

**HEALTH REFORM AND PUBLIC HEALTH CABINET
COMMITTEE**

Friday, 1st December, 2017

10.00 am

**Darent Room, Sessions House, County Hall,
Maidstone**



AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Friday, 1 December 2017 at 10.00 am
Darent Room, Sessions House, County Hall,
Maidstone

Ask for: Theresa Grayell
Telephone: 03000 416172

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (13)

Conservative (10): Mr G Lymer (Chairman), Mrs P A V Stockell (Vice-Chairman),
Mr A Cook, Miss E Dawson, Mrs L Game, Ms S Hamilton,
Ms D Marsh, Mr K Pugh, Miss C Rankin and Mr I Thomas

Liberal Democrat (2): Mr D S Daley and Mr S J G Koowaree

Labour (1) Dr L Sullivan

Webcasting Notice

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UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

- 1 Introduction/Webcast announcement
- 2 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes present
- 3 Declarations of Interest by Members in items on the Agenda
To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which it refers and the nature of the interest being declared
- 4 Minutes of the meeting held on 22 September 2017 (Pages 7 - 16)
To consider and approve the minutes as a correct record.

5 Meeting Dates 2018/19

The Committee is asked to note that the following dates have been reserved for its meetings in 2018/19. All meetings will commence at 10.00 am at Sessions House.

Wednesday 24 January 2018

Tuesday 13 March 2018

Thursday 3 May 2018

Wednesday 27 June 2018

Friday 14 September 2018

Thursday 22 November 2018

Wednesday 9 January 2019

Wednesday 13 March 2019

6 Verbal updates by Cabinet Members and Directors (Pages 17 - 18)

To receive a verbal update from the Leader and Cabinet Member for Traded Services and Health Reform, the Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health and the Director of Public Health.

7 17/00098 - Infant Feeding Consultation Update (Pages 19 - 24)

To receive a report from the Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health and the Director of Public Health, giving an overview of the consultation on the proposed changes to infant feeding support, specifically in relation to breast feeding. The committee is asked to comment on the proposal, noting that comments will be considered as a part of the consultation, and note that the detailed findings of the consultation and subsequent proposal will be presented to the committee for consideration at its meeting in January, prior to a Cabinet Member decision.

8 Adolescent Health (Pages 25 - 32)

To receive a report from the Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health and the Director of Public Health, giving an overview of the school public health service. Adolescent health is one of the areas of delivery and is the main focus of this report. This paper highlights work to improve outcomes for adolescents, the mobilisation of the Adolescent and Emotional Health Service and the role of Personal, Social and Health Education (PSHE). The Committee is asked to note and comment on this report.

9 Revenue and Capital Budget Monitoring - August 2017-18 (Pages 33 - 78)

To receive a report from the Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health and the Director of Public Health, setting out the latest revenue and capital budget monitoring position for the 2017-18 financial year. The Committee is asked to note the revenue and capital forecast variances for the 2017-18 budget that are in the remit of this Cabinet Committee, based on the August monitoring position presented to Cabinet on 30 October 2017.

10 Work Programme 2018/19 (Pages 79 - 82)

To receive a report from the Head of Democratic Services on the Committee's work programme.

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

John Lynch,
Head of Democratic Services
03000 410466

Thursday, 23 November 2017

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of A meeting of the Health Reform and Public Health Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Friday, 22nd September, 2017.

PRESENT: Mr G Lymer (Chairman), Mrs P A V Stockell (Vice-Chairman in the Chair), Mr A Cook, Mr D S Daley, Miss E Dawson, Mrs L Game, Mr K Gregory (Substitute for Mr K Pugh), Ms S Hamilton, Mr S J G Koowaree, Ms D Marsh, Miss C Rankin, Dr L Sullivan and Mr I Thomas

OTHER MEMBERS: Peter Oakford

OFFICERS: Andrew Scott-Clark (Director of Public Health), Dr Allison Duggal (Deputy Director of Public Health), Mark Gilbert (Interim Head of Public Health Commissioning), Jessica Mookherjee (Consultant in Public Health), Penny Spence (Public Health Head of Quality and Safeguarding), David Whittle (Director of Strategy, Policy, Relationships and Corporate Assurance), Theresa Grayell (Democratic Services Officer) and Georgina Little (Democratic Services Officer)

UNRESTRICTED ITEMS

16. Apologies and Substitutes.
(Item. 2)

Apologies for absence had been received from Mr P B Carter and Mr K Pugh.

Mr K Gregory was present as a substitute for Mr K Pugh.

As the Chairman was unable to attend for the first part of the meeting, the Vice-Chairman took the chair.

17. Declarations of Interest by Members in items on the Agenda.
(Item. 3)

Mrs L Game declared an association to one of the interested parties listed in the exempt appendix to agenda item 6, as the Chairman of the Queen Elizabeth the Queen Mother Hospital advisory group working on the Sustainability Transformation Plan and as a member of a patient participation group.

Ms D Marsh declared that she was a Registered Mental Health Nurse.

18. Minutes of the meeting held on 30 June 2017.
(Item. 4)

It was RESOLVED that the minutes of the meeting held on 30 June 2017 are correctly recorded and they be signed by the Chairman. There were no matters arising.

19. Verbal updates by Cabinet Members and Director.
(Item. 5)

1. The Cabinet Member for Strategic Commissioning and Public Health, Mr P J Oakford, gave a verbal update on the following issues:-

Infant feeding consultation – this had previously been delayed to ensure that the consultation covered fully the contribution of the Health Visiting service to community infant feeding programmes and to reflect the input of focus groups of mothers, with whom Mr Oakford and Mr Scott-Clark, the Director of Public Health, had met recently. Once these groups were happy with the consultation document it would be re-issued and the public consultation would go ahead.

Kent Health and Wellbeing Board – this Board had a role to play in the delivery of the Sustainability Transformation Plan and to ensure that sufficient emphasis was placed on preventative and local care. The establishment of a combined Kent and Medway Health and Wellbeing Board would support this aim and discussion with Medway Council was ongoing.

2. Mr Oakford responded to comments and questions from the committee, including the following:-

- a) the importance of good public consultation was emphasised, as starting, suspending and then re-starting a consultation would not help build public confidence in the County Council's processes. Consultation material should be checked very carefully before being issued.

3. The Director of Public Health, Mr A Scott-Clark, gave a verbal update on the following issues:-

Sustainability Transformation Plan Prevention Work – as Director of Public Health for Kent, he formally chaired, jointly with a representative of NHS England, the partnership which oversaw the emergency planning and assurance role.

NHS Emergency Response Assurance Process – this process ensured that all NHS organisations were ready and able to respond to a public health emergency situation, for example, an epidemic, and would provide public assurance of their ability to do this. *A report on these two subjects would be made to a future meeting of the Cabinet Committee.*

Foreign Mosquitoes – a colony of these had been identified in Kent and had been dealt with promptly by working with NHS England and using a drone operated by the Kent Fire and Rescue Service, the first such recorded use by a local authority. Mr Scott-Clark advised the committee that, although mosquitoes which were not native to the UK could transfer disease between people, they did not carry disease from other countries.

4. Mr Scott-Clark then responded to comments and questions from the committee, including the following:-

- b) diseases which could be transferred by non-native mosquitoes were dengue fever and chikungunya, which were endemic in other parts of the world, and albopictus, which was not native to Europe but was now endemic there. Mosquitoes could only spread malaria to people who had already contracted dengue fever; and

- c) due to the effects of global warming, it was possible that a broader range of diseases could now be carried and transferred to countries in which they had not previously been seen, and this was a concern for public health authorities. Mr Scott-Clark advised the committee that mosquitoes were not able to fly further than about 300 metres but instead had been brought into the UK in luggage and in vehicles.

5. It was RESOLVED that the verbal updates be noted, with thanks.

20. Agenda Item 6 - considering information which is exempt from publication.

The Vice-Chairman asked Members if, in debating this item, they wished to refer to the exempt appendix which accompanied agenda item 6, and if they wished to pass a motion to exclude the press and public from the meeting. Members confirmed that they did not wish to refer to the exempt information and discussion of the item was thus able to take place in open session.

21. 16/00144 (2) - Young Persons' Substance Misuse Service.
(Item. 6)

1. Mr Gilbert introduced the report and explained that, having previously extended the contract with the current provider, a new contract was being procured through a competitive tendering process. Although substance misuse among young people was declining, it was still a challenging issue in some areas of the county, especially among vulnerable families and young offenders. Re-tendering the contract offered opportunities to deliver services in new ways. Expressions of interest had been received from a number of organisations and these were listed in the exempt appendix to the report. These organisations had been invited to tender for the contract and tenders received were currently being evaluated. This evaluation included consultation with representatives of the Kent Youth County Council. The Cabinet Member for Strategic Commissioning and Public Health would then sign the formal decision paperwork to award the contract in October and the new service would start in January 2018. Mr Gilbert, Ms Mookherjee and Mr Scott-Clark responded to comments and questions from the committee, including the following:-

- a) in response to a question about the committee having a further opportunity to comment before the contract was awarded, the Democratic Services Officer advised that, in accordance with the County Council's decision making process, all Members would be sent notice of what the decision was proposed to be and would have an opportunity to comment on and ask questions about it. They would then be sent notice of the decision having been taken and would have an opportunity to call-in the decision if they felt it had not been properly taken or the process had not been properly followed. Only once these two stages had been completed, and once any call-in had been dealt with, could the decision be implemented;
- b) asked if spending on this service might have to increase to meet need, Mr Gilbert advised the committee that he was confident that the service required could be delivered to all those who needed it within the allocated budget;

- c) organisations tendering for the contract would not be required to use an information technology system imposed by the County Council to deliver the service and would be allowed to use methods they had developed and used successfully before, however, the County Council would monitor closely to see that services were being delivered to its satisfaction. Particular attention would be paid to the efficient transfer of data from the current service to the new. It was expected that staff delivering the current service would transfer to the new;
- d) asked how young people accessed drugs and alcohol, Ms Mookherjee explained that, although the national trend was for fewer young people to use them, and drug-related hospital admissions of young people under 18 had fallen, those who did use were indulging in increasingly risky behaviours, and the young people most at risk were taking the most risks. Most young people experimented to some extent, for example, with steroids at the gym. Patterns of use varied across the county but rates of usage were generally falling;
- e) asked about the reasons for re-tendering the contract, Mr Gilbert reassured Members that it was not because the current provider was failing to perform; it was simply time to re-tender so service could continue without interruption at the end of the current contract. The current provider was achieving a completion rate of 89 – 91%, above national average, and was meeting the required targets;
- f) key performance indicators and the method of monitoring were set on a nationally-prescribed framework. The transfer of service provision from the NHS to local authorities in 2013 had been accompanied by a requirement to provide performance data for use in national benchmarking;
- g) re-tendering of contracts was part of the daily business of the public health team, and the cost to the County Council of the tendering process was not a separate, identifiable cost. The procurement team was in-house to the County Council;
- h) the national decline in young people's use of drugs and alcohol, and the possibility that this may be reversed in the future, would surely make it difficult to price a contract which was to run over several years, if future need was difficult to predict. Ms Mookherjee advised that use of opiates had reduced over the last 15 years and that, over a longer period, usage patterns were not difficult to predict. Mr Gilbert added that the contract would include alternative routes to treatment and would include a requirement that services be provided to respond to changing needs. If service needs exceeded the budget allocated, this would be a challenge to be addressed. Mr Scott-Clark added that the County Council's financial situation was such that, if one service were to need additional funding, this funding would need to be taken from another service; and
- i) the emphasis placed on the importance of the family when treating young people was welcomed.

2. It was RESOLVED that progress of the procurement of the Young Persons' Substance Misuse Service be noted and the decision proposed to be taken by the Cabinet Member for Strategic Commissioning and Public Health, to award a contract to the successful bidder, from those listed in the exempt appendix to the report, be endorsed.

The Chairman took the chair at this point, for the remainder of the meeting.

22. Time to Change: Kent County Council Mental Health Pledge and World Mental Health Day 10 October 2017.

(Item. 7)

1. Ms D Marsh, Deputy Cabinet Member for Adult Social Care, introduced the report as the Member champion for mental health issues and emphasised the need to achieve parity of esteem for mental and physical health. She explained that the Time to Change initiative had been in place since 2007 and said that mental health was something that no employer could afford to ignore, as one in four British workers would suffer from anxiety or depression at some time in their career, and many working days were lost to this every year, although it was known that many people calling in sick did not give this as the reason for their absence from work. She invited all Members to attend the vents taking place at County Hall on 10 October to celebrate World Mental Health Day.

2. Ms Mookherjee advised that there was a 25-year gap in life expectancy between those with poor mental health and those with good mental health. Time to Change had set out to address mental ill health and mental distress. She added that mental health should not be celebrated just on one day but every day. She and Mr Scott-Clark responded to comments and questions from the committee, including the following:-

- a) the close link between this and the substance misuse item preceding was emphasised, and surprise expressed at the revelation that those with poor mental health had 25 years' less life expectancy. Mr Scott-Clark added that those with poor mental health were also known to be four times more likely to smoke and hence were at risk of developing all the conditions which were caused by smoking;
- b) the stigma faced by people with poor mental health was likened to that experienced 100 years ago by those with leprosy;
- c) the Shed project, run in several locations across Kent, was commended as an excellent social support mechanism for adults with mental health issues and Members were encouraged to support their local Shed schemes. Ms Mookherjee added that Kent had the highest concentration of Shed projects in the UK;
- d) frontline Kent Council Council staff had challenging workloads, and would need to be given as much support as possible to cope with heavy workloads and to avoid stress and anxiety arising from this. The work going on within the County Council to promote good mental health among staff was welcomed by the committee, and officers were congratulated on that work;

- e) a speaker asked where the most hits on the Release the Pressure website had come from and if these were from areas of greatest deprivation. *Ms Mookherjee undertook to evaluate the figures and advise the speaker outside the meeting;*
- f) understanding and treatment of mental health conditions had progressed much since the 1980s, and people would hopefully soon be able to go to their GP and talk about being depressed without embarrassment or fear of being stigmatised. However, sufficient and appropriate resources would need to be available to follow up a diagnosis of depression. Waiting times for an appointment with a psychiatrist were still long. Ms Mookherjee explained that improvement of mental health treatment was one of the work streams in the Sustainability Transformation Plan, with the aim of seeing that this was properly resourced in the future; and
- g) summing up, the Chairman commented that this issue deserved the attention it was now receiving and commented that a good place to start was with people looking after each other.

3. It was RESOLVED that:

- a) the action plan for Time to Change be endorsed; and
- b) comments made by Members on strengthening the plan in subsequent years, in commitment to the Time to Change campaign, be noted.

