
6	Work with the 3rd sector and other partners to identify opportunities to improve digital literacy within communities and small businesses
7	Provision of appropriate training for the Integrated Youth Provision Service (IYP) to ensure that they are able to take full advantage of modern communication channels and emerging technology to communicate and work with young people.

Digital Partnership

“Digital technology will enable the Council to work in partnership across local government, the wider public sector and the private sector to deliver improved services and drive change”

Principles:

- Developing digital services with partners to deliver more joined up, customer centric services
- Working with partners to develop and procure established technology ensuring best value for money
- Exploring opportunities for alternative service delivery models with other public and private sector organisations
- Simple and secure information sharing with partners
- Embracing technologies which support and enable collaborative service delivery such as cloud, open systems



High Level Actions to Support Delivery:

No.	Action
1	Enable the secure exchange of information with our partners
2	Working with partners to simplify the approach to identity management
3	Promotion of collaboration on regional and national projects e.g: <ul style="list-style-type: none"> • North Wales/All Wales Public Services Directory • Welsh Community Care Information System (WCCIS) • All Wales Library Management System • North Wales Legal Case Management System • Capita ONE Hosted service • North Wales Councils Regional Emergency Planning Service • Procurement

Information Management

“Information Management is a key foundation for ensuring the success and sustainability of digital developments”

Principles:

- Treating information as a key corporate asset to support improved decision making and resource allocation
- Driving out duplication and inconsistency in our customer, property and business data to reduce waste and have confidence in accuracy of information
- Ensuring that we actively monitor compliance with our legal obligations under Information and Records Management and Technology legislation, regulations, statutory guidance, accreditations and standards including; Data Protection Act 1998, Freedom of Information Act 2000, Environmental Information Regulations 2004, Re-Use of Public Sector Information Regulations 2015 and Public Sector Network Accreditation
- Ensuring compliance with security and information standards to support data exchange with other relevant partners
- Proactively addressing the risks posed by evolving cyber threats and investing in appropriate detection and prevention solutions

High Level Actions to Support Delivery:

No.	Action
1	Development and delivery of an information management strategy
2	Development and implementation of Infrastructure and Information Security technologies <ul style="list-style-type: none"> • Secure email • Event and log management • Unified Threat Management
3	Evaluation of requirements of new General Data Protection Regulations and implementation of processes and procedures to ensure compliance
4	Review and development of Information Security Policies
5	Development of systems and policies to support compliance with our legal obligations under Information and Records Management and Technology legislation, regulations, statutory guidance, accreditations and standards including; Data Protection Act 1998, Freedom of Information Act 2000, Environmental Information Regulations 2004, Re-Use of Public Sector Information Regulations 2015 and Public Sector Network Accreditation.
6	Consider ways of reducing both the physical and financial burden of storage on the Council whilst ensuring compliance
7	Use of technology to reduce duplication of data, to enable more efficient management of core council data and to help reduce the storage burden e.g. Electronic Document Management (EDM)
8	Maximise the potential that information offers in improving efficiency, resource planning and reducing failure demand by using data visualisation tools such as Geographical Information Systems (GIS)

Digital Delivery

“Digital Delivery enables the provision of resilient, robust and cost effective IT infrastructure and systems to underpin service delivery and facilitate organisational change”

Principles:

- Delivering reliable, secure and resilient IT infrastructure and systems to ensure continuity of service provision
- Improved governance to ensure that investment in technology is aligned with the priorities for the organisation
- Achieving best value from investments made in existing infrastructure by ensuring compliance with industry best practice
- Harnessing new and emerging technologies where they can deliver increased efficiency and improved service delivery
- Reducing the number of business systems and improving integration in order to standardise and simplify business processes

High Level Actions to Support Delivery:

No.	Action
1	Technology Roadmap (refresh of Technology Blueprint)
2	Development of improved governance arrangements
3	Facilitate the use of Welsh language through technology
4	Improved capacity management within the service
5	Effective prioritisation across the Council to ensure that resources are targeted to delivering solutions effectively and appropriately
6	Support for Asset rationalisation programme
7	To ensure that we have a clear picture of all the corporate IT assets, their value, relevant contract and license information and warranty and replacement schedules. This will ensure both license compliance as we as assisting with financial asset management planning.
8	Implement Enterprise Unified Communications: <ul style="list-style-type: none"> • Microsoft Exchange • Skype for business • Integrated technology
9	Consolidation of Business Systems: <ul style="list-style-type: none"> • Removal of Lotus Notes • Review of business systems to ensure we are getting best value from investments in 3rd part software • Rationalisation of systems to see if we can reduce the number of business systems with the potential to make efficiencies from licence reduction and system management overheads
10	Implementation of Financial System to support Alternative Delivery Models (ADM's)
11	Review of Masterpiece financial system
12	Evaluation and implementation of cloud technologies; <ul style="list-style-type: none"> • Microsoft Office 365 • Microsoft Azure

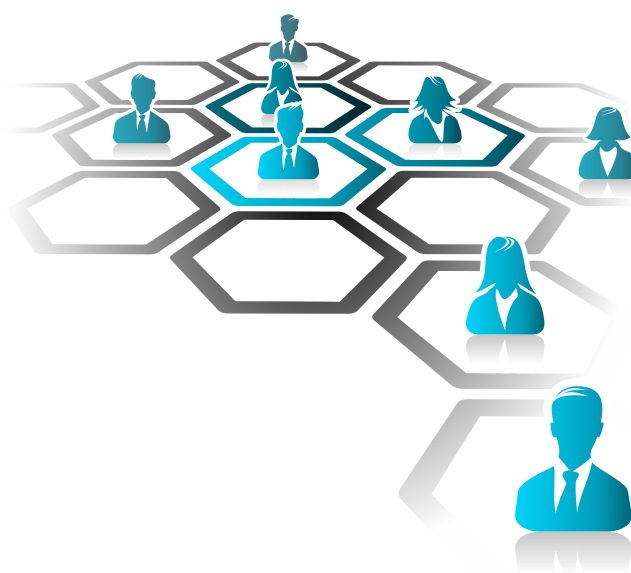
Governance Arrangements

There needs to be a mechanism to oversee and ensure the effective delivery of the Digital Strategy. This will be achieved through setting up a specific project board. The benefit of a specific board will be that it provides a mechanism to resolve any resource, capacity and prioritisation issues which could occur across the range of priorities and actions to be delivered.

- The Digital Strategy will be included in the Improvement Plan for the council and the Board will therefore be required to report on progress through the appropriate channels.
- Any bids for resources to deliver actions which support the delivery of the Strategy will also need to be approved by the Board following the development of a business case.
- The Board will be responsible for securing organisational acceptance of the risks associated with selected priority and ensure that they are managed appropriately through identified mitigation.

Delivery

- Each priority within the Strategy should be led by a senior manager supported by an IT Business Partner. Allocation of priority lead officers will be undertaken at the Flintshire Management Academy.
- The lead officers will sit on the Project Board in order to report progress against their particular priority.
- The lead officers will be responsible for prioritising work and will be supported by officers and partners with the appropriate knowledge and skills.



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Digital Strategy **2021-2026**

Introduction

The Council adopted “Digital Flintshire” in 2017. Since that time much has changed within the Council and the wider world. At the time the strategy marked a change of direction and ownership; from a document being solely about the IT Services’ plans to a wider statement of the whole Council’s ambitions in the digital arena. As the Council’s understanding of what is digitally possible has grown, so too has the acceptance and demand for digital services, particularly following the imposition of different levels of lock down in response to the coronavirus pandemic. It is now an appropriate time to review and revise the strategy in light of those changes and our experience.

In the four years since adopting the first iteration of Digital Flintshire the Council has made solid progress in delivering the aims and ambitions within that document. For example it has:

- Updated our website and developed our own Customer relationship Management System (CRM) which has seen us process almost 200,000 electronic forms from customers over the past 3 years, many of which have integrated directly into our business systems providing an end to end digital experience.
- Developed a customer account to enable customers to securely access services personal to them. These services have included school admissions, planning applications, garden waste schemes and a range of services for council tenants. To date we have in excess of 17,500 customers signed up for this service.
- Implemented modern and up to date infrastructures within schools aligned to agreed national digital standards as part of the Welsh Government HWB programme, ensuring they meet the needs of schools and provide a solid foundation for the delivery of the curriculum.

Our partners and other public sector bodies have made progress in delivering their ambitions that affect or support our own digital ambitions, for example, the North Wales Economic Ambition Board has been successful in securing government grant to improve broadband connection speeds within the region.

The Council’s delivery of digital services accelerated during and as a result of the physical restrictions imposed to contain the coronavirus pandemic. With an already agile workforce, the Council was well placed for its employees to work from home wherever possible. The legislation governing Council committee and Cabinet meetings was swiftly amended and all meetings now take place virtually, which has opened up

access to meetings that previously were little seen despite being open to the public. The widespread adoption of video conferencing, to complement existing agile technologies, has also had significant benefits in terms of reducing travel and the consequent carbon emissions whilst improving productivity and work life balance for employees. It has also further supported the council's asset rationalization programme.

The demand for digital services has accelerated within the council and those who use its services. Our experiences of what is now possible and acceptable has lifted our ambition and the Council has refreshed its long term ambitions in light of that experience, allocated additional resources to support the delivery of the action plan and recognise that further resourcing will be critical for the success of the strategy moving forward.

The strategic context for digital has developed within Wales. Welsh Government has published its own digital strategy and digital standards which set out expectations for local government on the digital transformation of services. We have built those standards into this document and signed up to the Local Digital Declaration to ensure that the Council keeps pace with other organisations in the public sector.

The Council's own policy context has also changed. The Council Plan has always had a strong emphasis on tackling the effects of poverty and exclusion, but the 2021/22 plan saw the inclusion of a specific theme on tackling digital poverty to ensure that no one is excluded by a lack of skills or access to digital technology. This has carried through into a new wrap-around theme within the digital strategy to ensure that digital inclusion is addressed as a consideration in all projects we undertake.

What has changed in updated the strategy

The Council has:

- removed those aspirations or milestones that have been completed and updated its ambitions and long term aims
- for the first time been able to include a clear action plan showing the timescale for project delivery
- shown how the digital strategy delivers the aims and ways of working mandated under the Well Being of Future Generations Act
- separated out some themes to give them greater clarity and reframed/refocused its aims around education, learning, culture and the arts
- set out clear digital standards that all projects must meet if they are to be supported and delivered by IT Services

Wider strategic context

Digital Strategy for Wales

Since the first iteration of Digital Flintshire, Welsh Government has published its own [Digital Strategy for Wales](#), which sets out its vision for a consistent standard of digital public service. It contains 6 missions below which clearly overlap with the aims in this updated strategy:

Mission 1: digital services

Deliver and modernise services so that they are designed around user needs and are simple, secure and convenient.

Mission 2: digital inclusion

Equip people with the motivation, access, skills and confidence to engage with an increasingly digital world, based on their needs.

Mission 3: digital skills

Create a workforce that has the digital skills, capability and confidence to excel in the workplace and in everyday life.

Mission 4: digital economy

Drive economic prosperity and resilience by embracing and exploiting digital innovation.

Mission 5: digital connectivity

Services are supported by fast and reliable infrastructure.

Mission 6: data and collaboration

Services are improved by working together, with data and knowledge being used and shared.

Local Digital Declaration

UK Government has also created a vision for the delivery of digital services called the [Local Digital Declaration](#). Signing the declaration is statement of intent to follow a common approach to delivering digital services, which will facilitate and increase collaboration and connections between different public bodies.

The 5 principles of the Local Digital Declaration are set out below and Flintshire will adopt these as its preferred way of working to deliver the ambitions and projects within Digital Flintshire:

1. We will go even further to redesign our services around the needs of the people using them. This means continuing to prioritise citizen and user needs above professional, organisational and technological silos.
2. We will 'fix our plumbing' to break our dependence on inflexible and expensive technology that doesn't join up effectively. This means insisting on modular building blocks for the IT we rely on, and open standards to give a common structure to the data we create.
3. We will design safe, secure and useful ways of sharing information to build trust among our partners and citizens, to better support the most vulnerable members of our communities, and to target our resources more effectively.
4. We will demonstrate digital leadership, creating the conditions for genuine organisational transformation to happen, and challenging all those we work with to embrace this Local Digital Declaration.
5. We will embed an open culture that values, incentivises and expects digital ways of working from every member of our workforce. This means working in the open wherever we can, sharing our plans and experience, working collaboratively with other organisations, and reusing good practice.

Digital Standards

National digital standards serve to provide a set minimum design principles for digital services, specifying criteria that all digital services developed by public services must meet. Scotland has published its [Digital First Service Standard](#), which sets 22 different criteria that each project meet to ensure that it is contributing to the vision created by the Scottish Government. As stated within the document

“The standard has 3 themes:

- user needs - focus on what your users want to do rather than the organisation's objectives or the mechanics of delivering your service
- technology - how you've built your service
- business capability and capacity - having the right team with enough time to maintain the service

The standard aims to make sure that services in Scotland are continually improving and that users are always the focus.”

Welsh Government has not yet published a similar standard for digital projects in Wales. However, learning from the Scottish standard, Digital Flintshire contains 12 maturity points for consideration which ensure that any project undertaken within the Council will help to achieve the aims and objectives of the overall policy. These are:

Usability and Accessibility

1. Website content and online service

2. Relationship with 'My Account'
3. Omni-channel
4. Online payments
5. Online bookings
6. eSignatures

Data

7. Reporting – Management Information and Business Information
8. Data strategy links
9. Document management

Technology

10. Hosting – cloud or on premise?
11. Integration requirements
12. Mobile working

Links with Other Strategies

Digital Flintshire touches upon the work of the whole Council and needs to both influence and be influenced in turn by other corporate strategies if it is to be successfully delivered. The links and interdependencies with other strategies are as follows:

- HR Strategy – Digital Flintshire contains a specific theme on delivering digital processes for its employees. In turn it relies upon employee development, in accordance with the HR Strategy, to build/recruit digital skills within the workforce;
- Customer Strategy – the Customer Strategy revolves around providing effective services at the first point of contact and enabling customers to self-serve wherever possible. Close integration between digital services provided on the website and the Council's own customer relationship management software enables employees in the Contact Centre to support customers if required
- Environmental Strategy – the Council has set the goal of becoming carbon neutral by 2030. Digital services remove the need for officers/residents to travel in order to deliver/access services thereby reducing the council's carbon footprint. Increased data usage has its own carbon cost which is in turn mitigated by purchasing, or generating our own, green energy.

Future Generations

This strategy will contribute towards progressing the well-being goals. Embracing digital innovation and improving access to faster broadband can lead to greater economic opportunities and the strategy has a theme directed to this end, thereby creating a more

prosperous and resilient society. Equipping people with the digital skills they need and designing services around the user will also improve social cohesion, create a healthier and more equal society with well-connected communities and contribute to a thriving Welsh language.

Through supporting remote working, designing public services effectively, using data smartly and modernising the technology we use we can support our ambition to reduce carbon usage (noting that through purchasing, or even generating our own, “green energy” this can offset the carbon cost of increased data usage).

Achieving real digital transformation of public services provides an opportunity to support the ways of working described in the Well-being of Future Generations (Wales) Act. Digital services join up and integrate departments for residents so they can seamlessly conclude their request for service in a single process. Good engagement supports the design of user-facing services that prevent inefficiencies and inconsistent experience for the citizen. Designing services in an iterative, agile and user-focused way will ensure services are designed for the long-term.

Some examples of how the strategy is taking forward the Wellbeing of Future Generations Act:

Long term	Recognising that our population is aging and becoming more diverse, digital services mean more focus can be given to supporting those more in need of support. Recognising the threat of climate change, more flexible working practices mean less journeys impacting on Co2 emissions and air quality.
Preventative	Easy access to information and ability to easily manage day-to-day tasks digitally can help people to be self-reliant and prevent loss of independence.
Involvement	Consultation results have underpinned the strategy and ongoing programmes of learning from feedback from citizens and users will inform future development.
Integration	Benefits across the wellbeing goals from improved digital services e.g. an equal Wales. Working with our partners to deliver digital services that enable Health and Social Care Integration e.g. Single Point of Access (SPOA).
Collaboration	Working with schools to ensure children are equipped to thrive in a digital world. Working with partners to help build skills within the community and ensure access to digital services
A prosperous Wales	Improving local infrastructure to support developing businesses. Helping local people gaining relevant skills.

A resilient Wales	Changing working practices and developing skills for more resilient services and communities as the population and climate changes in the long-term.
A healthier Wales	Timely access to information to ensure support can be provided promptly preventing further deterioration, supported by real time information.
A more equal Wales	Flexible services, responsive to the needs of the most vulnerable.
A Wales of Cohesive communities	Supporting improved internet connectivity so that information is easily and reliably available to enable all communities to be well-connected, informed and involved in their local area.
A Wales of vibrant culture and thriving	Ensuring all services and information are provided bilingually.
A globally responsive Wales	More digital services reduces the need for journeys and resources such as fuel and paper, reducing Co2 emissions and use of resources.

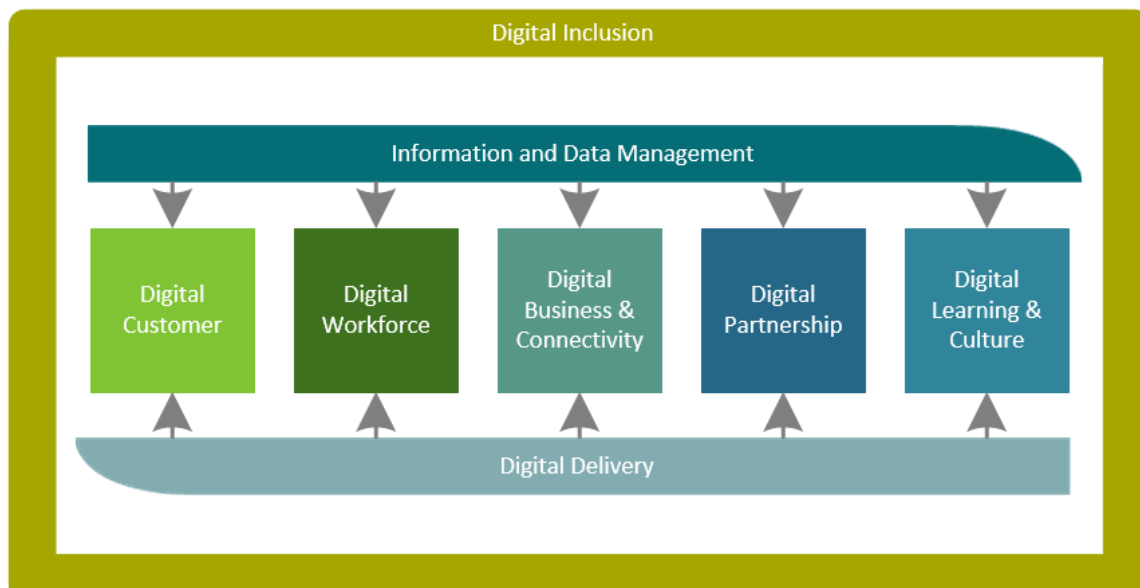
Socio Economic Duty

The Council recognises that inability to access digital services can disproportionately impact people from lower socio economic groups, perpetuating or even exacerbating the disadvantages they face. This revised strategy seeks to tackle these issues through very theme, and also includes a theme aimed at specifically targeting these challenges.