23. Public Health Quality Annual Report 2016 - 2017.
(Item. 8)

1. Dr Duggal, Ms Spence and Mr Scott-Clark introduced the report and responded to comments and questions from the committee, including the following:-

- a) the public health services which the County Council had inherited in April 2013 had been of good quality, and Kent was the only authority to measure the performance of its public health services by using a dashboard model;
- b) alongside the percentages for performance, it would be useful for Members to be able to see actual figures and the size of the sample from which these had been calculated. Dr Duggal advised that this information could be obtained from providers and included in future reports;
- c) disappointment was expressed that smoking rates were still high and that the habit seemed still to be resilient to campaign work. Mr Scott-Clark advised that he served on the Tobacco Control Alliance, the work of which fed into the Sustainability Transformation Plan. Part of the Alliance's work was to discourage young people from starting to smoke and hence remove the need for them to access support services to help them stop smoking in later life;
- d) the reporting of incidents as 'minor' or 'serious' was based on historic NHS classifications and used NHS definitions; and

- e) the value of the school nursing service was emphasised as this had a vital role to play in addressing childhood obesity.
2. It was RESOLVED that the Public Health Quality Annual Report 2016-2017 be endorsed.

24. Performance of Public Health Commissioned Services.
(Item. 9)

1. Mr Gilbert introduced the report and emphasised that only one of the services – the number of adults successfully completing drug and alcohol treatment - was performing below target. He and Mr Scott-Clark responded to comments and questions from the committee, including the following:-

- a) the work of health visitors was praised and their vital contribution to helping to avoid social isolation was commended. They were delivering an excellent service under much pressure. Mr Gilbert undertook to pass on these comments to health visitors;
- b) asked how performance targets were set, Mr Gilbert advised that these were set by the County Council as part of the Public Health Business Plan. However, targets tended to focus on trends rather than on specific numeric values;
- c) it would be most helpful to see the actual figures represented by the percentages listed, and Mr Gilbert undertook to do this in future reports. *He offered also to supply this information to Members outside the meeting;*
- d) take-up rates of breastfeeding would only be recorded once reporting for 95% of the cohort was possible. Rates reported would then be expressed as percentages of the 95%;
- e) the 'health check MOT' roadshow targeted areas of deprivation and offered check-ups for anyone who wished one, even if they did not meet the age criterion of 50+. Face to face health checks were also offered to all County Council staff, and interactive health check kiosks were also available at County Council premises;
- f) work in youth hubs aimed to dissuade young people from starting to smoke but most services were targeted at existing smokers. *A report on tobacco control was requested and would be made to a future meeting of the Cabinet Committee;*
- g) one speaker said he had been surprised to learn that smoking was still permitted in young offenders' institutions and suggested that enrolment on a stop-smoking programme could perhaps be made part a young person's sentence. Mr Scott-Clark said this was a good idea and added that a project to establish smoke-free prisons had started in the South West of the UK and was spreading, although it was not known when this would arrive in Kent. It had proved easier than expected to achieve smoke-free prisons as the use of tobacco as a stress reliever was well

known. Concern was expressed that any reduction in tobacco use might be replaced by the use of other substances; and

h) the cost of tobacco was hopefully a disincentive to smoke, and the tobacco counters of supermarkets now featured covered shelving which kept products out of view.

2. It was RESOLVED that the Quarter 1 performance of public health commissioned services be noted.

25. Sustainability Transformation Plan (STP) update and national policy developments.

(Item. 10)

1. Mr Whittle introduced the report and responded to comments and questions from the committee, including the following:-

a) in response to a concern that, as work to implement the STP continued, sufficient and suitable back-up services would need to be in place, Mr Whittle agreed with the importance of such services being in place and assured the committee that much work was going on to ensure that they were in place by the time they were needed;

b) Mr Scott-Clark explained that the STP for South East London was further advanced in its development than Kent's because work on it had been going on for a longer time. Mr Whittle added that public bodies in London had had to work more closely together from an earlier stage to develop their STPs, and hence had longer to build relationships;

c) The rating of Dartford, Gravesham and Swanley Clinical Commissioning Group as 'inadequate' had recently been addressed by the Health Overview and Scrutiny Committee. Disappointment was expressed that only five of the eight clinical commissioning group areas in Kent had been rated 'good';

d) in response to a question about the complexity of the STP make-up and the hierarchy of systems, Mr Whittle explained that, although previous reforms of the NHS had separated the commissioner and provider roles, the STP was now seeking to join these back together and reduce fragmentation. To this arrangement had now been added the social care aspects of service provision and the requirement for clinical commissioning groups to balance their budgets across the whole breadth of health and social care provision. A number of accountable care organisations were involved in the delivery of the STP, and a further complexity was that the policy frameworks of NHS England and Kent County Council were quite different;

e) one speaker commented that the original commissioner and provider split may prove in the long run to have not been worthwhile;

f) the challenge of integrating legislation and practice was acknowledged;

- g) asked about the projects and work streams listed in appendix 2 to the report to address hospital performance, patient-focused change and transformation, Mr Scott-Clark explained that the chart shown belonged to the NHS and that the set of measures and services put in place by the Kent and Medway STP would look different. Music, art, singing and exercise were all known to be beneficial to patients with dementia and those recovering from cancer, and could reduce the need for other forms of treatment and hence save resources. Mr Whittle added that the STP had been built on structures and work streams, but these would generate practices and pathways which would aid frontline service delivery to patients; and
- h) report authors were thanked for the clarity of the information presented, which had helped new Members to start to understand the complex issues involved in the development and delivery of the STP. It was hoped that future reports would continue this clarity.

- 2. It was RESOLVED that the information set out in the report be noted. No work streams for future scrutiny had yet been identified but these would become clearer as further update reports were considered at future meetings.

26. Work Programme 2017/18.
(Item. 11)

- 1. Members requested a report on **air quality**, to include pollution from traffic and petro-chemical industries in northern France as well as local campaigns to encourage motorists to switch off their engines when waiting in traffic near schools. Mr Scott-Clark advised that, although air quality was a concern for the County Council as a public health authority, and representations or suggestions could be made on the impact of this upon public health, pollution from traffic and industry was the responsibility of district councils. The public health team would also need to liaise with the Growth, Environment and Transport Directorate to tackle issues of air quality. Members who served as district councillors supported moves to address this and said that, if the County Council put forward solutions to address air quality, they would press their local councils to support these.
- 2. It was RESOLVED that, with the addition of the item outlined above, the Cabinet Committee's work programme for 2017/18 be agreed.

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By: Mr P B Carter, CBE, Leader and Cabinet Member for Traded Services and Health Reform

Mr P J Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health

Mr A Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee –
1 December 2017

Subject: **Verbal updates by the Cabinet Members and Corporate Director**

Classification: Unrestricted

The Committee is invited to note verbal updates on the following issues:-

Health Reform

**Leader and Cabinet Member for Traded Services and Health Reform –
Mr P B Carter, CBE:**

Sustainability Transformation Plan update

Public Health

**Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health
– Mr P J Oakford:**

Infant Feeding

Director of Public Health – Mr A Scott-Clark:

Sustainability Transformation Plan update: Public Health Input

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From: Peter Oakford, Cabinet Member Strategic Commissioning and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

Date: 1st December 2017

Subject: **Infant Feeding Consultation Update**

Classification: Unrestricted

Previous Pathway: Children's Social Care and Health Cabinet Committee

Future Pathway: Cabinet Member decision – 17/00098, expected in January 2018

Electoral Division: All

Summary: The contract for breastfeeding support with PS Breastfeeding CIC comes to an end in March 2018. Consultation is being undertaken on what a new model of delivery for breastfeeding support should look like. This paper gives an overview of the progress made to consult on the proposed changes to infant feeding support specifically in relation to breast feeding.

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to:

- i) **COMMENT** on this report, and the proposal, noting that comments will be considered as a part of the consultation.
- ii) **NOTE** that the detailed findings of the consultation and subsequent proposal will be presented to the committee for consideration at its meeting in January, prior to Cabinet Member decision.

1.0 Introduction

This paper provides an overview of the progress made to consult with the public on the proposed changes to infant feeding support and analysis of the consultation findings.

2.0 Background

A consultation was initially undertaken in the summer to seek the public's views on a new delivery model for breastfeeding support as the contract with

the current providers PS Breastfeeding CIC - was coming to an end and is due to finish at the end of March.

After listening to the concerns of service users, the consultation was withdrawn on 4th August. The reason for suspending the consultation was because it became clear from the large number [536] of responses received that there was confusion over the proposed new model, and it was felt that the Consultation document needed to be amended in order to provide a clear understanding of the proposals. Since that time the Leader and Cabinet Member, along with the Public Health team have worked with families and key groups on the proposal and documentation to support a further consultation.

2.1 Key learning from the early consultation

The main concerns about the proposed new model were primarily to do with the timely access to Lactation Consultants and specialist support before mothers give up breast feeding due to problems encountered, including tongue tie. There were concerns that Health Visitors do not have the specialist knowledge and/or give conflicting advice and/or poor advice (such as topping up with bottle feed), and are already overstretched. There was also a concern that the number of breast feeding support groups will be reduced, and that there will no longer be specialist breast feeding support groups, as breast feeding is merged with infant feeding in general. The breast feeding support groups are seen as being important for social interaction and boosting confidence, as well as access to specialist support.

A direct meeting with some respondents suggested that they would welcome visits from members and officers to the breast feeding support sessions

2.2 Actions undertaken to mitigate concerns

- The consultation communication documentation has reiterated the programme of work which the health visiting service have been undertaking to transform their workforce over the last three years which is enabling them to have increased knowledge and skills to provide advice, intermediate and specialist breast feeding support.
- The communication about the access to lactation consultants is clearer and has changed so anyone can request an appointment.
- Reassurance has been given about the availability of space following concerns expressed over the need for privacy when having breastfeeding consultations

- Assurance in the supporting consultation documentation has been given that the peer breast feeding supporters role will continue with management from early help and supervision by health visitors
- The presentation of the information about the amount of specialist support which will be available should provide assurance that specialist support is not being cut
- The detail about the access to and availability of breast feeding help to: open drop- ins, health visiting service duty line and national breastfeeding support helplines is presented to provide assurance that there should not be the development of a waiting list
- The revised consultation and supporting documentation has taken into account the responses and information received during the initial consultation and further meetings with stakeholders which were held with the intention of answering questions and clarifying concerns.
- Officers are visiting 36 venues during the consultation period to have conversations about the breast feeding consultation
- It is quite clear from feedback and detailed officer and member conversations that the maternity element of the provision of support for breastfeeding initiation requires improvement. KCC Public Health will work with NHS partners and the Kent and Medway Local Maternity System in order to improve initiation rates.

3.0 The Proposal

- 3.1 The main proposal in the consultation has been that the NHS Health Visiting service will take over total responsibility for the provision of all infant feeding support, including breastfeeding. The Health Visiting Service are well placed to support this activity as currently they see a minimum of 5,600 women a month as part of their core work.
- 3.2 Kent is unusual in the way that it currently delivers community infant feeding services. Across the majority of the country, Health Visitors provide advice and support on breastfeeding as part of the Healthy Child Programme. In Kent, however PS Breastfeeding CIC has provided community infant feeding services since October 2014. Prior to this date, provision was fragmented and KCC was concerned about low breastfeeding rates. The service has always been a supplementary service, but one which is clearly highly regarded by those who have used it, as evidenced by the response to the earlier consultation.

- 3.3 The current PS Breastfeeding service does not have the universal reach of the Health Visiting service which, as well as providing five health contacts to women and children, also has access to 111 sites from which to offer services. In this proposal the Health Visitors will provide 36 breastfeeding clinics run by health visitors and peer supporters. Additional specialist support will be provided by the Health Visiting Service when and where it is needed.
- 3.4 KCC Public Health consulted on the proposal that the NHS-run Kent Health Visiting Service takes over the responsibility for the provision of all breastfeeding support and advice, including intermediate and specialist support.

4.0 Benefits of the proposed model

This is a service improvement model which we expect will:

- Ensure universal access to breast feeding support whilst providing a more 'joined-up' experience for families looking for advice and support on the full range of infant feeding issues
- Improve the rates of breast feeding as measured and reported at 6-8 weeks
- Increase awareness and promotion of breastfeeding

5.0 Other options considered

5.1 Ending the provision of Community Infant Feeding Support

There is clear evidence that this support is needed by families in Kent, and therefore ending its provision is not an appropriate option. The Health Visiting Service sees the work that PS Breastfeeding CIC undertakes as part of their core role.

5.2 Extending the contract with PS Breastfeeding CIC

PS Breastfeeding CIC has delivered the Community Infant Feeding Support over recent years. We believe that the KCHFT Health Visiting Service can offer a high quality service which will reach all women (approximately 17,500 births per year) and is more integrated with other parts of the health sector. As the health visiting service is now sufficiently trained and resourced to deliver this service, we no longer believe an additional service is required. Extending the existing contract would also cost KCC Public Health up to £404,000 a year.

5.3 Re-procuring an additional infant feeding support service

In view of the fact that infant feeding support is a core responsibility of the health visiting service and they are now sufficiently trained and resourced to

deliver this, we do not consider that commissioning what would, in effect, be a duplicate service to be an efficient use of public funds.

6.0 Consultation process

The consultation was relaunched with press releases on 23rd October 2017. Communication was presented to stakeholders also, to advise about the start of the revised consultation which is running until 3rd December 2017. This will provide a total of eight weeks public consultation.

The survey is accessible on line at www.kent.gov.uk/infantfeeding or in hard copy from children centres. The online page provides the following support documentation to view: Community Infant Feeding Support revised consultation document; Community Infant Feeding support FAQs; Community Infant feeding Support summary sheet and the EqIA.

The public can also raise concerns or questions to the public health consultation mailbox.

Between October 30th and November 28th officers from public health have visited over 30 venues including children centres, across the districts where young parent activity is taking place to have conversations with parents about the proposed model.

The detailed findings of the consultation and subsequent proposal for the service delivery model will be presented to this committee at its January meeting.

7.0 Conclusion

The findings from the consultation process will provide us with the detailed insight into the most appropriate model of service delivery to provide.

8.0 Recommendation

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to:

- i) **COMMENT** on this report, and the proposal, noting that comments will be considered as a part of the consultation.
- ii) **NOTE** that the detailed findings of the consultation and subsequent proposal will be presented to the committee for consideration at its meeting in January, prior to Cabinet Member decision.

9.0 Background documents

None

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From: Peter Oakford,
Cabinet Member, Strategic Commissioning and Public Health
Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

Date: 1 December 2017

Subject: **Adolescent Health**

Classification: Unrestricted

Past Pathway of Paper: This is the first committee to consider this report

Future Pathway of Paper:

Electoral Division: All

Summary:

This paper provides an overview of the school public health service. It sets out the two areas of delivery, one of which is adolescent health and the main focus of this report. This paper highlights work to improve outcomes for adolescents, the mobilisation of the Adolescent and Emotional Health Service and the role of Personal, Social and Health Education (PSHE).