Digital Flintshire: The Vision

This digital strategy sets out how the Council will embrace the opportunities that digital technologies, innovation and information offer to ensure the effective delivery of modern, efficient public services by adopting the following principles:

- Using technology to offer customers increased flexibility in when and how they access our services
- Ensuring our customers have the access, skills and confidence to engage with an increasingly digital world, based on their needs - no one is left behind
- Providing and promoting accessible and inclusive digital services that are simple, secure and convenient enabling people to use the Welsh Language on a day-to-day basis
- Creation of a workforce which is efficient, informed, and able to interact confidently and effectively in a digital world
- Demonstrating digital leadership, creating conditions for genuine organisational transformation to take place and challenging those we work with to embrace this culture
- Working with and supporting our businesses to maximize and exploit opportunities that digital technology and innovation offers
- Using digital technology to work and collaborate with our partners efficiently and securely, including the effective sharing and use of data
- Ensuring that we treat Information as a key corporate asset ensuring it is compliant, accurate, relevant and secure so that we can use it to design and deliver more effective and efficient services
- Delivering a secure, reliable, resilient and cost effective digital infrastructure that is responsive to the needs of the Council and its customer



Digital Customer

“Empowering customers to use digital channels to access information, engage and complete a transaction”

Principles:

- Our services will be modern, efficient and streamlined to meet the needs of customers.
- Digital services will be simple, secure and convenient
- Our residents will be able to access high quality services in Welsh and English because they are designed bilingually from the outset
- Our services will have a consistent user experience and design.
- Services that can be online will be available online and other channels will be available where they are needed
- People will choose to use digital services, increasing self-service interactions between customers and services
- No person is left behind as we embrace a digital services, keeping digital inclusion at the heart of all we do

High Level Actions to Support Delivery:

1. Continue to develop modern, efficient and secure digital services
2. Ensure bilingual user experience in service design and delivery
3. Modernise online payment facilities
4. Create a Digital Hub for information, resources and support to help people to use digital services
5. Develop the use of social media as a channel to support service delivery
6. Develop the Customer Relationship Management system to enable a single view of the customer

Digital Workforce

“Equipping our workforce with the digital skills, capability and confidence required to deliver ‘digital first’ services”

Principles:

- We will ensure our employees have the digital tools and skills required to deliver services effectively and efficiently
- We will support changes in working practices that enable employees to work more transparently and flexibly.
- Unify our offline and online communications by keeping employees connected through their mobile devices to provide anywhere, anytime access to business tools and information
- Continue to support virtual work environments that allow employees to stay connected in virtual workplaces while balancing business needs and operational risks.
- We will help to minimize spending and enhance productivity by providing employees with the right tools and right information at the right time
- We will support our employees to adopt digital change
- Ensuring we accelerate the move to digital delivery where possible

High Level Actions to Support Delivery:

1. Continued implementation and development of agile and mobile technologies to enable employees to access business systems and information from any location
2. Development of mobile working to support service delivery
3. Implementation of collaboration and document management technologies
4. Appropriate workforce training to support use of digital technologies and systems
5. Undertake a Digital Workforce Skills Assessment for all existing and new employees
6. Extended provision of wireless in Council buildings
7. Development of e-learning modules to support workforce development in use of new and existing technologies and to promote compliance with information management legislation
8. Implementation of a new intranet with ability for whole workforce access
9. Continued development and rollout of self-service systems across workforce and schools e.g. HR and Payroll

Digital Business and Connectivity

“Working with and supporting our businesses to maximize and exploit opportunities that digital technology and innovation offers”

Principles:

- We will promote and deliver projects that increase ultra-fast broadband and mobile coverage, enabling our businesses to access new markets and our residents to access employment, education and services
- We will promote and deliver projects that facilitate Internet of Things deployment by public services and businesses
- We will promote and deliver projects that facilitate Internet of Things deployment by public services and businesses

High Level Actions to Support Delivery:

1. Participate in North Wales Growth Deal project to create 5G infrastructure along strategic transport corridors and at key employment sites.
2. Contribute to the development of a more streamlined policy framework for North Wales that makes it more cost effective for telecoms infrastructure companies to make investments.
3. Participate in North Wales Growth Deal project to expand rural broadband coverage.
4. Complete installation of fibre connectivity to public buildings through Local Full Fibre Network project.
5. Provide officer resource to support rural households in identifying solutions to connectivity issues and to promote community broadband projects.
6. Develop projects to improve connectivity at community facilities.
7. Develop monitoring infrastructure in town centres to provide data to inform management and investment.
8. Compile IoT (Internet of Things) use cases for public sector and businesses.

Digital Partnership

“Digital technology will enable people and organisations to work together to design and deliver improved services”

Principles:

- Digital technology will enable partners to deliver better, seamless, services and outcomes
- Appropriate data and knowledge will be shared and used by partners to develop and improve services
- There will be open and agile ways of working across partnerships, enabling co-located services
- We will maximise technologies which support and enable collaborative service delivery such as cloud and open systems
- We will work with partners to develop and procure established technology ensuring best value for money
- We will explore opportunities for alternative service delivery models with other public, private and third sector organisations

High Level Actions to Support Delivery:

1. Establish a set of ‘digital commitments’ with our key partners to align our strategic direction, timelines and capacity, improving outcomes
Our ambition will include:
 - the NHS and North Wales Police
 - schools and higher and further education organisations
 - Newydd and Aura (Alternative Delivery Models)
2. Identify opportunities to work together on digital initiatives to get the most out of our data:
 - develop consistency by agreeing and adopting common data and architecture standards and using platforms that will support the re-use of data and collaboration more generally
 - work with partners to identify data sources that can help create a rich and inclusive picture of society to inform service development and commissioning intentions
3. Explore how Sharepoint, or other technology, can be effectively deployed to support partnership working and outcomes whilst ensuring compliance to data and information governance standards.
4. Develop a Blueprint for co-located services, and the associated infrastructure (e.g. telephony), to facilitate partnership working and seamless services for

citizens. This will include co-location with Health, Police and 3rd sector organisations.

5. Promotion and collaboration on regional and nation projects including:
 - Phase 2 of All Wales Library Management System
 - Replacement of social care client and finance systems
 - Work to move to digital solutions for court work
 - Replacement system for schools
 - Procurement

Information and Data Management

“We can improve the services provided to the public by working together and ensuring that our information and data is used effectively, well organised, protected and gets to where it needs to go”

Principles:

- People and organisations will have full confidence that their data is being treated responsibly, securely and ethically, in line with appropriate Information and Records Management legislation and by following industry best practice around Information Management and Security.
- We will deliver better, seamless, services with improved outcomes due to data being used effectively and innovatively.
- We will limit the amount of times citizens need to provide the same information by developing improved data mapping across the council to support easy and secure use and reuse of data to deliver joined-up services
- We will make our data available so that it can be accessed by people and organisations that need it, when they need it, in a format that is easy to use.
- We will design safe, secure and useful ways of sharing information to build trust among our partners and citizens, to better support the most vulnerable members of our communities, and to target our resources more effectively.
- We will treat information as a key corporate asset to support improved decision making and best use of resources.

High Level Actions to Support Delivery:

1. Develop an Information and Data Management Strategy that considers the needs of our citizens, demands of the business, industry best practice and changes in technology and legislation.
2. Ensure that we meet our legislative and ethical obligations in the way that we manage our information, building the trust of our citizens and partners e.g.:
 - Data Protection Legislation
 - Freedom of Information Act 2000.
 - Environmental Information Regulations 2004.
 - Public Services Network (PSN) Accreditation.
 - Cyber Essentials Accreditation.
3. Reduce both the physical and financial burden of information and data storage on the council whilst maintaining compliance:
 - Contracts review for storage and destruction.

- Review of corporate fileshare as part of O365 migration.
 - Maximise opportunities for the re-use of information.
 - Reduce duplication of information.
4. Use of technology to enable more efficient management and information sharing within the council and with its partners:
 - Implementation of SharePoint and associated technologies to support improved records management and information sharing
 - Develop a strategic framework for information sharing
 5. Maximise the potential that improved information management offers in terms of improving business efficiency, resource planning and reduction of failure demand:
 - Improved data standards
 - System consolidation and integration
 - Wider use of data mapping to reduce duplication
 - Review of information lifecycles from collection through to destruction or archive
 - Use of business intelligence technologies to support improved decision making and resource planning.
 - Continued development of single view of customer
 6. Ensure that the councils leadership team, members and officers understand both their legal obligations and opportunities for improving service delivery through improved information management:
 - Policy review, promotion and awareness.
 - Targeted training and further development of e-learning

Digital Delivery

“Digital Delivery enables the provision of resilient, robust and cost effective IT infrastructure and systems to underpin service delivery and facilitate organisational change”

Principles:

- We will deliver reliable, secure and resilient IT infrastructure and systems to ensure continuity of service provision.
- Ensure that our investment in technology is aligned with the priorities for the organisation
- Achieving best value from investments made in existing infrastructure by ensuring compliance with industry best practice.
- We will harness new and emerging technologies where they can deliver increased efficiency and improved service delivery
- Working to reduce the number of business systems and improving integration in order to standardise and simplify business processes

High Level Actions to Support Delivery:

1. Develop and maintain Cloud and Datacentre strategies to define the Council’s “Cloud First” policy and inform the Council’s Asset Rationalisation Plan.
2. Undertake infrastructure upgrades to ensure there is sufficient capacity to support service provision.
3. Ensure infrastructure software is up to date to ensure licensing compliance, provision of a secure infrastructure and platforms capable of running the latest business applications.
4. Implementation of cloud technologies:-
 - Microsoft Office 365
 - Microsoft Teams
 - Microsoft SharePoint
5. Support the implementation of new or upgraded business systems
6. Consolidation of Business Systems:-
 - Review business systems to ensure we are getting best value from investments in 3rd party software
 - Rationalisation of systems to see if we can reduce the number of business systems with the potential to make efficiencies from license reduction and system management overheads

7. To ensure that we have a clear picture of all the corporate IT assets, their value, relevant contract and license information and warranty and replacement schedules. This will assist with financial asset management planning.
8. Support the Councils Asset rationalisation programme
9. Facilitate the use of Welsh Language through the use of technology
10. Support the delivery of projects within other workstreams in the programme through the provision of technology, systems and resources.

Digital Inclusion:

“To bring the Council closer to residents by equipping people with the motivation, access, skills and confidence to engage with an increasingly digital world, based on their needs.”

Principles:

- We will promote introduce and develop digital for people in a way that benefits them; helping them do things they care about and can only do online
- Make it easier for our residents to stay safe online by providing simple and straightforward advice and tools
- Working with our partners to maximise expertise, experience and resources to better meet user needs.
- Supporting people with access to appropriate connectivity and equipment to enable access to digital services
- We will identify wider outcomes that can be delivered by helping people become independently confident online

High Level Actions to Support Delivery:

1. Work with our partners to develop and promote a volunteer programme to support people to get online
2. Support and enable access to the internet and devices to ensure people are not excluded from a digital world
3. Develop digital services that are accessible and responsive
4. Continue to work with 3rd sector and other partners to identify opportunities to improve digital literacy within communities and small businesses
5. Promote initiatives to help people to use digital technology now and in the future
6. Highlight initiatives that support people's health and wellbeing through participation in digital activities

Digital Learning and Culture

“We want learners of all ages to be able to engage with what it means to be a conscientious digital citizen who engages with and contributes positively to the digital world around them.”

Principles:

- We will work with other organisations to promote and develop inclusive opportunities for digital accessibility, participation and culture growing sustainable communities
- Provide the most effective digital infrastructure and services for education and youth providers, embedding technology in the classroom
- Continue to explore and develop digital channels to provide learning opportunities throughout Flintshire
- Enhance the digital capability and skills of learners of all ages by:
 - Working with schools, partners and the workforce to ensure they are equipped to deliver digital opportunities for learners as part of the curriculum for Wales
 - Supporting the evolving digital requirements of adult learning as part of Digital 2030

High Level Actions to Support Delivery:

1. Continued provision of digital services and support to schools through the Council’s service delivery model for Schools IT support
2. Work in partnership with the Regional School Improvement Service (GwE) to provide training and support for schools in delivering the Digital Competency Framework and embedding this within Curriculum Wales 2022
3. Work with Welsh Government to deliver and develop school IT infrastructure to align with agreed digital standards and design
4. Support schools and the workforce to maximise the use of HWB, a bilingual platform hosting a national collection of tools and resources to support education in Wales
5. Work with the adult learning partnership (North East Wales) to identify opportunities to improve digital literacy within communities
6. Provide ongoing professional development for Education and Youth Services to ensure that they are able to take full advantage of modern communication channels and emerging technology to communicate and work with young people
7. Create a cultural hub via NEWA (North East Wales Archives) improving accessibility and engagement with all sectors of the community

Governance Arrangements

The Digital Strategy Board is responsible for overseeing and ensuring the effective delivery of the Digital Strategy. It will provide a mechanism to monitor and evaluate progress and resolve any resource, capacity and prioritisation issues which could occur across the range of priorities and actions to be delivered.

- The Digital Strategy will be included in the Improvement Plan for the council and the Board will therefore be required to report on progress through the appropriate channels
- Any bids for resources to deliver actions which support the delivery of the Strategy need to be approved and ranked by the relevant Senior Management Team prior to the development of a business case for submission to the Board
- The Board will utilise a set of defined criteria for assessing and prioritizing business cases ensuring that these are aligned with the Council's Digital Strategy priorities and ambitions
- The Board are responsible for highlighting and securing organisational acceptance of the risks associated with each selected priority, ensuring that they are managed appropriately through identified mitigation

Delivery

- The Board is made up of a number of representatives to include all areas within the organization
- Each priority within the Digital Strategy is led by a Senior Manager who will sit on the Board in order to report progress against their particular priority
- Lead officers will be responsible for assisting in prioritizing work and will be supported by officers and partners with the appropriate knowledge and skills throughout the organization

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CORPORATE RESOURCES OVERVIEW AND SCRUTINY

Date of Meeting	Thursday, 8 July 2021
Report Subject	Employment and Workforce Year-End update
Cabinet Member	Cabinet Member for Corporate Management and Assets,
Report Author	Senior Manager, Human Resources and Organisational Development
Type of Report	Operational

EXECUTIVE SUMMARY

To provide Members with an update for the Year-End 2020/21 Report. This report provides details of the following:

- Headcount and Full Time Equivalent (FTE)
- Organisation Age Profile (Non –Schools and Schools)
- Employee Turnover and Stability (Including Redundancies and Early Retirements)
- Attendance
- Performance Monitoring (Appraisals)
- Resource Management (Agency Workers)
- Equality and Diversity
- Achievements made by Human Resources within the quarter

The format of this report and the accompanying Workforce Information Dashboard reports are intended to focus on organisational performance and trends. The dashboards are a visual presentation of data, showing the current status and historical trends of the Council's performance against key performance indicators.

This report provides a brief narrative on the overall performance against a number of indicators. A more detailed explanation is provided on an exceptional basis where performance is falling below organisational performance indicators or where there has been a significant movement, either upwards or downwards, in the reported trends. The narrative will include an explanation for the movement in trend and details of any proposed actions to improve or maintain performance.

The performance information for the whole organisation is split to show Schools and Non-Schools data separately.

On a periodic basis, this report will highlight key achievements or projects undertaken in support of the People Strategy and/or Council Plan.

RECOMMENDATIONS

- | | |
|----|--|
| 1. | Members comment on Year-End Workforce Information Report 2020/21 (October 2020 – March 2020) |
|----|--|

REPORT DETAILS

1.00	EXPLAINING THE WORKFORCE INFORMATION REPORT
1.01	<p>Headcount and Full Time Equivalent (FTE)</p> <p>The headcount and FTE figures during at year-end shows a marginal increase in FTE across the Council since April 2020. Non-schools show an increase of 5 FTE, and Schools show an overall increase of 7 FTE.</p>
1.02	<p>Age Profiling</p> <p>Age profiling the organisation, departments and teams is an important part of understanding the age demographics of our workforce and where we may need to focus attention. Why do we use age profiling?</p> <ul style="list-style-type: none"> • to identify work areas with a high average age • to help plan for retirements and how we will recruit or retain staff • to highlight patterns and trends across our workforce • to support workforce planning. <p>Understanding our workforce profile, enables the Council to assess supply and potential problem areas within a given service/portfolio and aids succession planning by identifying any skill gaps that may arise. Without an analysis of age profile (and skills profile), no workable long term planning can be made.</p>
1.03	<p>Employee Turnover and Stability (Including Redundancies and Early Retirements)</p> <p>The cumulative turnover percentage for 2020/21 is 10.05%. This is an improvement when compared to the previous year (10.29%). Restrictions on movement due to national lockdowns during the year meant that the forecasted cumulative turnover figure was 7.50%. However the transfer of 100+ employees to the newly established Theatr Clwyd Trust has increased the final turnover figure by 2.50%.</p>

	<p>Human Resource colleagues actively encourage the use of exit interviews so portfolios can monitor and understand reasons for leaving. Reasons for leaving include not having a clear understanding of what to expect to in their role and/or of the Council as an employer. The feedback obtained from exit interviews also assists Human Resources to review the effectiveness of the various recruitment methods used across the Council and justify making changes as appropriate to improve recruitment and retention.</p>
1.04	<p>Attendance</p> <p>The cumulative full time equivalent (FTE) days lost for the Council during 2020/21 is 8.08. This is a significant improvement when compared to the previous year (11.05). The COVID-19 pandemic has seen a change in the way that all workgroups undertake their work. For a substantial number, this has seen them working from home, for others, they remain in work supported by a range of measures including but not limited to the establishment of ‘bubbles’, provision of appropriate PPE and/or maintaining physical distancing. All of these changes have had a positive effect on some illnesses such as infection rates.</p> <p>Attendance has been managed very closely throughout the pandemic as managers and employees have had to learn to manage a range of new and complex scenarios such as self-isolation, household isolation and COVID absence.</p>
1.05	<p>Performance Monitoring (Appraisals)</p> <p>Many of our employees have and continue to work differently in what are often challenging circumstances. Some employees have been unable to work due to the nature of their work or the lack of facilities to work from home. There have been particular challenges for many with the closure of schools and other services most notably those with caring responsibilities for children or other dependents. There have also been a number of employees who, for many months, were required to shield because of their vulnerability or illness.</p> <p>Employees still need a framework in which they can provide and receive feedback and continue to learn and grow. With this in mind, for 2020/21 we introduced an alternative approach to our normal performance appraisals in the form of a structured one to one which provided for a welfare check, an honest discussion about what has been achieved during the preceding six months, and how they have coped. Followed by what can realistically be achieved in the coming 12 months and the normal career conversation which provides an opportunity to discuss and explore future aspirations. Whilst the alternative approach is being carried out across the organisation, we are not holding statistics at this stage.</p>