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to NOTE and COMMENT on this report

1. Introduction

- 1.1 Adolescence is understood as a developmental period which stretches from 10-19 and represents the transition from childhood into young adulthood. That said, brain development is understood to continue until the age of 25 and so many of the characteristics of adolescents are also present in the 19-25 age group.
- 1.2 There have been reductions, as shown in Section 3, in substance use, smoking and in under 18 conceptions over the last 15 years but there has also been a decline in emotional and mental health, including increases in the rates of self-harm. Obesity is also a health priority for adolescents with 1 in 5, 11-15 year olds estimated as being obese and physical activity declining across this age group. Adolescents are also more likely than other age groups to be victims of sexual exploitation and to be gang affiliated.
- 1.3 Improving adolescent health outcomes requires an integrated and holistic approach to delivering services with a focus on ensuring that they are youth friendly. This requires a multisectorial response which is a feature of the Transformation of Children's Mental and Emotional Health Plan. This plan includes the mobilisation of the Adolescent and Emotional Health Service delivered by Kent Community Health Foundation Trust (KCHFT) since April

2017. Key successes of the service to date are the development of a single point of access for referrals and an increase in emotional health interventions.

- 1.4 PSHE is a building block of adolescent health and wellbeing. It is currently not statutory but includes elements such as drug and alcohol education, sex and relationships education and financial management which are subject to statutory guidance in England. Some aspects of PSHE are included in the Ofsted Inspection Framework. The delivery of good quality Universal PSHE remains the responsibility of schools and colleges with opportunities to influence the quality of delivery provided through KCHFT Adolescent and Emotional Health Service, Head Start Kent and Sexual Health services. Addaction's Riskit and Mind and Body Programme and Choices and Barnardo's Positive Relationships Service, provide additional school based interventions for young people which support PSHE delivery. A challenge remains in ensuring that good quality PSHE is available to all adolescents, and that those who are of greater risk of poor health outcomes and less likely attending school, having access to PSHE.

School Public Health Workforce Services

2 Background and progress

- 2.1 As part of its responsibilities for public health and for delivering improved health and wellbeing outcomes for children and young people in Kent, KCC Public Health has commissioned school public health nursing services across the county since April 2013.
- 2.2 The Children's Social Care and Health Cabinet Committee has previously welcomed and endorsed the proposal to re-commission these services as part of a wider collaboration with health commissioners to implement '*The Way Ahead, Kent's Emotional Wellbeing Strategy for children, young people and young adults in Kent*'.
- 2.3 Following a competitive tendering process, which in part was joint with CCG commissioners for the Tier 3 Children and Young People's Mental Health Service (CYPMHS), KCC Public Health awarded two contracts in February 2017 to Kent Community Health (NHS) Foundation Trust (KCHFT).
- 2.4 The Primary School Public Health Service and the Adolescent Health and Targeted Emotional Wellbeing Service both commenced on 1st April 2017 and replaced the previous School Nursing contract and Young Healthy Minds contract.
- 2.5 In addition to providing a wide range of physical health services, the new services also play a critical role in delivering an integrated system to improve the emotional wellbeing of children and young people. These services include a universal (Tier 1) emotional wellbeing service for all school-aged children as well as more targeted (Tier 2) support for approximately 2,000 young people.
- 2.6 Examples of the **Primary School Public Health Service** include:
 - Health Assessments at Year R [age 4-5 years] and Year 6 [age 10-11 years]

- Tier 1 interventions for a range of health needs (including emotional wellbeing) and referral on to specialist services where necessary
- Drop-in clinics in schools for advice and information

2.7 The **Adolescent Health and Targeted Emotional Wellbeing Service** provision includes:

- Tier 1 intervention for a range of health needs (including emotional wellbeing) and referral on to specialist services where necessary
- Health assessments at Year 10 [age 14-15 years] and Year 12 [age 16-17years]
- Drop-in clinics in schools for advice and information
- Support for secondary schools in developing School Public Health Plans and delivering whole-school approaches to improve the health of their pupils

Adolescent health

3. Introduction

3.1 Adolescence is a distinct period of development which spans childhood (up to the age of 18) and into adulthood. It is generally understood to be from 10 to 19 years of age.

3.2 Adolescents are often thought of as a healthy group and most are. However, adolescence is a period in childhood where preventable deaths do occur primarily caused by injuries including traffic accidents and by suicide. Adolescence is also a period when health harming behaviours like smoking and substance misuse and when symptoms of mental health disorders appear. Adolescents also become sexually active and are at risk of conception and contracting sexually transmitted diseases. Increasing age comes with increasing independence and that can leave adolescents at risk of entry into the criminal justice system, gang affiliation and sexually exploitative relationships. Exposure to health harming behaviours, adversities and onset of mental health disorders will often persist into adulthood unless preventative interventions are delivered.

3.3 A healthy adolescent population increases the likelihood of a healthy adult population.

4. Adolescent Health – what are the current successes and concerns?

Under 18 conceptions:

4.1 These have declined in Kent from 871 in 2011 to 573 in 2015. The rate in Kent, 22.2 per 1000 females aged 15-17, is now similar to that of England, which has also declined.

Tobacco Use:

4.2 The annual national survey of 11-15 year olds, undertaken annually provides trends data on tobacco use. 3% of pupils reported that they smoked at least one cigarette a week, the survey definition of regular smoking. This is at a similar

level to 2013, and confirms the decline since 2002, when 10% of pupils were regular smokers¹.

- 4.3 According to the national One YOUth survey undertaken from 2014/15, it is estimated that the Kent value of 10.5 % of 15 year olds being a current smoker is higher than the South East [9%] and England values [8.2%]. One YOUth estimated that in Kent 7.3% of 15 year olds are regular smokers. This is higher than the South East [5.8%] and England [5.5%] values².

Substance (Drug and Alcohol) Misuse:

- 4.4 National survey³ data tells us that in 2014, 15% of pupils had ever taken drugs, 10% had taken drugs in the last year and 6% had taken drugs in the last month. There has been a decline in drug use since 2001.
- 4.5 In 2014/15, 38% of 11 to 15 year olds had tried alcohol at least once, the lowest proportion since the survey began. The average (mean) consumption of alcohol among those who had drunk in the last week was 9.8 units. Pupils' consumption varies widely and 22% of those who had drunk alcohol in the last week had drunk 15 units or more³.
- 4.6 These improvements in health behaviours are positive but there are still communities in Kent, generally the most deprived, where prevalence rates remain high. Specialist substance misuse treatment services for young people also report higher levels of complexity amongst their service users than England.
- 4.7 Mental health and emotional health of adolescents is declining. This is putting pressure on the system of care and resulting in children and young people not getting to the services that they need. National research indicates that just 2% of children and young people who need a mental health service receive it⁴. The current ambition of the 'Five Year Forward View for Mental Health⁵ is that by 2020/21 at least 70,000 more children and young people should have access to the high quality mental health they need.

Self - Harm:

- 4.8 National prevalence data for mental and emotional health comes from a range of surveys which use different data collection tools. This creates problems in making comparisons over time. That said there has been an increase in reports of self harm amongst men and women aged 16 to 24 years old. A recent report⁶ found that between 1/4 and 1/3 of young women report self harming between the ages of 15-24 years.

¹ <http://digital.nhs.uk/catalogue/PUB30132> Accessed 02/11/16

² ONE YOUth web sourced from PHE fingertips

³ <http://digital.nhs.uk/catalogue/PUB30132>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

⁵ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

⁶ Hagell A, Shah R Coleman J [2017] *Key Data of Adolescent Health 2017* London: Association for Young People's Health <http://www.ayph.org.uk/keydata2017/FullVersion2017>

4.9 Obesity:

Obesity is a national public health priority, frequently focussed on primary age children. Despite the systematic weighing and measuring provided by the National Child Measuring Programme it is estimated that 1 in 5 school pupils aged 11-15 are obese⁷. On average teenagers consume 8 times the recommended daily sugar allowance⁸. Physical inactivity increases over the period of adolescence and by age 13-15 only 19% of boys and 7% of girls achieve one hour of daily exercise.⁹

4.10 Sleep

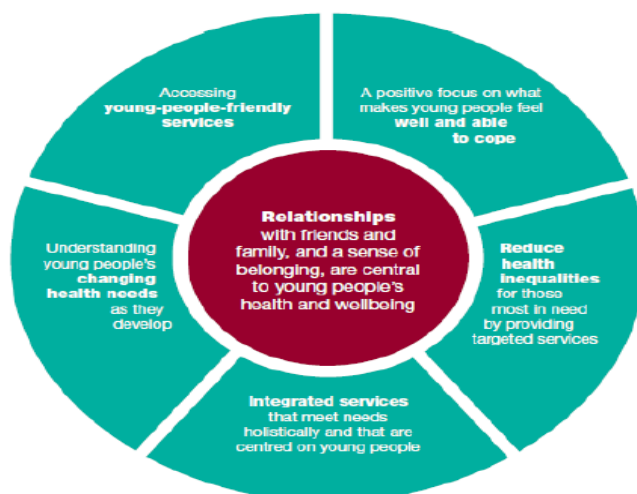
Recent national research found that a quarter of secondary school children reported that they do not get enough sleep.¹⁰

5.0 Approaches to Improving Health Outcomes for Adolescents:

5.1 Improving and intervening in adolescence requires the engagement of multiple sectors including health, social care and education. It requires working in partnership with parents and carers and with adolescents themselves. This multi sectorial response is evidenced in programmes like the Transformation of Children and Young People's Emotional and Mental Health which includes Head Start, currently being delivered in Kent.

5.2 The framework below illustrates what works in achieving adolescent health outcomes. It is important to note that relationship building, is key to adolescent health as is taking a positive asset based approach to adolescents, rather than focussing on their negative behaviours and needs and integrating services to provide holistic interventions.

PHE Framework for Young People's Health (PHE 2015)¹¹



⁷ NHS Digital NCMP

⁸ Hagell A, Shah R Coleman J [2017] *Key Data of Adolescent Health 2017* London: Association for Young People's Health <http://www.ayph.org.uk/keydata2017/FullVersion2017>

⁹ Hagell A, Shah R Coleman J [2017] *Key Data of Adolescent Health 2017* London: Association for Young People's Health <http://www.ayph.org.uk/keydata2017/FullVersion2017>

¹⁰ Hagell A, Shah R Coleman J [2017] *Key Data of Adolescent Health 2017* London: Association for Young People's Health <http://www.ayph.org.uk/keydata2017/FullVersion2017>

¹¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399391/20150128_YP_HW_Framework_FINAL_WP_3_.pdf

6.0 Adolescent Emotional Health Service:

- 6.1 The Adolescent Emotional Health Service delivered by KCHFT is part of the School Public Health Service and brings together Public Health School Nursing delivering one to one health interventions at Tier 1, with whole school health improvement and Tier 2 emotional health interventions, reaching into primary age. Delivered by a workforce of 36wte school and school staff nurses, 20wte assistant and public health practitioners, this contract commenced in April 2017. Key successes of the service to date are, the development of a single point of access (SPA) for referrals and an increase in emotional health interventions. The SPA, which is staffed by clinicians, is delivered with North East London Foundation Trust (NELFT), the provider of the Children and Young People's Mental Health Service and ensures that children and young people get to the right service in a timely way. Emotional health interventions at Tier 1 have increased. The service has also developed an outreach team who will ensure equity of access to their service for adolescents who are home schooled, in PRUs and who are young offenders.
- 6.2 Going forward the service will be implementing a Year 6 and Year 10 health assessment which will both generate data on the health needs of the school population for the purposes of focussing whole school health improvement, and identify young people who will benefit from health and wellbeing interventions. The service is already learning from Head Start Kent with a view to embedding and sustaining the universal elements of the programme.

7. Personal Social Health and Education (PSHE)

- 7.1 PSHE delivery in schools and colleges is not statutory in England but builds on the statutory guidance to schools on the delivery of drug education, financial education, sex and relationship education (SRE) and the importance of physical activity and diet for a healthy lifestyle. This guidance applies to maintained schools only. PSHE will vary significantly in quality.
- 7.2 PSHE is a building block of health, wellbeing and safeguarding and has been linked to reducing the risk of sexual exploitation, increasing understanding of safe and unsafe relationships and reducing under 18 conceptions.
- 7.3 It introduces young people to health and wellbeing issues and at its best creates opportunities for young people to build knowledge, share their experiences, and practice scenarios. This develops health literacy and thinking skills as well as enabling young people to disclose their own needs and navigate their way to services if they need them.
- 7.4 The delivery of good quality Universal PSHE remains the responsibility of schools and colleges with opportunities to influence the quality of delivery provided through KCHFT Adolescent and Emotional Health Service, Head Start Kent and Sexual Health services. In addition, Kent County Youth Council have identified PSHE as a priority and are in the process of finalising a set of 'Curriculum for Life' resources designed to complement PSHE delivery and have worked with Public Health Specialists to develop a set of values for the implementation of SRE. Addaction's Riskit and Mind and Body Programme, and Choices and

Barnardo's Positive Relationships Service provide additional school based interventions for young people which support PSHE delivery.

- 7.5 Good quality PSHE and additional school based health and wellbeing interventions benefit those adolescents who are in school and college settings. Youth Hubs play an important role in delivering additional PSHE and may benefit from a standard approach but their reach is limited. A challenge remains in ensuring that PSHE is delivered to a high quality in all schools and colleges in Kent and those who are of greater risk of poor health outcomes and who are less likely to attend school have access to it.

8. Conclusion

- 8.1 Despite some gains in adolescent health, the adolescent population, particularly those in Kent's most deprived communities are experiencing a decline in emotional and mental health and high prevalence of obesity and lack of physical exercise. A multi sectorial response is required with a particular focus on the most deprived communities and those adolescents who are least likely to benefit from universal school based interventions like PSHE.

9. Recommendation

The Health Reform and Public Health Cabinet Committee is asked to NOTE and COMMENT on this report.
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Background documents: none

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From: Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health
 Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 1 December 2017

Subject: **REVENUE & CAPITAL BUDGET MONITORING – AUGUST 2017-18**

Classification: Unrestricted

Summary:

To provide **The Health Reform & Public Health Cabinet Committee** with the latest revenue and capital budget monitoring position for the 2017-18 financial year.

Recommendation(s):

The Health Reform & Public Health Cabinet Committee is asked to note the revenue and capital forecast variances for the 2017-18 budget that are in the remit of this Cabinet Committee, based on the August monitoring position presented to Cabinet on 30 October 2017.

1. Introduction
 - 1.1 The presentation of the latest budget monitoring position is now set to be a regular item which will be taken to all future Cabinet Committees.
2. Background
 - 2.1 Attached at Appendix 1 is a copy of the most recent Revenue and Capital Budget Monitoring report that was presented to Cabinet on 30 October 2017. This report contains the latest revenue and capital budget monitoring position for the whole Council. Section 3 of this report relates to the Revenue position.
 - 2.2 As this is a whole Council report, we thought it would be helpful to provide some sign posting to the relevant sections that fall under the remit of this Cabinet Committee. These are as follows:
 - a) Paragraph 3.3.6 provides the movement in the Revenue budget monitoring position for Public Health from the previous report.
 - b) Paragraph 3.4.7.1 provides the headline reasons for the Revenue budget forecast outturn variance position for Public Health.