1.06	<p>Resource Management (Agency Workers)</p> <p>The cumulative agency spend for 2020/21 is £3.10m. The largest agency spend is within Streetscene and Transportation at £1.60m. The second largest spend is within Social Services at £650,000. Both of these services have been at the forefront of the response to the pandemic, which has required to changes to working practices, including the introduction of 'bubbles' to keep our workforce safe which has impacted on the number of additional, temporary resources required to supplement the service.</p> <p>The cumulative 'Off-contract' spend for 2020/21 is £470,000, which equates to 15% of the overall agency spend. This shows that the use of agency workers is continuing to be used more appropriately across the organisation. The main reasons for 'off-contract' spend is where there is a need to fill specialist, hard to fill roles such as Social Workers.</p> <p>There were a total of 137 active agency placements on 31 March. At the time of running the report 79 placements exceeded the 12 week Agency Worker Regulations threshold. Of those that exceeded the threshold, 40 were within Streetscene and Transportation, 24 in Housing and Assets, 6 each in Social Services and Governance, and 3 in Planning, Environment and Economy.</p> <p>As portfolios move into recovery, HR Business Partners will work with them to bring placements to an end and where it will support service delivery, offer workers direct employment.</p>
1.07	<p>Equality and Diversity Workforce Monitoring</p> <p>Workforce diversity monitoring is an important means of demonstrating, implementing and promoting equality of opportunity. Ongoing promotion and monitoring is carried out to gather information on the diversity of our workforce including potential recruits as well as existing employees. The Council collects diversity information based on current UK equality legislation which aims to prevent discrimination on grounds of age, disability, gender, race, sexual orientation, religion and other protected characteristics. Information gathered can if analysed regularly, help us to identify barriers that prevent access to employment and career development for certain groups of people, and to develop solutions, such as positive action plans or alternative policies and practices.</p>

2.00	RESOURCE IMPLICATIONS
2.01	None arising directly from this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	None as the dashboard reports appended to this report details existing actual out-turns in the various measures.

4.00	RISK MANAGEMENT
4.01	None arising directly from this report.

5.00	APPENDICES
5.01	Appendix One: Dashboard – Workforce Information Year-End Report 2020/21

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>Contact Officer: Sharon Carney, Senior Manager, Human Resources and Organisational Development.</p> <p>Telephone: 01352 702139</p> <p>E-mail: sharon_carney@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS
7.01	<p><u>Headcount and FTE</u> This will provide information on the current levels of the Council’s workforce.</p> <p><u>Age Profiling</u> The purpose of providing the Organisational Age Profile is to enable the Council to provide a guide to the future number of potential retirements and succession plan by identifying any skill gaps that may arise. Without an analysis of age profile, no workable long term planning can be made.</p> <p><u>Employee Turnover and Stability (Including Redundancies and Early Retirements)</u> This information will provide the awareness of trends in turnover rates within the Council for potential measure to be put in place for high turnover rates, if applicable.</p> <p><u>Attendance</u> Attendance remains a high priority in the Council and will provide detailed information on the areas for improvement for absence/attendance. Stage 1 and Stage 2 capability hearings are the formal stages of the Attendance Management policy where sanctions including dismissal take place.</p> <p><u>Performance Management (Appraisals)</u> Reporting on performance appraisals and development will enable more effective monitoring of potential training needs for future planning.</p> <p><u>Resource Management</u> This information will include the usage of agency workers within the Council.</p>

Equality and Diversity Workforce Monitoring

Information will be provided to inform what measures, if any, need to be implemented to prevent inequalities within the Council.

Red Book

JNC for Local Authority Craft & Associated Employees

Green Book

JNC National Agreement for the former APT&C and Manual employees

**CORPORATE DASHBOARD
REPORTS
(FLINTSHIRE COUNTY COUNCIL)
2020-21
YEAR END REPORT**

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2020/21 DASHBOARD

FLINTSHIRE COUNTY COUNCIL CUMULATIVE TOTALS

TOTAL HEADCOUNT

6,039

TOTAL FTE

4,730

LEAVERS / TURNOVER

609 / 10.05%

AGENCY SPEND 2020/21

£3.10m

TARGET 2020/21

£1.70m

DAYS LOST PER FTE 2020/21

8.08

TARGET 2020/21

8.00

YEAR END 2020/21 DASHBOARD

HEADCOUNT AND FULL TIME EQUIVALENT (FTE) - NON SCHOOLS

TOTAL HEADCOUNT

2,857

TOTAL FULL TIME EQUIVALENT

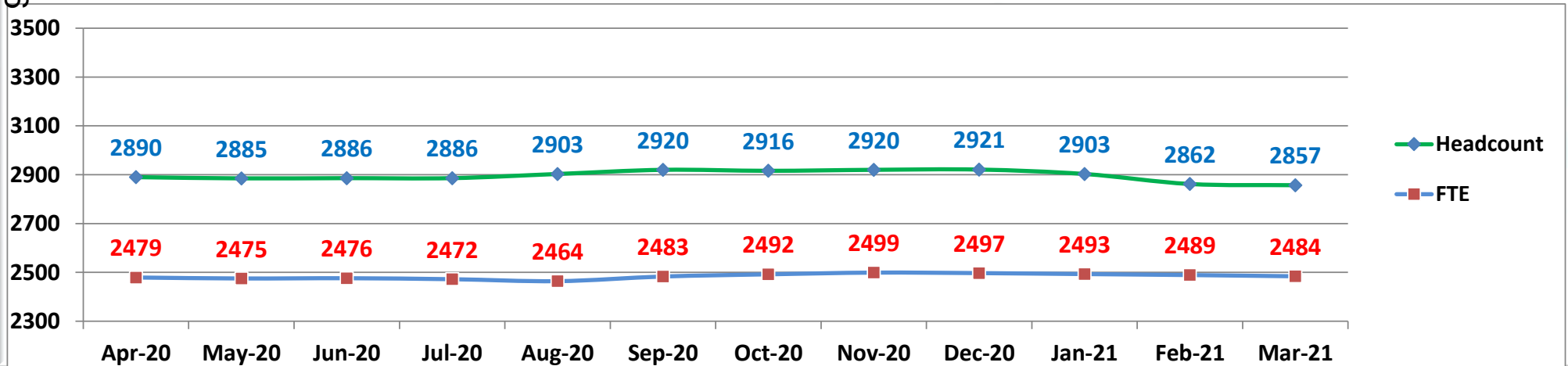
2,484

01/04/2020 2,890
Increase of 30 person (+1.049%)
31/03/2021 2,857

01/04/2020 2,479
Increase of 5 FTE (+0.20%)
31/03/2021 2,484

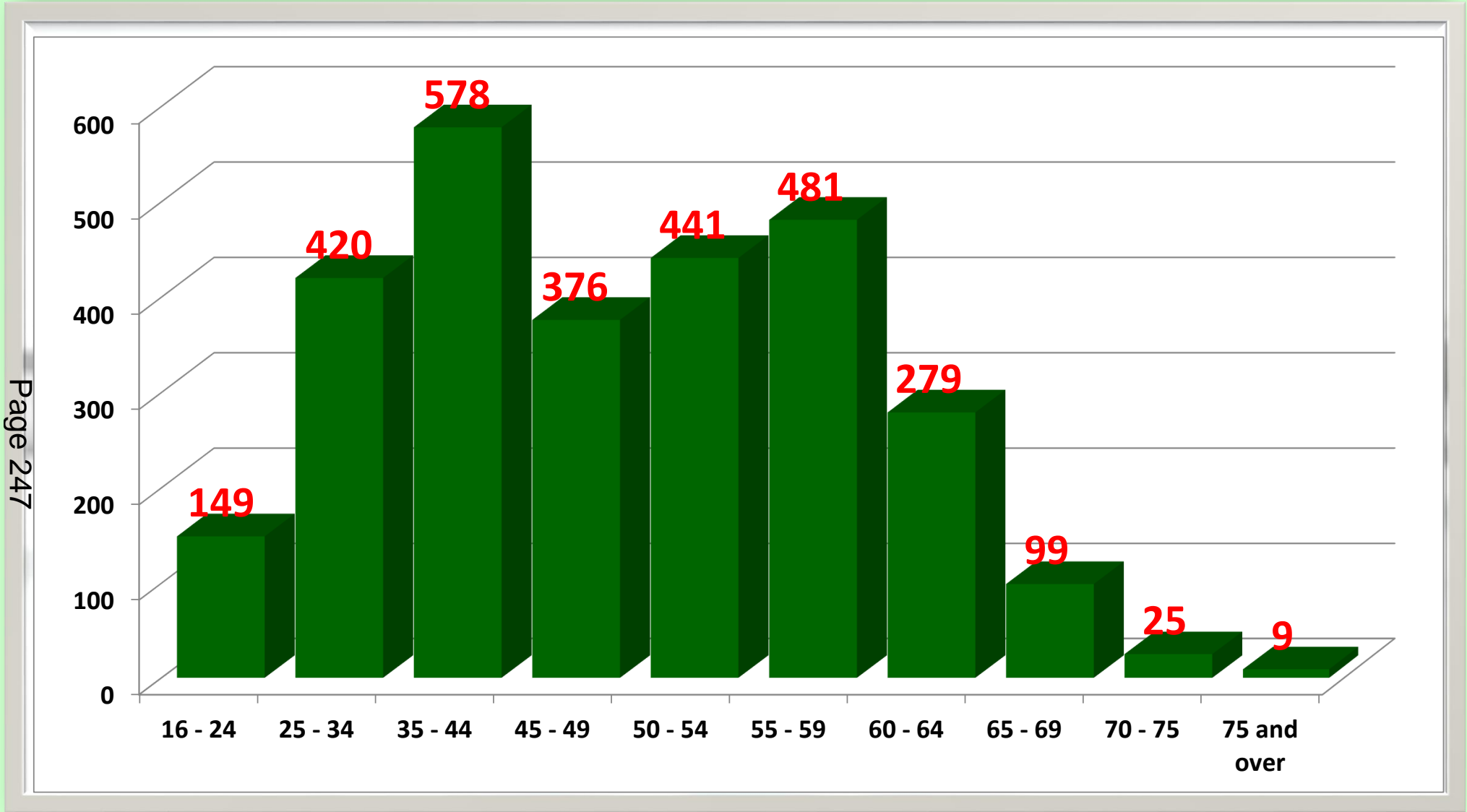
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HEADCOUNT AND FTE - 12 MONTH TREND