3. Recommendation(s):

The Health Reform & Public Health Cabinet Committee is asked to note the revenue variances and movements for the 2017-18 budget that are in the remit of this Cabinet Committee, based on the August monitoring position presented to Cabinet on 30 October 2017.

5. Contact details

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By: Cabinet Member for Finance, John Simmonds
Corporate Director of Finance, Andy Wood
Corporate Directors

To: CABINET – 30 October 2017

Subject: **REVENUE & CAPITAL BUDGET MONITORING – AUGUST 2017-18**

Classification: Unrestricted

1. SUMMARY

- 1.1 This report provides the budget monitoring position up to 30 August 2017-18 for both revenue and capital budgets, including an update on key activity data for our highest risk budgets.
- 1.2 The format of this report is:
- This covering summary report which provides a high level financial summary and highlights only the most significant issues, as determined by Corporate Directors.
 - Appendix 1 – a high level breakdown of the directorate monitoring positions;
 - Appendix 2 – activity information for our highest risk budgets;
 - Appendix 3 – details of the Asylum service forecast and key activity information including grant rates compared to actual forecast unit costs;
- 1.3 Cabinet is asked to note the forecast revenue and capital monitoring position. In the light of further government funding reductions in the short to medium term, it is essential that a balanced revenue position is achieved in 2017-18, as any residual pressures rolled forward into 2018-19 will only compound an already extremely challenging 2018-19 budget position. This forecast revenue pressure of £11.226m (after Corporate Director adjustments) is clearly very concerning and needs to be managed down to at least a balanced position.
- 1.4 Although budget managers are urged to be less guarded when forecasting, this month's reported position has worsened, predominately due to Adult Social Care.
- 1.5 After further discussion at Directorate and Corporate Management Teams about how this can be managed, the following points should be factored in:
- a) despite the current forecast overspend in Adults, the DMT are confident that they can correct the position. Some of the forecast spend now includes the impact of the measures taken to improve market sustainability and reduce delayed transfers of care from hospitals and this therefore releases some of the forecast spend shown against the 'new monies'. Other action will be taken that will not impact on client care. These together are expected to remove the forecast overspend on Adults, although of course there is the potential for unexpected demand through the second half of this year.

- b) The Growth, Environment and Transport DMT are also confident they will balance their budget, and the movement in their forecast since last month is a good indicator of that.
- c) The Leader and Cabinet Member are meeting the Minister with responsibility for immigration at the end of October, to put our case for appropriate funding for caring for young Asylum Seekers. We expect some success as a result.
- d) The previous monitoring report informed Cabinet that the Finance Team would work with corporate directors to identify opportunities to reduce the in-year spend, whilst also identifying the service impact and potential longer-term cost of short-term decision making. The directorates have identified the following opportunities:
- Children, Young People and Education: opportunities include holding non essential vacancies for longer, to delay or stop purchasing equipment and to stop room hire and refreshments.
 - Growth, Environment and Transport: potential savings have been identified from across the directorate, with the Coroners Service releasing part of the Medical Examiners budget following a delay in the potential implementation date of this new service; a one-off release of a reserve due to the RFID+ pilot costs being lower than expected, as well as directorate wide review of income forecasts and use of reserves.
 - Strategic and Corporate Services: potential savings identified through stopping uncommitted spend on Member grants, no further spend in training and ending contracts with supernumery project and programme managers.

Further work is required to substantiate the value of the potential savings identified although prudent estimates suggest this could deliver around £3m – 4m.

- 1.6 Given the positive outlook from a) to c) above, it is not proposed to implement a block on the more sensitive issues shown at d) above.

2. RECOMMENDATIONS

Cabinet is asked to:

- i) **Note** the forecast revenue budget monitoring position for 2017-18 and capital budget monitoring position for 2017-18 to 2019-20, and that the forecast pressure on the revenue budget needs to be eliminated as we progress through the year.
- ii) **Agree** the changes to the capital programme as detailed in section 5.4.

3. SUMMARISED REVENUE MONITORING POSITION

- 3.1 Overall the net projected revenue variance for the Council as reported by budget managers is a pressure of £13.617m. Corporate Directors have adjusted this position by -£2.391m, leaving a residual pressure of £11.226m. Details of the Corporate Director adjustments are provided below in sections 3.4. This forecast position represents a movement of +£0.232m (excluding Schools) from the July position. The main reasons for this movement are provided in section 3.3 below. In 2017-18, we have £73m of savings to deliver and to achieve this we need to

urgently identify options to eliminate the residual £11m forecast pressure. Currently there have been no requests for roll forwards. The position by directorate, together with the movement from the last report, is shown in table 1 below.

3.2 Table 1: Directorate **revenue** position

Directorate	Budget	Net Forecast Variance *	Corporate Director adjustment	Revised Net Variance	Last Reported position	Movement
	£m	£m	£m	£m	£m	£m
Children, Young People & Education - Education & Young People	58.792	2.895	-0.400	2.495	2.446	0.050
Children, Young People & Education - Specialist Children's Services	112.732	1.748	-0.050	1.698	1.607	0.090
Children, Young People & Education - Asylum	0.550	3.914		3.914	3.908	0.006
<i>Sub Total Children, Young People & Education</i>	<i>172.074</i>	<i>8.557</i>	<i>-0.450</i>	<i>8.107</i>	<i>7.961</i>	<i>0.147</i>
Adult Social Care & Health - Disabled Children Services	20.754	0.679		0.679	0.628	0.051
Adult Social Care & Health - Adults	396.298	4.577	-1.541	3.036	2.535	0.500
Adult Social Care & Health - Public Health	-0.011	0.000		0.000	0.000	0.000
<i>Sub Total Adult Social Care & Health</i>	<i>417.041</i>	<i>5.256</i>	<i>-1.541</i>	<i>3.715</i>	<i>3.164</i>	<i>0.551</i>
Growth, Environment & Transport	166.756	0.961	-0.400	0.561	1.102	-0.540
Strategic & Corporate Services	71.175	0.297		0.297	0.223	0.075
Financing Items	111.009	-1.455		-1.455	-1.455	0.000
TOTAL (excl Schools)	938.054	13.617	-2.391	11.226	10.993	0.232
<i>Schools (CYP&E Directorate)</i>	<i>0.000</i>	<i>15.425</i>		<i>15.425</i>	<i>2.108</i>	<i>13.317</i>
TOTAL	938.054	29.042	-2.391	26.651	13.102	13.550
Variance from above (excl schools)				11.226	10.993	0.232
Roll forwards - committed				0.000		0.000
- re-phased				0.000		0.000
- bids				0.000		0.000
Total roll forward requirements				0.000	0.000	0.000
(-ve Uncommitted balance / (+ve) Deficit				11.226	10.993	0.232

* the variances reflected in appendix 1 & 2 will feature in this column

3.3 The main reasons for the movement of +£0.232m (after Corporate Director adjustments) since the last report are:

3.3.1 Children, Young People and Education – Education & Young People's Services:

The movement in the forecast variance (excluding schools and before roll forward requirements but after Corporate Director adjustments) shows an increase of £0.050m since the July monitoring position. This is made up of a number of minor movements on a range of services. The Corporate Director adjustment reflects the expectation there will be a general reduction in forecast over the coming months of an additional -£0.400m, in part this will be from efficiency savings within Adult Education and additional income from EduKent Services.

3.3.2 Children, Young People and Education – Specialist Children's Services:

The current forecast variance represents an increase of +£0.090m (after the Corporate Director adjustment) since the July report. The Corporate Director adjustment has been made to reflect more up to date information received after the

submission of manager forecasts. The movement from the July report is due to various minor movements across services, the most significant being an increase in the number of Special Guardianship Orders resulting in a further pressure of +£0.1m.

3.3.3 Children, Young People and Education – Asylum Services:

There has been no material change in the current forecast variance since the July report. Work is currently underway to complete a full review of the Asylum forecast and the result of this will be reflected in the September monitoring report.

3.3.4 Adult Social Care and Health

The overall movement for the Directorate since the July monitoring round is +£0.551m (after the Corporate Director Adjustment); +£0.500m of which relates to 'Adult Health & Social Care – Adults' and +£0.051m of which relates to 'Adult Health & Social Care – Disabled Children Services (0-18)'. Paragraphs 3.3.4 to 3.3.6 below provide a detailed explanation of the movement.

3.3.4 Adult Social Care and Health – Disabled Children Services:

The pressure on Disabled Children Service has increased by +£0.051m since the July exception report, increases in residential care, partly resulting from recent price negotiations, have been predominately offset by higher levels of direct payment reclaims and review of the staffing forecast.

3.3.5 Adult Social Care and Health – Adults:

The pressure on 'Adults Social Care – Adults' has increased since July by +£0.500m. This includes Corporate Director adjustments of -£1.541m to reflect updates received after the submission of forecasts by managers.

The main movements in the variance relate to: a movement in Direct Payments for Learning Disability, Older People and Physical Disability of +£1.445m; an overall net increase in Nursing and Residential Care across all client groups of +£0.510m; and an increase in Domiciliary – Older People and Physical Disability of +£0.102m. This is offset by: Adaptive and Assistive Technology -£0.481m, mainly relating to additional Better Care Fund monies forecast to be received; a reduction in forecast for Social Support - Carers - Commissioned service of -£0.380m; an increase in Non-residential Charging Income across all client groups of -£0.303m; a reduction in forecast for Social Support - Information & Early Intervention of -£0.163m; and a reduction in Day Care forecasts across all client groups of -£0.121m.

3.3.6 Adult Social Care and Health – Public Health:

There is no overall movement in the variance, nor have there been any individual material variance movements within the service since the July monitoring report.

3.3.7 Growth, Environment and Transport:

The current forecast outturn is a +£0.561m pressure after the Corporate Director adjustment of -£0.400m set out below; this is a decrease of -£0.540m since last month.

Waste Processing costs have reduced in a number of areas, primarily Materials Recycling Facilities, payments to waste collection authorities and the operating costs of waste facilities amounting to -£0.227m. The availability of more up to date information on journey numbers has enabled the service to revise the Concessionary Fares forecast down by -£0.122m. There has also been a net decrease in Other Highways Maintenance & Management which is made up of a number of small movements of -£0.106m.

The improving forecast, has allowed for a reduced Corporate Director adjustment this month: -£0.400m down from -£0.500m (+£0.100m).

Other small movements make up the remaining movement -£0.185m.

3.3.8 Strategic and Corporate Services:

The directorate forecast has increased by +£0.1m since the July monitoring report. This is due to a number of variances, each less than +/- £0.1m.

3.4 Revenue budget monitoring headlines (please refer to Appendix 1)

3.4.1 Children, Young People and Education – Education & Young People’s Services:

3.4.1.1 The forecast variance of +£2.5m after the Corporate Director adjustment (excluding schools and before roll forward requirements) is made up of a number of service lines, the most significant as follows:

3.4.1.2 There is a forecast underspend of -£0.4m on Early Help & Prevention for Children and Families. An underspend on externally commissioned services -£0.5m due to delays in the start of a new wellbeing contracts along with higher than expected troubled families grant, partially offset by +£0.1m pressure made up of a number of small variances across all 12 district hubs.

3.4.1.3 There is a forecast pressure of +£0.6m within Early Years Education & Childcare which predominately relates to a shortfall on their general service income target. The EY&C unit are aiming to generate income from private, voluntary and independent nurseries through their Threads to Success scheme. It is hoped that a review of the product pricing will lead to increased demand and an increase in income generation. It is our intention to take action to reduce costs if this increased demand is not forthcoming.

3.4.1.4 There is a minor forecast pressure of +£0.1m on SEN and Psychology Services due to number of small variances in both services.

3.4.1.5 There is a forecast pressure of +£0.5m on Other Services for Young People & School Related Services, relating to:

- +£0.2m ISSK pressure. The target saving of £0.2m is yet to be secured against this service and will depend on the outcome of the recent consultation on the restructure of this service, current vacancies are helping to deliver this saving but this is offset by an expected shortfall income from schools based on current activity.

- +£0.5m pressure on School Improvement Service. There is an expected shortfall against the income targets of approximately +£0.8m based on current trends, however this is partially offset by a greater levels of savings from the restructure than originally expected
- Underspends across other services including -£0.1m Governor Support Services mainly due to overachievement of their income targets and -£0.1m Business Support Services from current staffing vacancies.

3.4.1.6 There is a forecast pressure of £1.2m on Other Schools' Related costs. +£0.7m of this relates to revenue maintenance costs that are in excess of the grant funding available. These costs, which are administered by colleagues within GEN2 on behalf of the Directorate, cover both planned maintenance agreements and subsequent resultant work and fall under the TFM contracts. The Directorate is also considering options for introducing greater controls to prevent further/future pressure on this budget. The balance of +£0.5m is mainly due to the expectation that the higher than budgeted demand from schools for the payment of excepted items (such as maternity leave) will continue for the remainder of the financial year.

3.4.1.7 The Youth and Offending Services is forecasting a breakeven position which is formed from -£0.2m underspend on the commissioning of external youth services following recent retender exercise which is partially offset by +0.2m shortfall in income generated from outdoor education facilities.

3.4.1.8 There is a forecast pressure of £0.2m on Adult Education and Employment Services for Vulnerable Adults. The pressure is all within Community, Learning & Skills (CLS) and has arisen due to changes resulting from the National Apprenticeship reform process. As part of the process KCC has chosen not to continue to use CLS as the training provider of choice for Business Administration apprenticeships for internal KCC apprentices. This was a significant income stream which ceased from May 2017 and now creates a risk in CLS achieving its budgeted surplus target of £1.3m. Other options are being considered within the service to address this and we are confident that this service will be able to offset this pressure with in-year management action.

3.4.1.9 Finally there is a forecast pressure of +£0.8m on EYPS Management & Support Services, this is formed from a number of distinct variances:

- +£0.6m pressure relating to Edukent Services. EduKent provide the single point of contact for all traded services with schools and academies and have in the past been funded from the DSG reserve. This is no longer possible and other options are being investigated to provide a long term solution to the funding of this unit. EduKent has funded the billing admin costs for other KCC school traded services such as Invicta Law, GEN2 and Schools Personnel Services (SPS) & Education Information Systems (EIS) within the Business Services Centre. These costs will have to be allocated to the other KCC companies. At present all these costs are held within CYPE Directorate.
- +£0.4m pressure resulting from former EYPS directorates share of savings for both spans and layers and tactical procurement. At this stage the directorate is exploring ways in which these savings could be realised.
- +£0.1m pressure for one-off security costs at the former Chaucer School site
- -£0.4m underspend on Education Pension costs based on current activity.