YEAR END 2020/21 DASHBOARD

AGE PROFILE - NON-SCHOOLS



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YEAR END 2020/21 DASHBOARD

ATTENDANCE - NON-SCHOOLS

6

DAYS LOST PER FTE 2020/2021



31/03/2020
6.63

5.41

31/03/2021
2.43



Improvement of 1.22

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TOP 4 REASONS

1. STRESS, DEPRESSION, ANXIETY
2. MUSCULOSKELETAL
3. STOMACH, LIVER, DIGESTION, VOMITING
4. INFECTIONS

YEAR END 2020/21 DASHBOARD

TURNOVER AND STABILITY - NON SCHOOLS

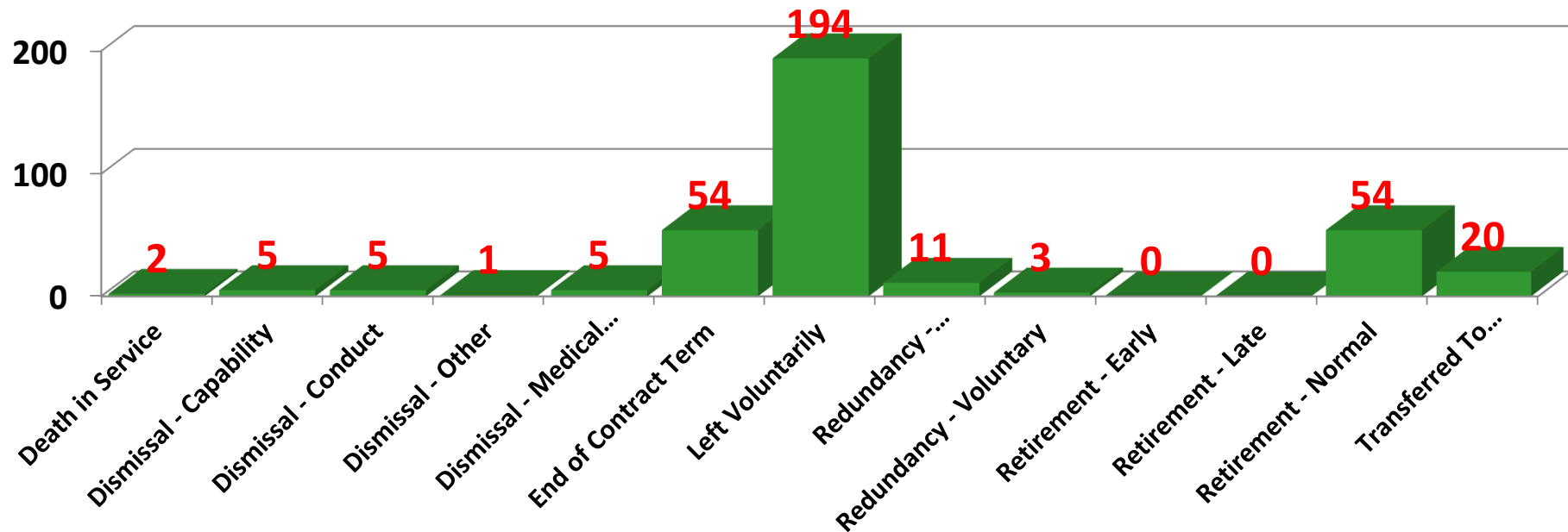
7

LEAVERS - 2020/21

354

LEAVER REASON - 2020/21

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YEAR END REPORT DASHBOARD

EQUALITY AND DIVERSITY - NON-SCHOOLS

GENDER BREAKDOWN

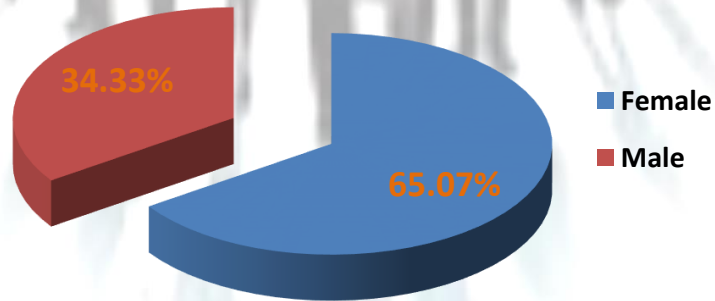
MALE

998
(34.33%)

FEMALE

1,859
(65.07%)

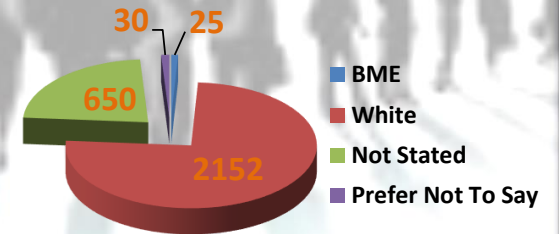
GENDER BREAKDOWN (%)