- +£0.1m Other minor variances including reduction in academy legal fees -£0.1m and shortfall in academy team income +£0.2m.

3.4.2 Children, Young People and Education – Specialist Children’s Services

3.4.2.1 The overall forecast position for Specialist Children’s Services (excluding Asylum) is a pressure of +£1.7m after the Corporate Director adjustment.

3.4.2.2 Within Children’s Assessment Staffing, a net +£1.0m pressure is forecast as the service continues to have a number of vacant posts filled by agency workers along with some additional supernumerary agency workers above establishment to cope with a post Ofsted rise in workload demand. This increased number of referrals has also led to a pressure on the Central Referral Unit. Although the service is currently striving to manage demand within their existing resource, there remains a risk that the forecast could rise further in future months, if the increase demand continues and longer term social work support is required.

3.4.2.3 The pressure on Family Support & Other Children Services +£0.5m is mainly due to the ongoing pressure on Care Leaver Services from 2016-17 of +£0.3m, and increased spend on Section 17 +£0.1m.

3.4.2.4 Although the Adoption & Other Permanent Children’s Arrangements service is forecasting a break-even position, this is formed from a number of compensating variances: a pressure of +£0.4m arising from the current number of Special Guardianship Orders which is offset by an underspend of -£0.2m due to a reduction in the number of adoption payments, along with the estimated impact of the new financial mean-testing process of -£0.2m.

3.4.2.5 There is also a pressure of +£0.1m on management support services mainly resulting from Specialist Children’s Services share of savings (both spans and layers and tactical procurement) that were initially parked and have recently been allocated to services. There are no immediate plans to deliver this saving this year therefore a pressure is being reported.

3.4.2.6 There is a minor variance for Children in Care (looked after) services +£0.1m but this is formed from a number of compensating variances across the various services including; fostering arising from the recent increase in the number of independent fostering placements of +£0.4m; residential care -£0.1m and supported accommodation for 16-17 year olds -£0.2m.

3.4.3 Children, Young People and Education – Specialist Children’s Services – Asylum

3.4.3.1 The current predicted pressure on the Asylum Service is £3.9m and is based on a number of assumptions. The 2017-18 Unaccompanied Asylum Seeker Children (UASC) and Care Leavers grant rates have not yet been confirmed by the Home Office, therefore we have assumed that for young people who arrived before the National Transfer Scheme (NTS) commenced in July 2016 will continue to be paid at the rates agreed for 2016-17.

3.4.3.2 This position therefore assumes that we will have a shortfall on eligible UASC’s (aged under 18) of approximately +£0.7m, Care Leavers (aged 18+) of +£1.9m, and ineligible costs of +£0.3m, the remaining +£1m pressure relates to the hosting of the reception centre and duty process for the NTS.

- 3.4.3.3 The forecast pressure on the Asylum Service for 2017-18 is greater than 2016-17 due to the age of the children being supported. The UASC grant rate paid by the Home Office reduces once the child turns 16 years old therefore leading to an increasing pressure as the child gets older if the cost of support is not reduced, which is not always possible for the current UASC. Most of the current UASC (irrespective of age) are in higher cost placements due to the fact that they arrived before the age of 16, so had to be placed in fostering placements, which is where they have chosen to remain. In addition, fostering placements made from 2015 onwards were with independent fostering providers with the higher costs that this entails and that attempts to move any individual who is settled in this placement is likely to result in legal challenge. However, where possible, UASC are being moved to lower cost supported lodging placements when turning 16 and this is reflected in a reduction in costs for this month's forecast.
- 3.4.3.4 The shortfall in the grant rate to support Care Leavers is not dissimilar to previous years, but the overall pressure is greater due to higher numbers of young people. However, it is anticipated the overall pressure on Care Leavers should reduce in future months as the Home Office have, as promised, now processed the 100+ outstanding claims on the 18+ UASC care leavers. Going forward this will have a positive impact as it will reduce the number of cases where we have to fully fund accommodation costs and subsistence. An initial estimate has been made contributing to a reduction in the forecast this month but further work is being completed to validate this and this will be reported in future months.
- 3.4.3.5 As we have no agreement on the funding of the hosting of the NTS and reception centre, we can only assume at this stage that we will receive the daily grant rate for those young people we are supporting for a few weeks leading up to their dispersal.
- 3.4.3.6 Work is currently underway to complete a full review of the Asylum forecast and the result of this will be reflected in the September monitoring report. In addition discussions are ongoing with the Home Office regarding Kent's financial position.

3.4.4 Adult Social Care and Health

- 3.4.4.1 The overall forecast variance for the Directorate is an overspend of £5.3m; £4.6m of which relates to 'Adult Health & Social Care – Adults' and +£0.7m of which relates to 'Adult Health & Social Care – Disabled Children Services (0-18)'. A Corporate Director adjustment of -£1.5m against 'Adult Health & Social Care – Adults' has been proposed, which would take the Directorate overspend down to £3.7m (£3.0m relating to Adults and £0.7m relating to Disabled Children Services).

3.4.5 Adult Social Care and Health – Disabled Children Services

- 3.4.5.1 Disabled Children Services are forecasting a net pressure of +£0.7m, the most significant variances being:
- The +£1.0m variance for Children in Care (looked after) services is due to a pressure on residential care commissioned from external providers of +£1.4m offset by underspends on fostering services of -£0.2m and -£0.2m in-house residential respite services.

- The -£0.4m variance for Family Support & Other Children Services is mainly due to underspends on both direct payments of -£0.2m and day care services of -£0.1m, along with other minor variances.
- The +£0.1m pressure on assessment staffing resulting from the service being fully recruited with no expected vacancies at this time, partially offset by underspends on the sensory and equipment services.

3.4.6 Adult Social Care and Health – Adults

3.4.6.1 The forecast variance for 'Adult Health & Social Care – Adults' is +£4.6m, however a Corporate Director adjustment of -£1.5m is proposed, which takes the forecast variance to +£3.0m. The Corporate Director adjustment comprises:

- -£1.9m application of sustainability funding to elements already contained within the forecast.
- +£0.8m revision to the Older People and Physical Disability Direct Payments forecast based on latest information available.
- -£0.5m additional funds received as part of Improved Better Care Fund monies.

This forecast does not take into account any impact of the investment from the new Adult Social Care allocation of £26.1m in 2017-18. It is hoped that as the year progresses the impact of this investment will reduce the remaining variance further. In addition, the forecast still assumes that the 'winter pressures allocation' will be fully spent during the winter months.

3.4.6.2 Within the overall variance of +£4.6m there are pressures of +£6.2m resulting from direct provision of services to clients across adult social care, and a forecast underspend of -£1.2m against adult and older people preventative and other services. These pressures are partly offset by anticipated underspends on staffing and management and support services of -£0.6m.

This overspend position reflects activity data to date in the 2017-18 financial year and we will continue to refine the forecast alongside activity trends over the coming months..

3.4.6.5 Learning Disability services are forecasting a net pressure of +£1.7m, which includes a number of offsetting variances. The most significant variances relate to:

- Nursing & Residential Care - Learning Disability (aged 18+) +£1.7m pressure (more information on which is provided in appendix 2.1).
- Supported Living - Learning Disability (aged 18+) - Other Commissioned Supported Living arrangements +£1.1m pressure (more information on which is provided in appendix 2.2).
- Supported Living - Learning Disability (aged 18+) - Shared Lives Scheme -£1.0m underspend, this is due to activity being less than budgeted.
- Supported Living - Learning Disability (aged 18+) - In house service -£0.1m underspend.

3.4.6.6 Mental Health services are forecasting a net pressure of +£1.7m, which comprises of a number of offsetting variances. The most significant of which relate to:

- Supported Living - Mental Health (aged 18+) - Commissioned service underspend of -£0.2m which is due to -£0.6m relating to delays in commencing the Your Life Your Home scheme, reflecting £0.4m of red rated savings when netted against increase on Residential Care and +£0.4m which is due to activity being higher than budgeted.
- Nursing & Residential Care - Mental Health (aged 18+) +£1.9m. This variance is predominantly due to +£1.0m relating to delays in commencing the Your Life Your Home, reflecting £0.4m of red savings when netted against reduction on Supported Living and +£0.9m which is due to activity being higher than budgeted.

3.4.6.7 Older People and Physical Disability services are forecasting a net pressure of +£2.8m, which includes a number of offsetting variances. The most significant variances relate to:

- Nursing and residential care +£4.0m overspend which includes +£2.7m relating to Older People Commissioned Residential services (more information on which is provided in appendix 2.4), +£1.3m relating to Older People nursing (more information on which is provided in appendix 2.5), +£0.2m relating to Older People In-house Residential services and -£0.2m relating to Physical Disability nursing and residential care services.
- There is a forecast over recovery of non-residential charging income of -£1.6m, based on the year-to-date income received, which is linked to services on the following community service lines: Domiciliary care services +£1.1m pressure of which +£0.5m relates to Older People Commissioned Services and links with appendix 2.6, Direct Payments -£0.7m, Supported Living +£0.4m and Day Care -£0.4m.

The Older People and Physical Disability forecast assumes that some funding is set aside for the remaining winter pressures. If there is no increased spend as a result of winter then this funding will be available to offset other pressures.

3.4.6.8 Within 'Adult & Older People Preventative & Other Services' there is a forecast net variance of -£1.2m, comprising a number of offsetting variances. Because of slippage on some of the transformation savings, at this stage it is felt prudent to reflect +£1.7m as a pressure. It is hoped that management action will reduce this pressure as we continue through the year. A further pressure of +£0.7m relates to slippage on Housing Related Support savings. In addition, there is a +£0.2m variance on Other Adult Services predominately relating to +£0.2m for savings relating to a recently allocated tiers and spans saving across the authority which is not forecast to be achieved, +£0.2m due to other savings not forecast to be achieved and -£0.2m due to the release of prices monies from the tailored approach to contractual uplifts for placement fees. These pressures are offset by: forecast underspends of -£1.8m in social support services, such as those for carers (in-house and commissioned), information & early intervention and social isolation; -£1.0m underspend on equipment against the adaptive & assistive technology budget; -£0.6m variance on centrally held funds to cover costs already recognised in the forecast position; -£0.2m underspend on meals against the Other Adult Services budget; and -£0.2m for the Social Fund.

3.4.7 Adult Social Care and Health – Public Health:

- 3.4.7.1 The overall variance prior to any transfer to/from the Public Health reserve is a forecast drawdown lower than budgeted of -£0.2m, of which the most significant variance relates to -£0.2m an underspend on core sexual health services contracts.
- 3.4.8 Growth, Environment and Transport
- 3.4.8.1 The overall position for the Directorate, before Corporate Director Adjustments, is a forecast pressure of +£1.0m (+£1.6m last month), with forecast pressures of +£1.599m being partially offset by forecast underspends of -£0.6m.
- 3.4.8.2 The main pressures previously reported to Cabinet remain: General Highways Maintenance & Emergency Response, GET Management & Support Services and Other Highways Maintenance & Management budgets are showing +£0.2m, +£0.6m and +£0.4m respectively. Within the latter is a +£0.3m pressure arising from Streetlight Energy. In addition there continues to be a pressure resulting from an increased levy on all Driver Diversion courses from 1st September 2017 and a significant forecast reduction in the number of course attendees against budget; this is currently +£0.3m. The forecast pressure against the GE&T Management & Support Services budget is due to the impact of staffing and procurement savings that have yet to be fully implemented.
- 3.4.8.3 Public Protection and Enforcement is forecasting a net pressure of +£0.2m due to a number of minor variances, primarily around the under-recovery of income.
- 3.4.8.4 Waste is forecasting an overall underspend of -£0.2m. Treatment and Disposal of Residual Waste is forecasting a small pressure +£0.1m with a price pressure being offset by additional trade waste income (as can be seen in Appendix 2.14). Waste Processing is forecasting an underspend of -£0.3m. Savings within the soil and hard-core budget and Materials Recycling Facilities budgets are slightly offset by reduced income (see Appendix 2.15). Waste Management show a small pressure of +£0.044m.
- 3.4.8.5 All other GET budgets are forecasting a combined underspend of -£0.3m of which -£0.1m relates to Subsidised Bus Services.
- 3.4.8.6 Although reduced from last month a significant forecast pressure remains and so a Corporate Director adjustment of -£0.4m has been included; this reduces the forecast pressure of +£1m down to +£0.6m. Further management action, currently being identified, will be reflected through the monitoring report in subsequent months, with a view to achieving a balanced position overall by the end of the year.
- 3.4.9 Strategic and Corporate Services
- 3.4.9.1 The overall variance reflected in appendix 1 against the directorate is an overspend of +£0.3m which is made up of a break even position for the S&CS Directorate itself, increased by +£0.3m relating to the corporate aspirational savings target for Asset Utilisation, held within the Corporate Landlord budgets, the delivery of which depends on operational service requirements and Member decisions regarding the exiting of buildings. It should be noted that this in-year overspend is due to the delayed implementation of some plans, resulting in the £0.3m delivery slipping to 2018-19. Work is now on-going on the 2018-19 savings target of an additional -£0.65m saving which, to be deliverable from 1st April 2018, requires early identification of plans.

3.4.9.2 The directorate break even position includes variances of +£0.2m for the Contact Centre & Digital Web Services budget set in 2015 using a transformation plan suggested by Agilisys, predicting that the number of calls and average call duration would fall significantly. Although the call volumes and times have reduced, this is not in line with the original budgeted plan, hence resulting in a budget pressure. The commissioners of this service, together with Agilisys, are working with directorate services to get these figures reduced further; -£0.2m on Engagement, Organisation Design & Development relating primarily to staffing vacancies; -£0.1m for Finance arising from lower salary costs following a major restructure; -£0.1m for Strategic Commissioning due to staffing vacancies being held vacant pending restructure; +£0.2m Infrastructure controllable budgets, arising mostly from backdated Kier costs and minor variances across all areas of Property and ICT commissioning budgets.

3.4.10 Financing Items

The Financing Items budgets are currently forecast to underspend by £1.5m, which is due to:

- 3.4.10.1 Additional Government funding compared to our assumptions at the time of setting the budget, together with additional retained business rates relief relating to Dover Enterprise Zone for 2015-16 and 2016-17, result in a forecast underspend of £0.8m.
- 3.4.10.2 The Cabinet decision in June not to make the budgeted £3.9m contribution to General Reserves in light of our reduced level of risk following our success in delivering an underspend in 2016-17, and the announcement in the Chancellor's Spring Budget of the additional social care funding. Instead £3m is being spent on pothole repairs and the remaining £0.9m is declared as an underspend to go towards offsetting the pressures reported elsewhere in this report.
- 3.4.10.3 A £1.9m decrease partly due to a deferment of Minimum Revenue Provision (MRP) and partly due to re-phasing of the 2016-17 capital programme, resulting in fewer assets becoming operational last year. As we have adopted the asset life method of calculating MRP, MRP does not become payable until assets become operational, therefore resulting in an "MRP holiday" this year. We would usually transfer this to reserves to cover the potential impact in future years but in light of the forecast outturn position of the authority; this has been released to offset the current pressures.
- 3.4.10.4 A £0.1m underspend on Carbon Reduction Commitment reflecting finalisation of our carbon emissions for 2016-17 and our estimated carbon emissions for the current year.
- 3.4.10.5 However, these underspends are partially offset by the following:
- A forecast shortfall of £1.8m in the contribution from Commercial Services based on initial trading results for the year; and
 - £0.5m unallocated saving relating to the anticipated amalgamation of business support in the old SCHW directorate is unachievable in the current year following the decision to create the new Strategic Commissioning Division within S&CS directorate. Some of the services that were due to be amalgamated are now in different directorates. However, it is expected that

savings will be delivered from the creation of the new Strategic Commissioning Division but these will not be realised until 2018-19.