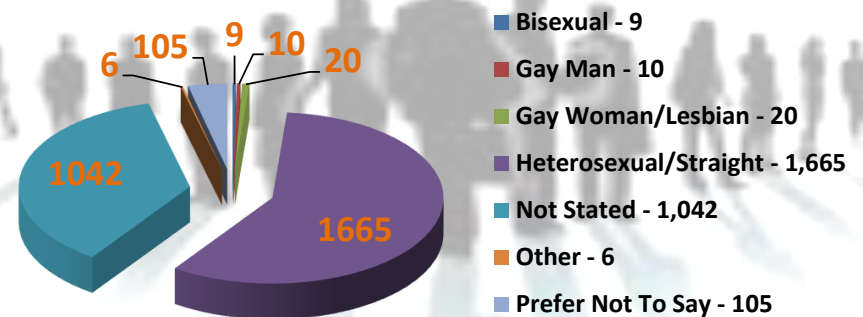
ETHNICITY

BME - 25
 WHITE - 2,152
 PREFER NOT TO SAY - 30
 NOT STATED - 650

ETHNICITY BREAKDOWN



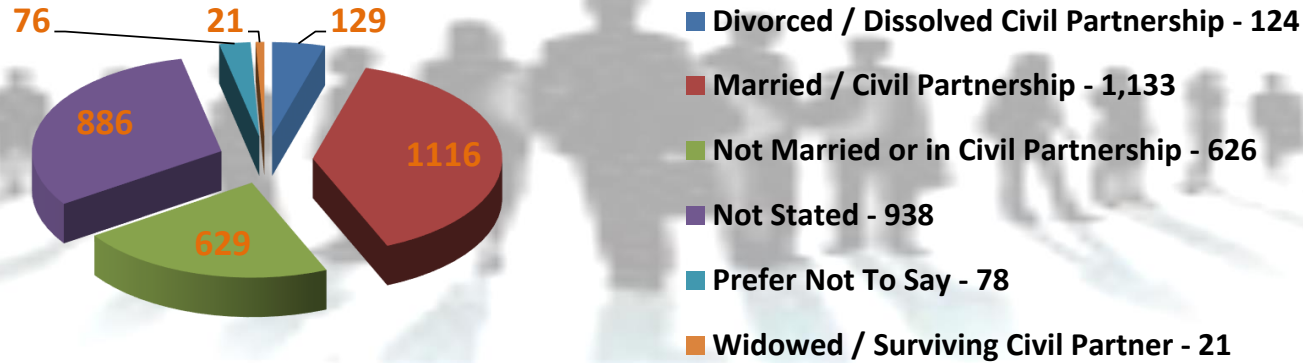
SEXUAL ORIENTATION



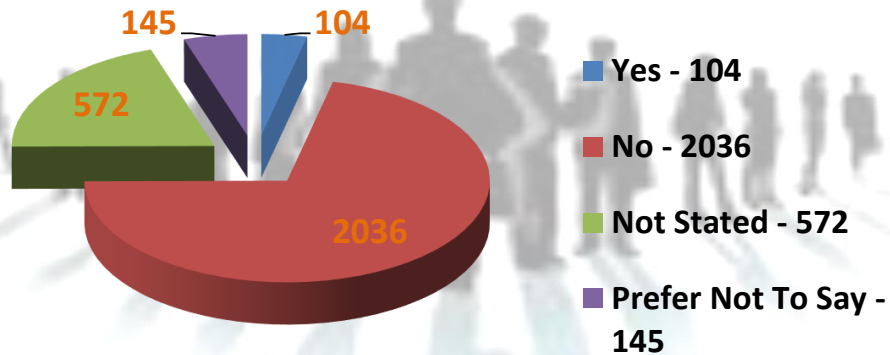
YEAR END 2020/21 DASHBOARD

EQUALITY AND DIVERSITY - NON-SCHOOLS

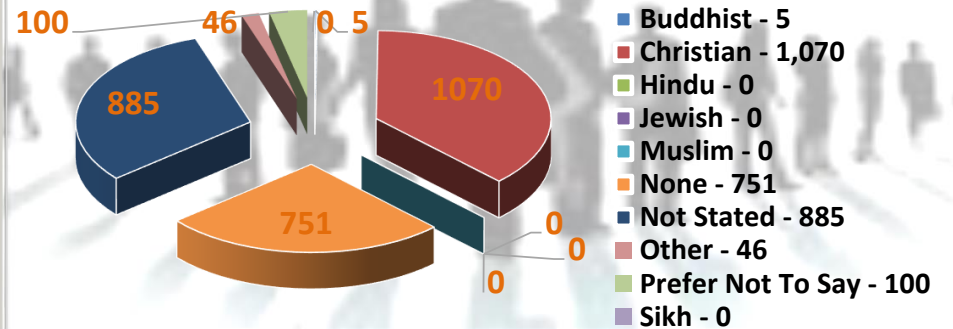
MARITAL STATUS



DISABILITY



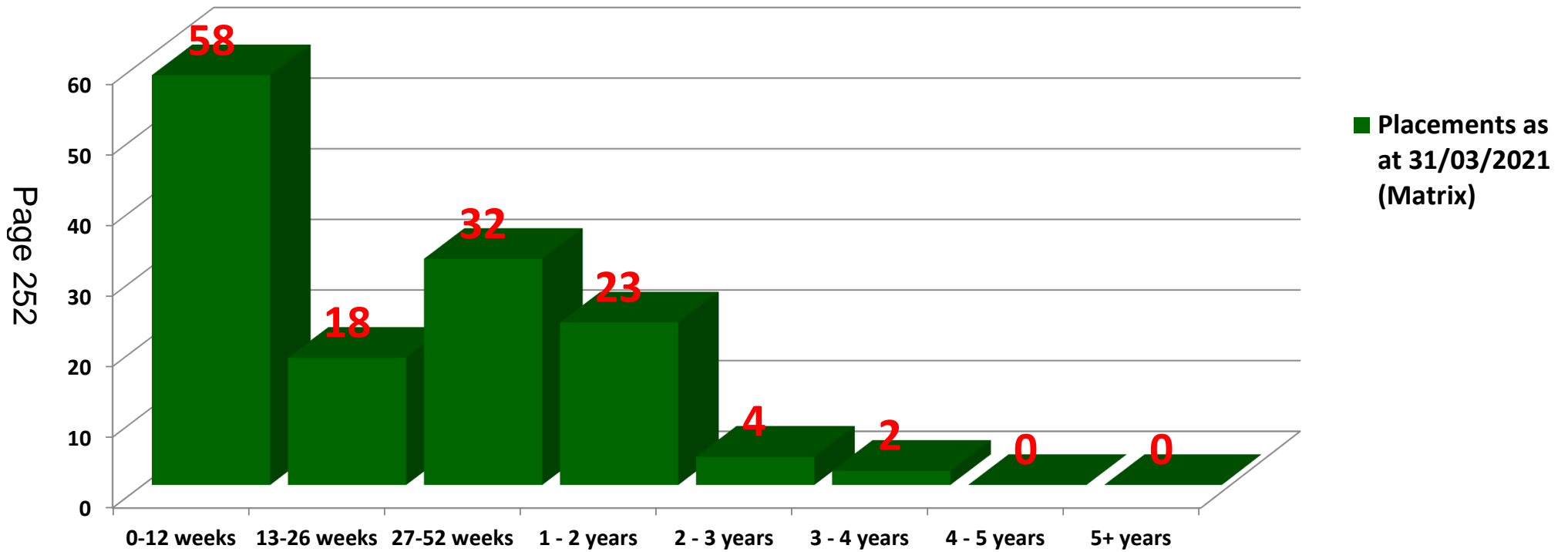
RELIGION OR BELIEF



YEAR END 2020/21 DASHBOARD

RESOURCE MANAGEMENT - AGENCY

Agency Tenure Management Mid Year



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YEAR END 2020/21 DASHBOARD

HEADCOUNT AND FULL TIME EQUIVALENT (FTE) - SCHOOLS

TOTAL HEADCOUNT

3,172

TOTAL FULL TIME EQUIVALENT

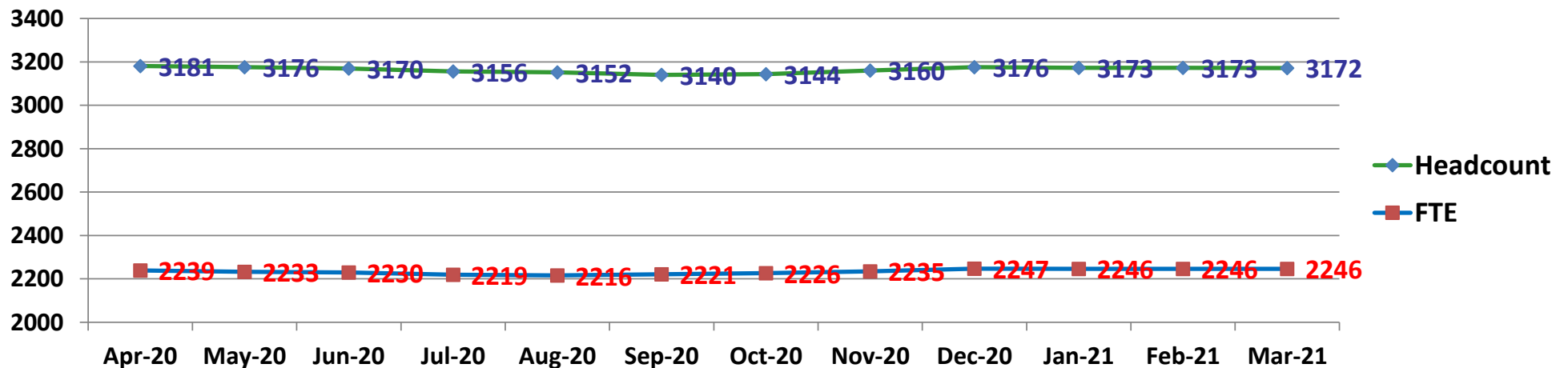
2,246

01/04/2020 Decrease of 9 people (-0.28%) 31/03/2020
 3,181 3,172

01/04/2020 Increase of 7 FTE (-0.31%) 30/09/2020
 2,239 2,246

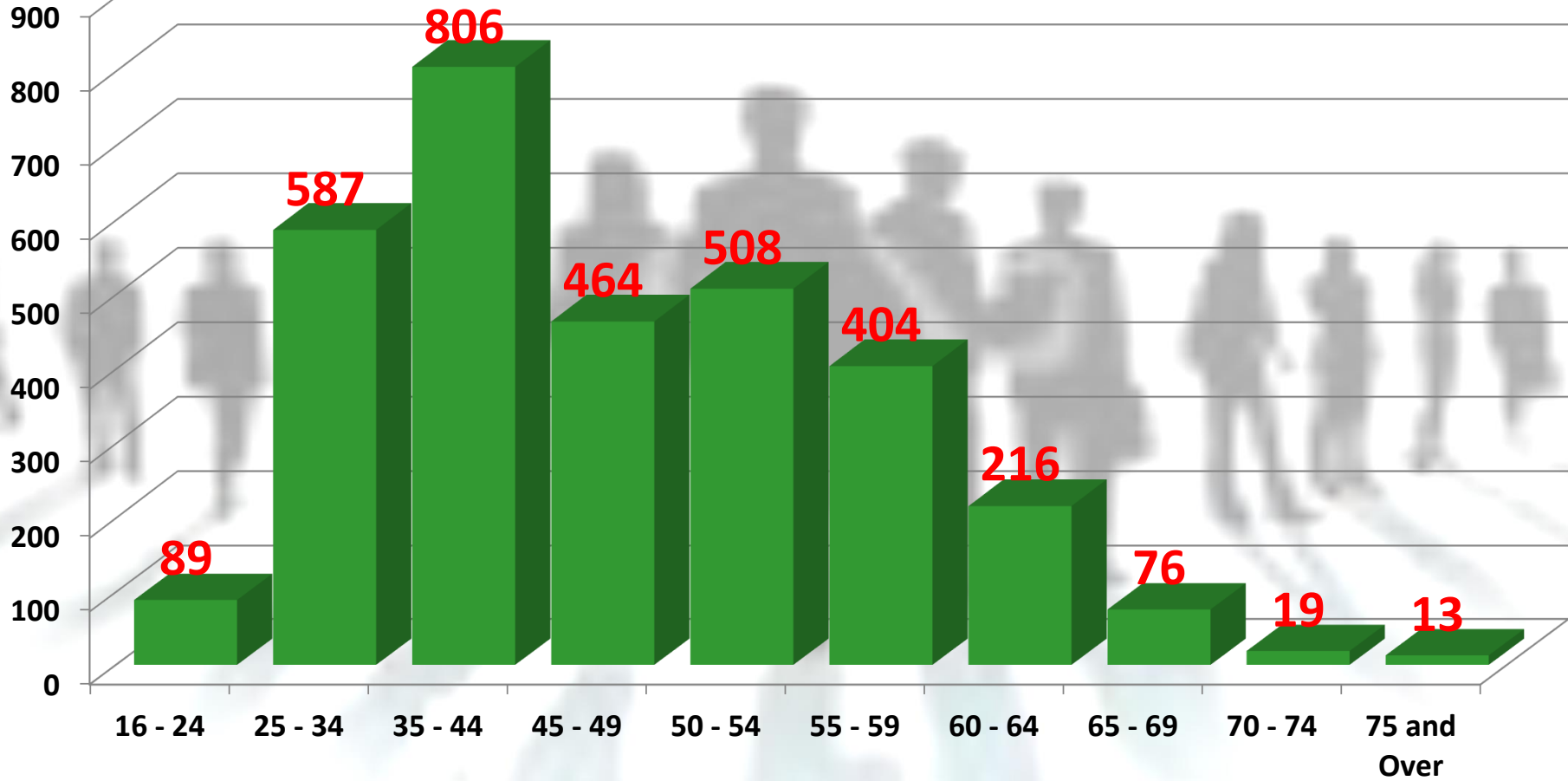
HEADCOUNT AND FTE - 12 MONTH TREND

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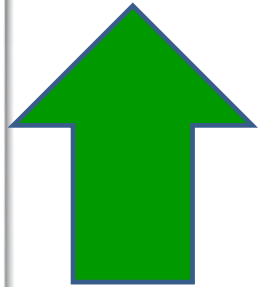