3.5 Schools delegated budgets:

The schools delegated budget reserves are currently forecast to end the financial year in surplus by £12.9m, compared to £28.3m at the start of the financial year. This is made up of a forecast surplus of £32.4m on individual maintained school balances, and a deficit on the central schools reserve of £19.5m. The table below provides the detailed movements on each reserve:

	Individual School Reserves (£m)	Central Schools Reserve (£m)	Total School Reserves (£m)
Balance bfwd	30.171	(1.830)	28.340
Forecast movement in reserves:			
Academy conversions and closing school deficits	2.230	(4.580)	(2.350)
Contribution to schools broadband		(1.000)	(1.000)
School Growth		(1.000)	(1.000)
High Needs (Mainstream & Independent)		(8.700)	(8.700)
Various		(0.569)	(0.569)
Overspend on Central DSG budgets		(1.806)	(1.806)
Forecast reserve balance	32.400	(19.485)	12.915

Note: a negative figure indicates a draw down from reserves/deficit

The schools delegated budget is currently showing pressure of £15.425m which is the sum of the figures highlighted above.

3.6 Table 2: Performance of our wholly owned companies

Dividends/Contributions (£m)	Budget	Forecast	From trading surplus	from reserves
Commercial Services	6.800	5.000	5.000	
GEN2	0.620	0.620	0.620	
Invicta Law	1.057	1.057	1.057	

4. REVENUE BUDGET VIREMENTS/CHANGES TO BUDGETS

4.1 All changes to cash limits are in accordance with the virement rules contained within the constitution, with the exception of those cash limit adjustments which are considered "technical adjustments" i.e. where there is no change in policy, including the allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.

5. SUMMARISED CAPITAL MONITORING POSITION

5.1 There is a reported variance of -£26.808m on the 2017-18 capital budget (excluding schools and PFI). This is a movement of -£10.613m from the previous month and is made up of -£1.834m real movement and -£8.779m rephasing movement. Headline variances are detailed below by Directorate.

5.2 Table 3: Directorate **capital** position

Directorate	2017-18 Working budget	2017-18 Variance	Real variance	Re-phasing variance	Last reported position		Movement	
					Real	Rephasing	Real	Rephasing
	£m	£m	£m	£m	£m	£m	£m	£m
Children, Young People & Education	115.919	-11.821	-3.484	-8.337	-3.612	-0.125	0.128	-8.212
Adult, Social Care & Health	8.383	-1.255	-0.145	-1.110	-0.145	-1.000	0.000	-0.110
Growth, Environment & Transport	133.984	-12.072	-4.914	-7.158	-2.442	-6.213	-2.472	-0.945
Strategic & Corporate Services	21.446	-1.660	2.448	-4.108	1.938	-4.596	0.510	0.488
TOTAL	279.732	-26.808	-6.095	-20.713	-4.261	-11.934	-1.834	-8.779

5.3 Capital budget monitoring headlines

The real variances over £0.100m and rephasing variances over £1.000m are as follows:

Children, Young People and Education

- Modernisation Programme: rephasing movement of -£3.033m. Constrained resources have led to priority being given to providing additional places under the Basic Need programme. All modernisation projects are now commissioned and are progressing.
- Basic Need: -£5.179m rephasing movement. There have been delays in obtaining planning permission for a new primary School. Some secondary school expansions are pending final agreement and therefore not as yet progressing.
- Whitstable Youth Hub: real movement of +£0.128m. New project to be funded from developer contributions.

Adult, Social Care and Health

There are no movements reported over £0.100m on real variances or £1.0m on rephasing.

Growth, Environment & Transport

Highways, Transportation & Waste

- Highway Major Enhancement: -£2.650m real movement. As per the last monitoring report the cash limit has been amended to reflect the additional £2.7m funding to rectify pot holes and patching. This has resulted in a movement from the last reported position even though the forecast has not changed significantly.
- Integrated Transport: +£0.344m real movement. This movement is largely due to increased costs on the Elwick Road scheme in Ashford. The two junctions need a complete renewal of traffic signals which was not originally anticipated and additional resurfacing is being undertaken. This will be funded by additional external funding and developer contributions.
- North Farm Transfer Station – Betterment Works: real movement of -£0.523m. As per the last monitoring report the cash limit has been amended to reflect the additional funding for this scheme. This has resulted in a movement from the last reported position even though the forecast has not changed.

Environment, Planning and Enforcement and Libraries, Registration and Archives

There are no movements reported over £0.100m on real variances or £1.0m on rephasing.

Economic Development

- Workspace Kent: +£0.295m real movement. As per the last monitoring report the cash limit has now been amended to reflect these funds being repaid to Essex County Council. This has resulted in a movement from the last reported position even though the forecast is unchanged.

Strategic & Corporate Services

New Ways of Working: +£0.510m real movement. The previous monitoring report included this variance but it was originally expected to impact in 2018-19. These works have now been brought forward to the current year. This will be funded from a future year Modernisation of Assets budget.

5.4 Cash Limit Adjustments

For information

Directorate	Project	Amount £m	Year	Funding	Reason
CYPE	Whitstable Youth Hub	+£0.128	17-18	Dev Conts	New scheme
SCS	Modernisation of Assets (MOA)	-£0.483	17-18	Cap Rec	To reflect virement to New Ways of Working as previously agreed.
		-£0.200	18-19	Prudential	
		-£0.310	19-20	Prudential	
SCS	New Ways of Working	+£0.483	17-18	Cap Rec	To reflect virement from MOA and additional banked grant.
		+£0.510	17-18	Prudential	
		+£0.084	17-18	Grant	

For approval:

Directorate	Project	Amount £m	Year	Funding	Reason
GET	Sustainable Access to Maidstone Employment Areas	-£0.060	17-18	External - other	To vire to Maidstone Gyratory project.
GET	Maidstone Gyratory Bypass	+£0.060	17-18	External - other	From Sustainable Access to Maidstone Employment Areas.
CYPE	Platt CEPS	-£0.085	17-18	Cap Rec	To fund PSBP
CYPE	PSBP	+£0.085	17-18	Cap Rec	Funded from Platt CEPS

6. CONCLUSIONS

- 6.1 It is concerning the revenue pressure continues to remain at £11m, but the Corporate and Directorate Management teams are confident of a significant reduction to that forecast without the need for blanket moratoria on spending.

7. RECOMMENDATIONS

Cabinet is asked to:

- 7.1 **Note** the forecast revenue budget monitoring position for 2017-18 and capital budget monitoring position for 2017-18 to 2019-20, and that the forecast pressure on the revenue budget needs to be eliminated as we progress through the year.
- 7.2 **Agree** the changes to the capital programme as detailed in section 5.4.

8. CONTACT DETAILS

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Breakdown of Directorate Monitoring Position

	Cash Limit			Variance	Movement
	Gross	Income	Net	Net	Net
	£m	£m	£m	£m	£m
Children, Young People & Education					
Specialist Children's Services					
Children in Care (Looked After) Services - Non-Disabled Children**	52.9	-4.7	48.2	0.1	0.3
Adoption & Other Permanent Children's Care Arrangements	13.8	-0.1	13.7	0.0	-0.2
Family Support & Other Children Services - Non-Disabled Children	14.5	-4.5	10.1	0.5	-0.2
Asylum Seekers**	23.6	-23.1	0.6	3.9	0.0
Children's Assessment Staffing - Non-Disabled Children**	40.7	-3.1	37.6	1.0	-0.5
Children's Management & Support Services	3.4	-0.2	3.2	0.1	0.0
Sub Total Specialist Children's Services	149.0	-35.7	113.3	5.7	-0.6
Education & Young People's Services					
Early Help & Prevention for Children and Families	32.6	-17.6	15.0	-0.4	0.0
Early Years Education & Childcare	74.4	-73.4	1.0	0.6	0.1
Attendance, Behaviour and Exclusion Services	5.0	-5.0	0.0	0.0	0.0
High Needs Education Budgets (excl. Schools & Pupil Referral Units)	35.2	-35.2	0.0	0.0	0.0
SEN & Psychology Services	19.9	-16.9	3.0	0.1	0.0
Other Services for Young People & School Related Services	16.8	-13.6	3.2	0.5	0.0
Pupil & Student Transport Services**	36.4	-3.7	32.6	-0.1	0.0
Other Schools' Related Costs	34.0	-34.0	-0.1	1.2	-0.7
Youth and Offending Services	5.0	-3.8	1.2	0.0	0.0
Adult Education and Employments Services for Vulnerable Adults	13.5	-14.4	-0.9	0.2	0.0
YP&E Management & Support Services	19.5	-15.9	3.6	0.8	0.1
Sub Total Education & Young People's Services	292.3	-233.5	58.8	2.9	-0.4
Sub Total CYP&E directorate	441.3	-269.2	172.1	8.6	-1.0
Adult Social Care & Health					
Additional Adult Social Care allocation	26.1	0.0	26.1	0.0	0.0
Learning Disability Adult Services**	163.9	-13.2	150.6	1.7	-0.8
Physical Disability Adult Services	36.0	-4.1	31.8	-0.5	-0.2
Mental Health Adult Services	16.1	-1.6	14.5	1.7	0.1
Older People Adult Services**	172.5	-91.5	81.0	3.3	0.4
Adult & Older People Preventative & Other Services	61.7	-16.5	45.2	-1.2	-1.6
Adult's Assessment & Safeguarding Staffing	43.5	-3.3	40.3	-0.5	-1.1
Children in Care (Looked After) Services - Disabled Children	10.5	-2.1	8.4	1.0	0.2
Family Support & Other Children Services - Disabled Children	7.0	-0.3	6.7	-0.4	-0.2
Family Support & Other Children Services - Non-Disabled Children	0.2	0.0	0.2	0.0	-0.4
Children's Assessment Staffing - Disabled Children	5.5	-0.1	5.5	0.1	-0.3
Public Health	79.1	-76.2	2.9	-0.2	0.0
Transfer to/from Public Health Reserve	-3.0	0.0	-3.0	0.2	0.0
ASC&H Management & Support Services	7.1	-0.2	6.8	0.0	0.0
Sub Total ASC&H directorate	626.2	-209.1	417.0	5.3	-4.1

	Cash Limit			Variance	Movement
	Gross	Income	Net	Net	Net
	£m	£m	£m	£m	£m
Growth, Environment & Transport					
Libraries, Registration & Archives	16.2	-6.4	9.8	0.0	0.0
Environment	10.4	-6.7	3.7	0.0	0.0
Economic Development & Other Community Services	10.1	-5.2	5.0	0.1	0.0
General Highways Maintenance & Emergency Response	11.5	-0.6	10.9	0.2	0.0
Other Highways Maintenance & Management	29.9	-8.5	21.4	0.6	-0.1
Public Protection & Enforcement	11.6	-2.2	9.4	0.2	-0.1
Planning & Transport Strategy and Other Related Services (inc School Crossing Patrols)	4.1	-0.6	3.5	0.0	0.0
Concessionary Fares	16.8	0.0	16.8	-0.1	-0.1
Subsidised Bus Services	8.3	-2.1	6.2	-0.1	0.0
Young Person's Travel Pass	14.2	-5.8	8.4	-0.1	-0.1
Waste Management	1.9	0.0	1.9	0.0	0.0
Waste Processing**	31.0	-1.9	29.2	-0.3	-0.2
Treatment and Disposal of Residual Waste**	37.4	0.0	37.4	0.1	-0.1
GE&T Management & Support Services	3.5	-0.1	3.4	0.4	0.0
Sub Total GE&T directorate	206.8	-40.0	166.8	1.0	-0.6
Strategic & Corporate Services					
Contact Centre, Digital Web Services & Gateways	4.9	-0.3	4.5	0.2	0.0
Local Democracy	4.1	0.0	4.1	0.0	0.0
Infrastructure (ICT & Property Services) & Business Services Centre	77.0	-41.7	35.3	0.5	0.0
Finance	15.6	-5.8	9.8	-0.1	0.0
Engagement, Organisation Design & Development (HR, Comms & Engagement)	9.4	-1.2	8.3	-0.2	0.0
Other Support to Front Line Services	6.5	-1.3	5.2	0.0	0.2
Adult & Older People Preventative & Other Services	0.7	0.0	0.7	0.0	0.0
Commissioning Management & Support Services	5.9	-0.2	5.7	-0.2	-0.1
S&CS Management & Support Services	2.9	-5.2	-2.4	0.0	0.0
Sub Total S&CS directorate	126.9	-55.8	71.2	0.3	0.1
Financing Items	128.2	-17.2	111.0	-1.5	0.0
TOTAL KCC (Excluding Schools)	1,529.4	-591.3	938.1	13.6	-5.7

**See Appendix 2 & 3 within the monitoring report for further details of key cost drivers of specific service lines

Please note that budgets are held in the financial system to the nearest £100 and hence the figures in the table above may not add through exactly due to issues caused by rounding the figures for this report.