YEAR END 2020/21 DASHBOARD

AGE PROFILE - SCHOOLS



DAYS LOST PER FTE 2020/2021



31/03/2020
4.42

2.67

31/03/2021
2.67



Improvement of 1.75

TOP 4 REASONS

1. STRESS, DEPRESSION, ANXIETY
2. MUSCULOSKELTAL
3. BENIGN & MALIGNANT TUMOURS, CANCERS
4. INFECTIONS

YEAR END 2020/21 DASHBOARD

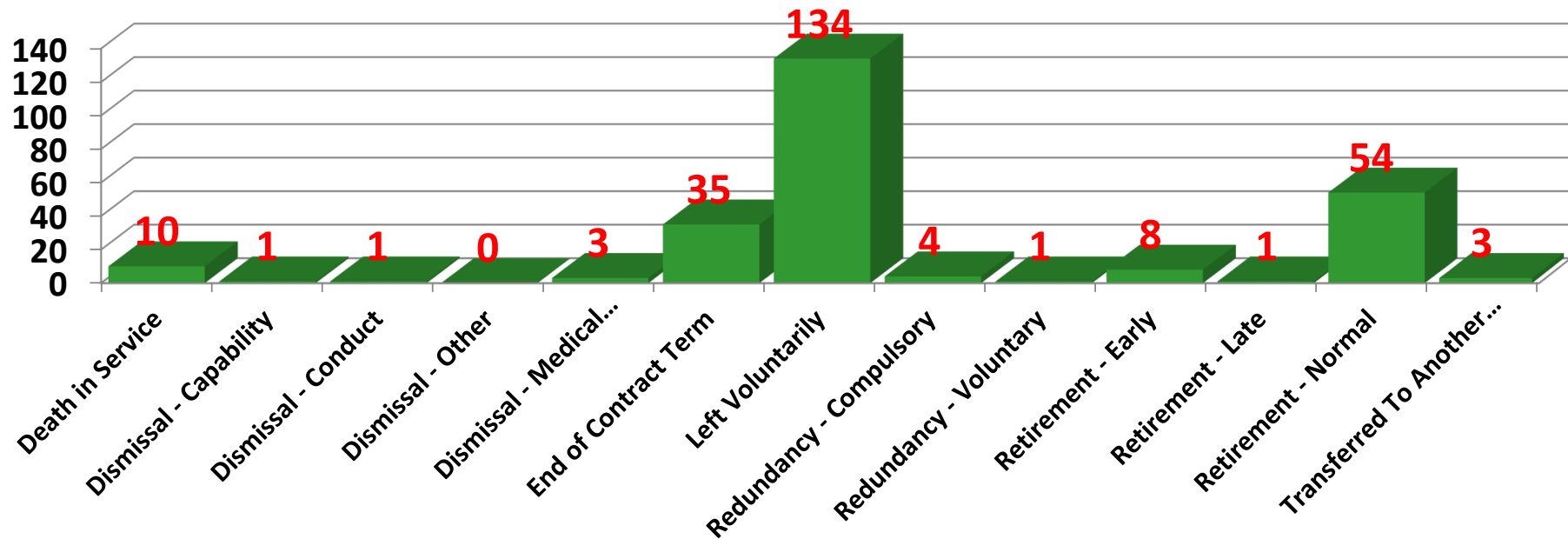
TURNOVER AND STABILITY - SCHOOLS

LEAVERS - 2020/21

255

LEAVER REASON - 2020/21

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YEAR END 2020/21 DASHBOARD

EQUALITY AND DIVERSITY - SCHOOLS

GENDER BREAKDOWN

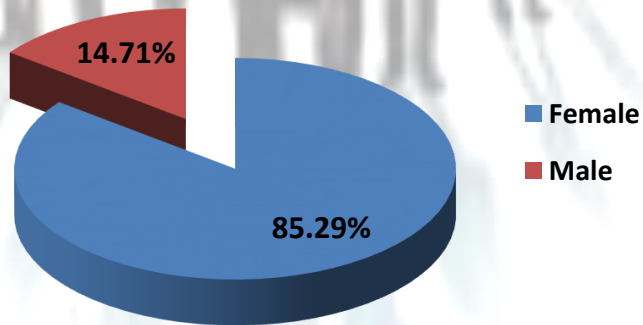
MALE

468
(14.71%)

FEMALE

2,714
(85.29%)

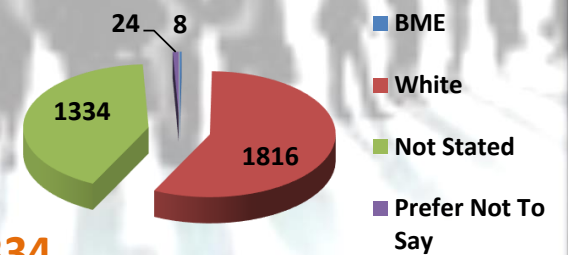
GENDER BREAKDOWN (%)



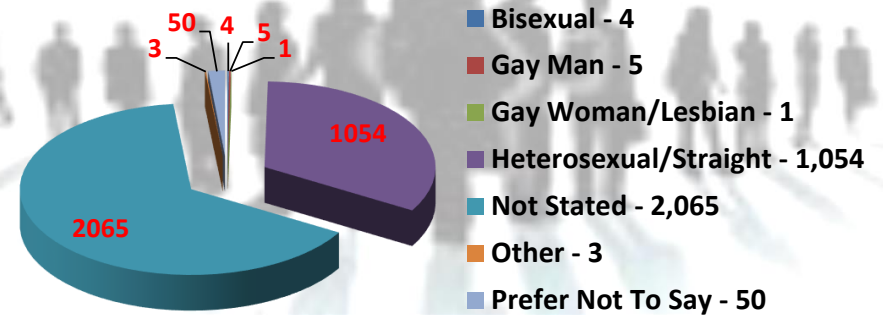
ETHNICITY

BME - 8
WHITE - 1,816
PREFER NOT TO SAY - 24
NOT STATED - 1,334

ETHNICITY BREAKDOWN (%)



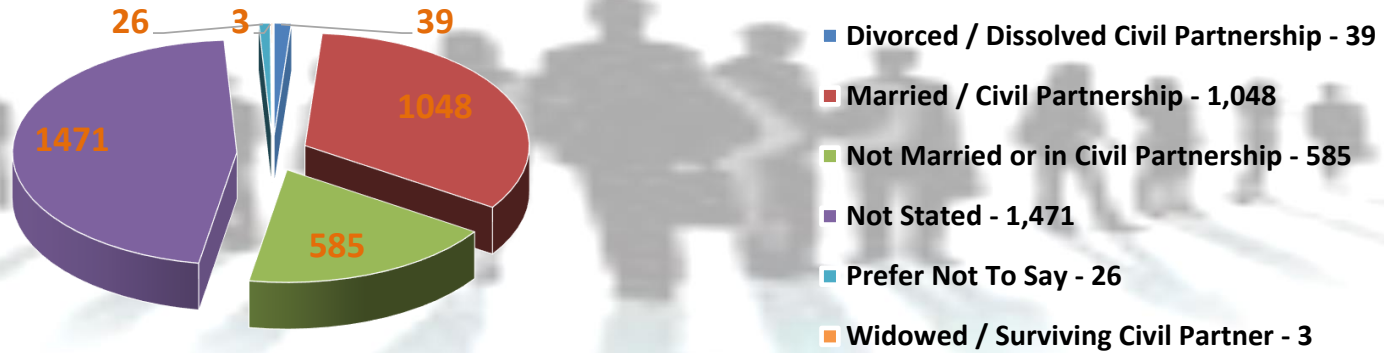
SEXUAL ORIENTATION



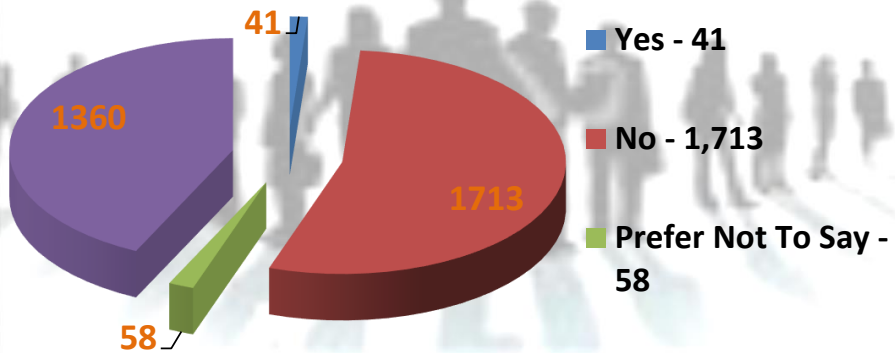
YEAR END 2020/21 DASHBOARD

EQUALITY AND DIVERSITY - SCHOOLS

MARITAL STATUS



DISABILITY



RELIGION OR BELIEF