Appendix 2.1: Nursing & Residential Care - Learning Disability (aged 18+)

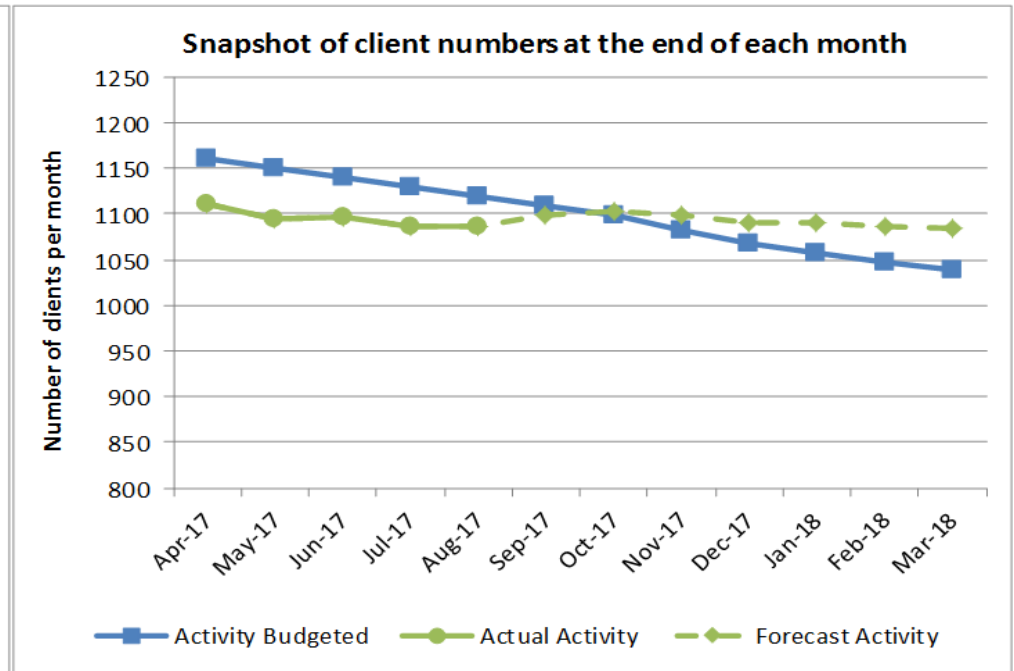
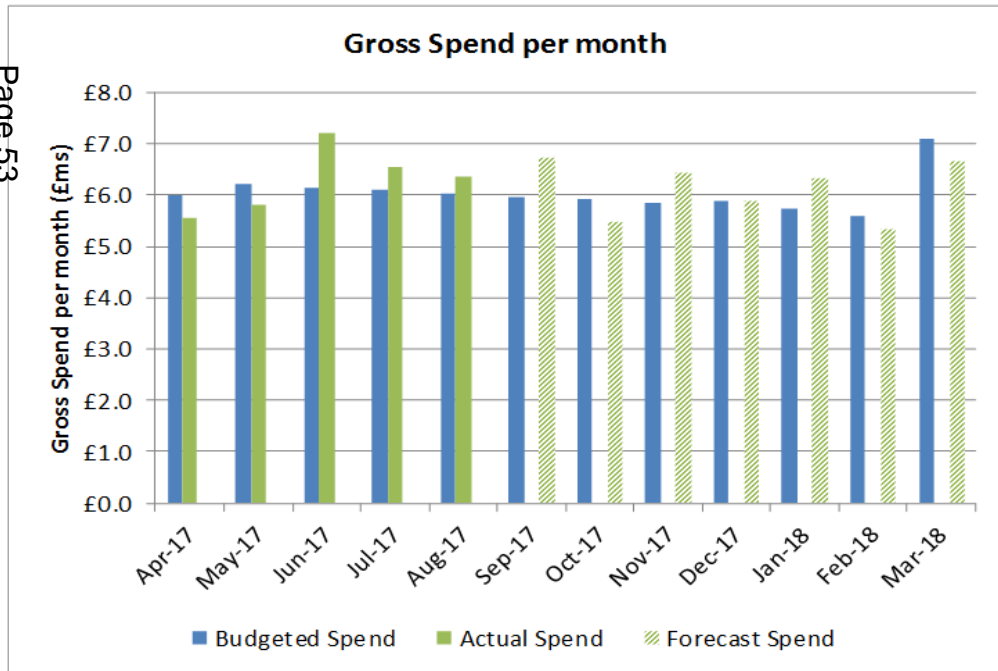
2017-18 Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£72.5	£-5.9	£66.6	1,038
Forecast	£74.2	£-6.0	£68.2	1,084
Variance	£1.8	£-0.1	£1.7	46

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£30.5	1,120
Actual: Spend/Activity Year to Date	£31.5	1,087
Variance as at 31st August 2017	£1.0	-33

MAIN REASONS FOR VARIANCE:

The gross forecast pressure of +£1.8m is due to higher than anticipated demand (+£1.3m) and higher unit cost (+£0.5m). This pressure is partly offset by greater than expected income of -£0.1m. This leads to a net forecast pressure of +£1.7m.

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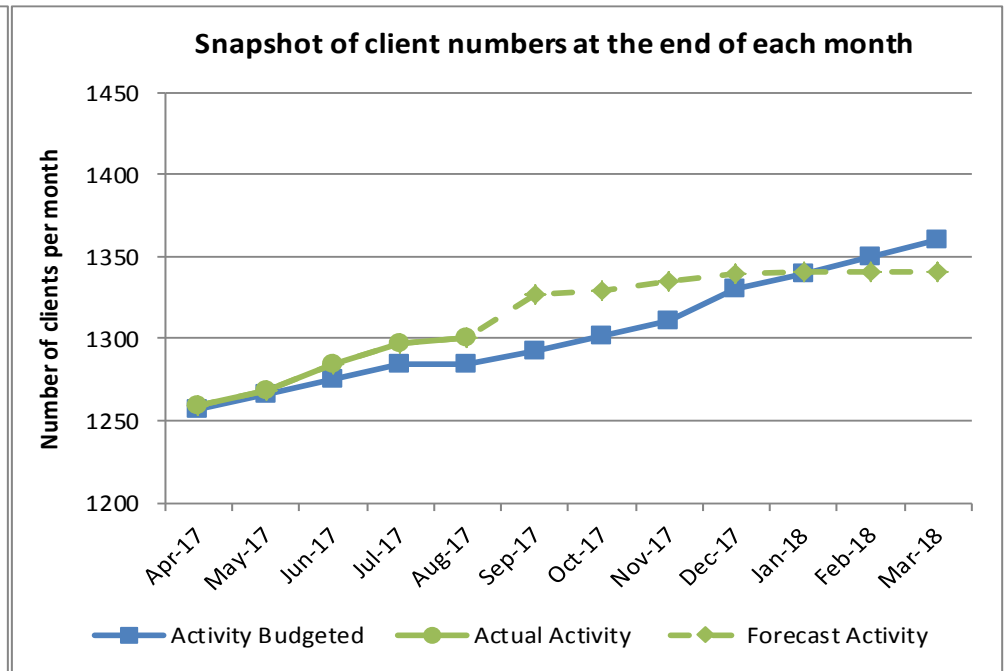
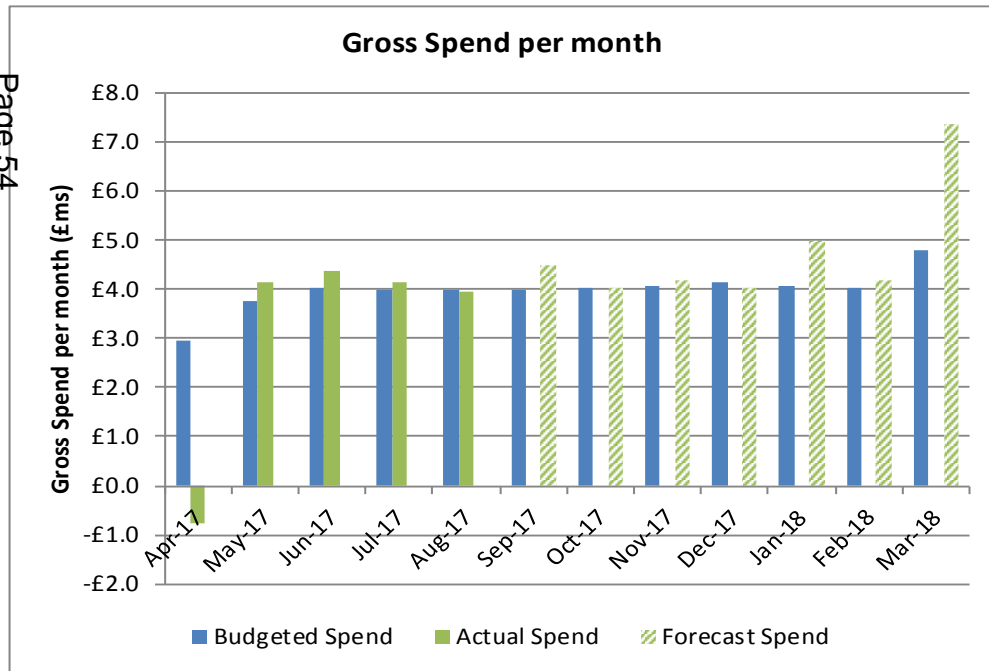
Appendix 2.2: Supported Living - Learning Disability (aged 18+) - Other Commissioned Supported Living arrangements

2017-18 Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£47.9	-£0.2	£47.7	1,360
Forecast	£49.0	-£0.2	£48.8	1,341
Variance	£1.1	£0.0	£1.1	-19

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£18.7	1,284
Actual: Spend/Activity Year to Date	£15.8	1,300
Variance as at 31st August 2017	-£2.9	16

MAIN REASONS FOR VARIANCE:

The gross forecast pressure of +£1.1m is due to higher than anticipated demand in hours (+£3.4m) and lower unit cost (-£1.0m), along with an additional variance of -£1.3m predominately due to a transfer from reserves. This leads to a net forecast pressure of +£1.1m.



Appendix 2.3: Direct Payments - Learning Disability (aged 18+)

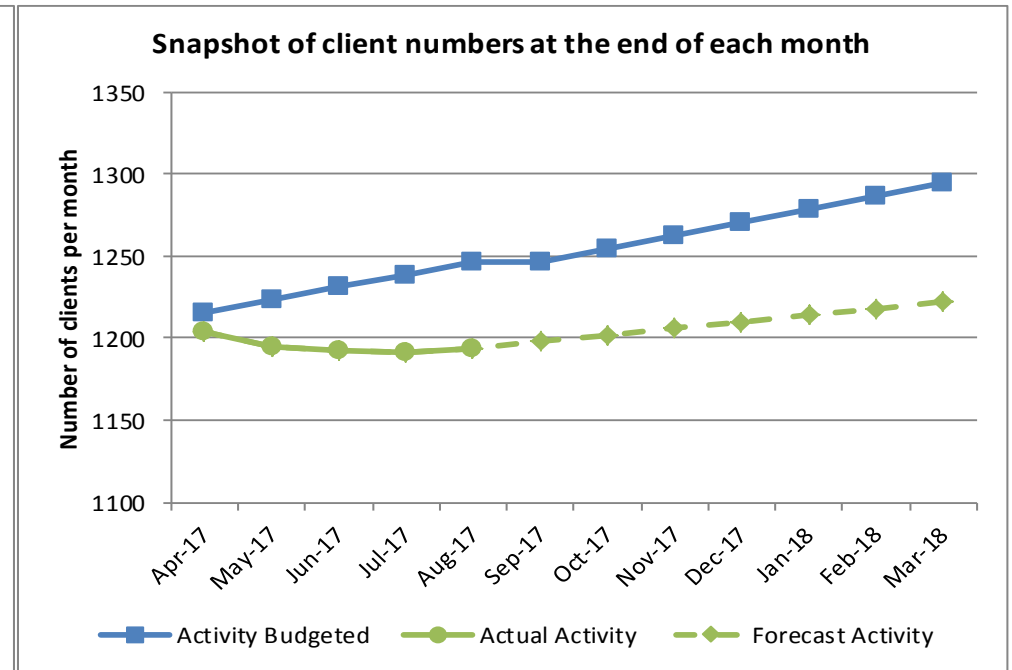
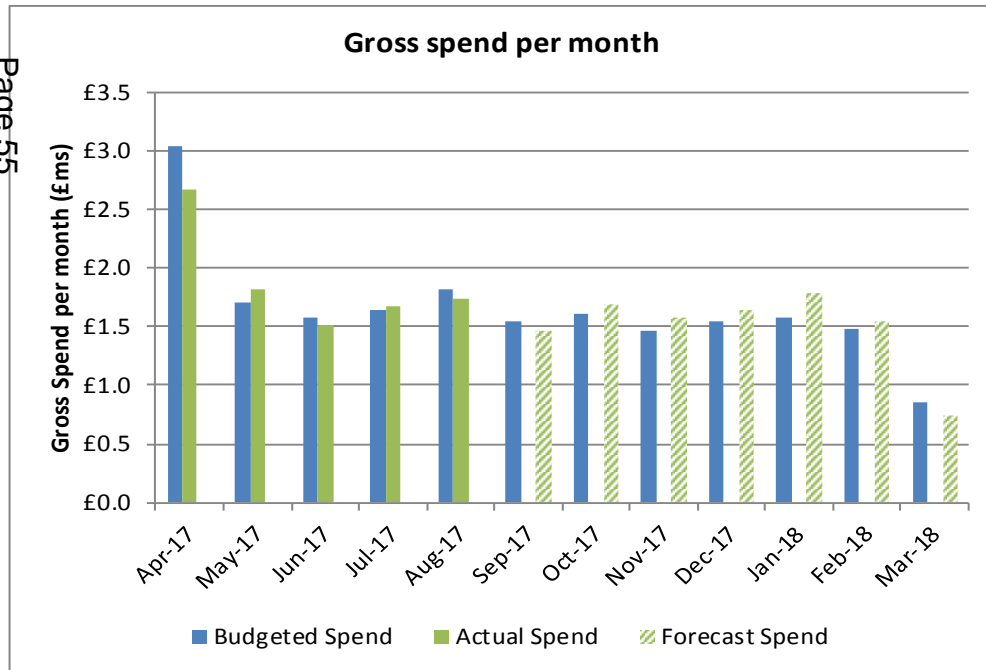
2017-18 Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£19.8	-£0.8	£19.0	1,295
Forecast	£19.8	-£0.8	£19.0	1,222
Variance	-£0.0	£0.0	£0.0	-73

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£9.8	1,247
Actual: Spend/Activity Year to Date	£9.4	1,194
Variance as at 31st August 2017	-£0.4	-53

MAIN REASONS FOR VARIANCE:

The gross forecast shows a balanced position, but within this there is lower than anticipated demand (-£0.3m) and higher unit cost (+£0.2m), along with an additional variance of +£0.1m predominately due to one off payments. This leads to a net forecast pressure of +£0.0m.

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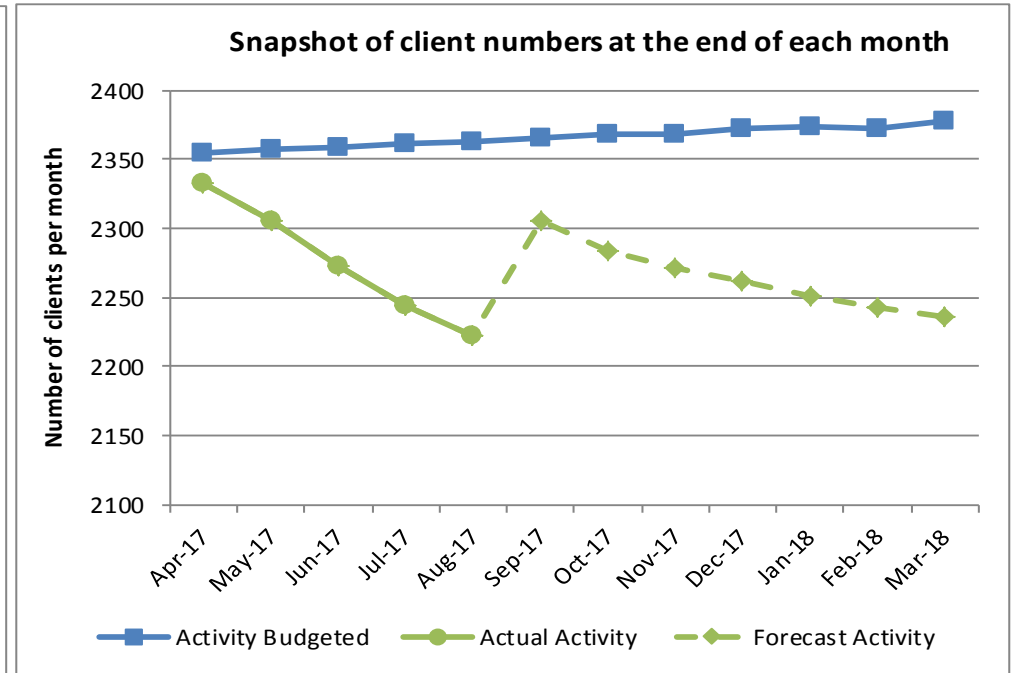
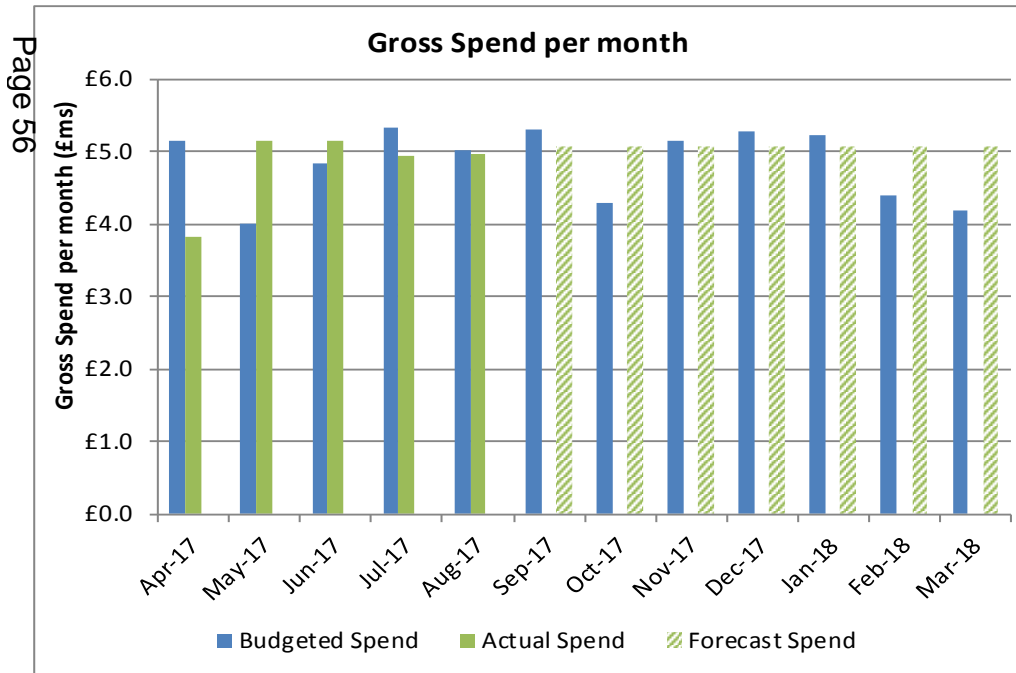
Appendix 2.4: Nursing & Residential Care - Older People (aged 65+) - Residential - Commissioned service

2017-18 Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£58.1	-£35.2	£23.0	2,378
Forecast	£59.5	-£33.9	£25.7	2,236
Variance	£1.4	£1.3	£2.7	-142

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£24.3	2,363
Actual: Spend/Activity Year to Date	£24.0	2,223
Variance as at 31st August 2017	-£0.3	-140

MAIN REASONS FOR FORECAST VARIANCE:

The gross forecast a pressure of +£1.4m is due to a higher unit cost (+£1.4m). This pressure is further increased by lower than expected income of +£1.3m due to a lower average contribution per service user (+£1.3m). This leads to a net forecast pressure of +£2.7m. There is a slight time delay before clients are included in the actual client count as contract details are finalised, accounting for the difference between forecast client count and the previous month's actual client count shown below.



Appendix 2.5: Nursing & Residential Care - Older People (aged 65+) - Nursing

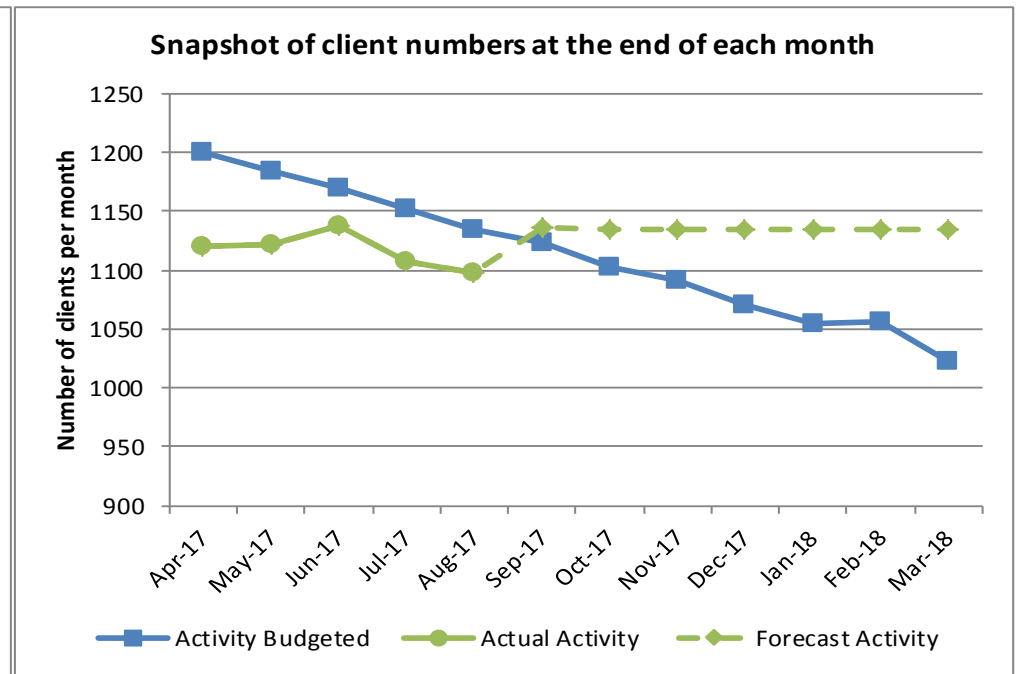
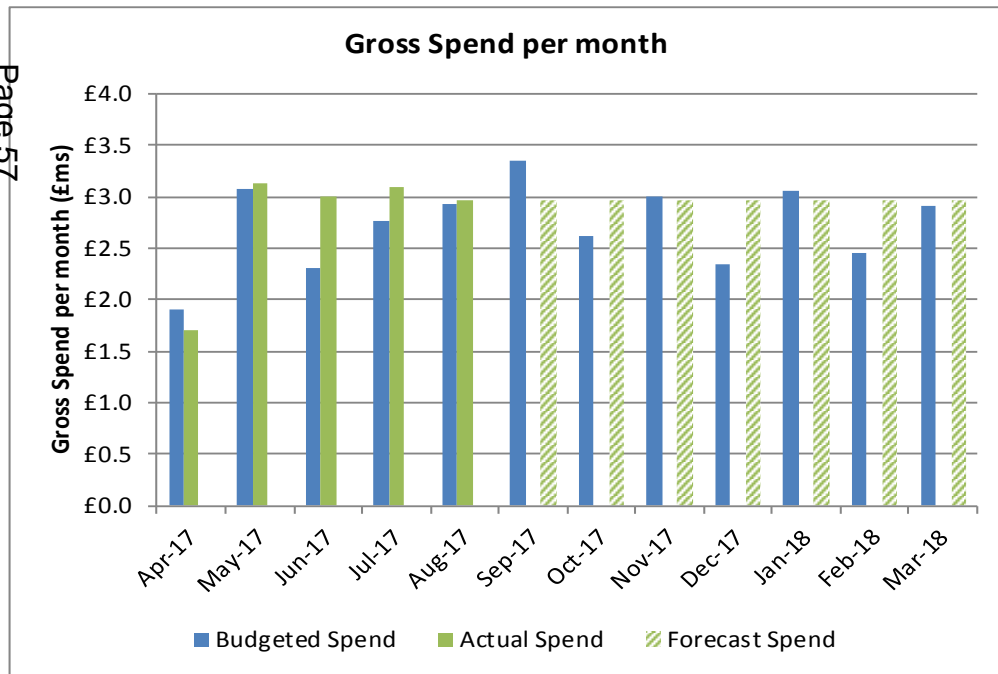
2017-18 Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£32.7	-£17.4	£15.3	1,023
Forecast	£34.6	-£18.0	£16.6	1,135
Variance	£1.9	-£0.6	£1.3	112

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£13.0	1,135
Actual: Spend/Activity Year to Date	£13.9	1,097
Variance as at 31st August 2017	£0.9	-38

MAIN REASONS FOR FORECAST VARIANCE:

The gross forecast pressure of +£1.9m is due to higher than anticipated demand (+£0.6m) and higher unit cost (+£1.3m). This pressure is partly offset by greater than expected income of -£0.6m primarily due to higher than anticipated service user contributions linked to the higher demand (-£0.2m) and a higher average contribution per service user (-£0.4m). This leads to a net forecast pressure of +£1.3m.

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Appendix 2.6: Domiciliary Care - Older People (aged 65+) - Commissioned service

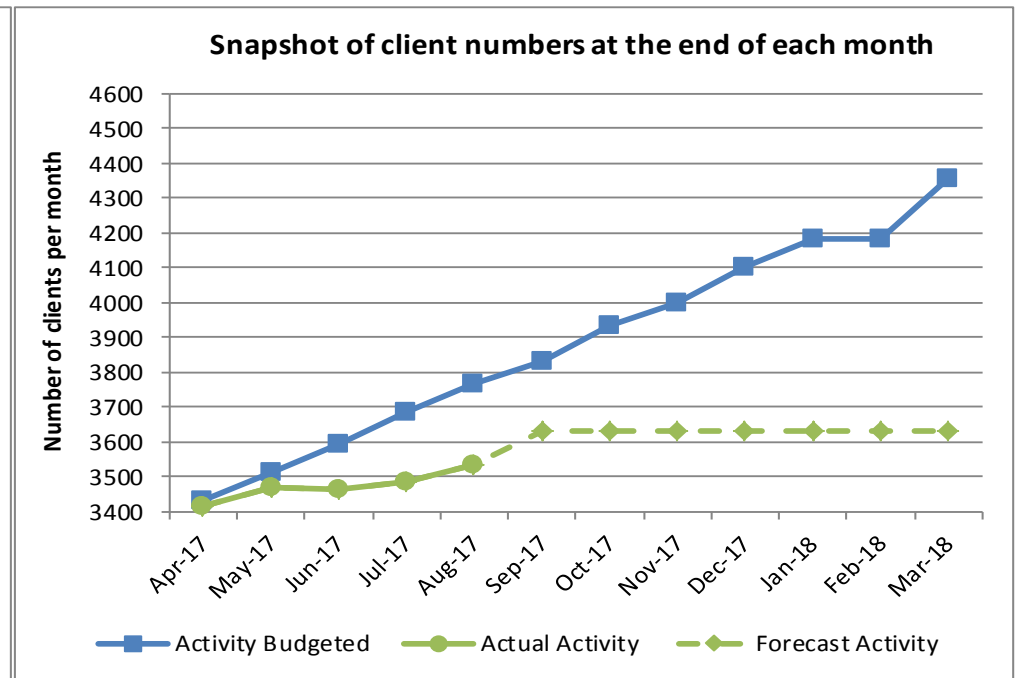
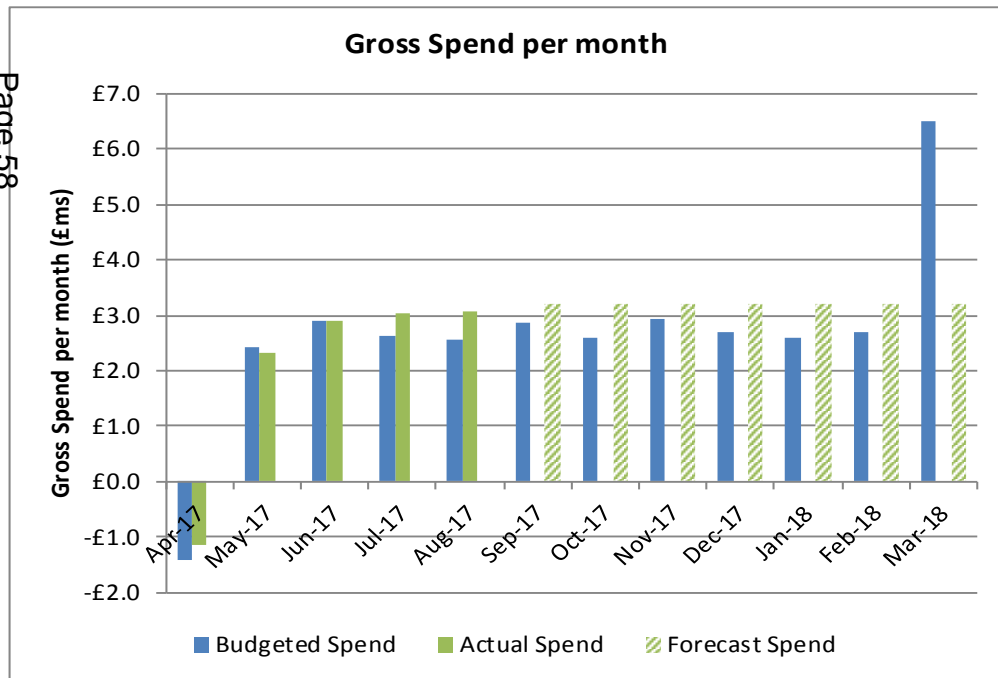
2017-18 Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£32.0	-£5.8	£26.2	4,353
Forecast	£32.5	-£5.8	£26.7	3,629
Variance	£0.5	£0.0	£0.5	-724

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£9.1	3,766
Actual: Spend/Activity Year to Date	£10.2	3,535
Variance as at 31st August 2017	£1.1	-231

MAIN REASONS FOR FORECAST VARIANCE:

The gross forecast pressure of +£0.5m is due to lower than anticipated demand (-£0.4m) and higher unit cost (+£0.8m). This leads to a net forecast pressure of +£0.5m.

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Appendix 2.7: Children in Care (Looked After) - Fostering - In house service

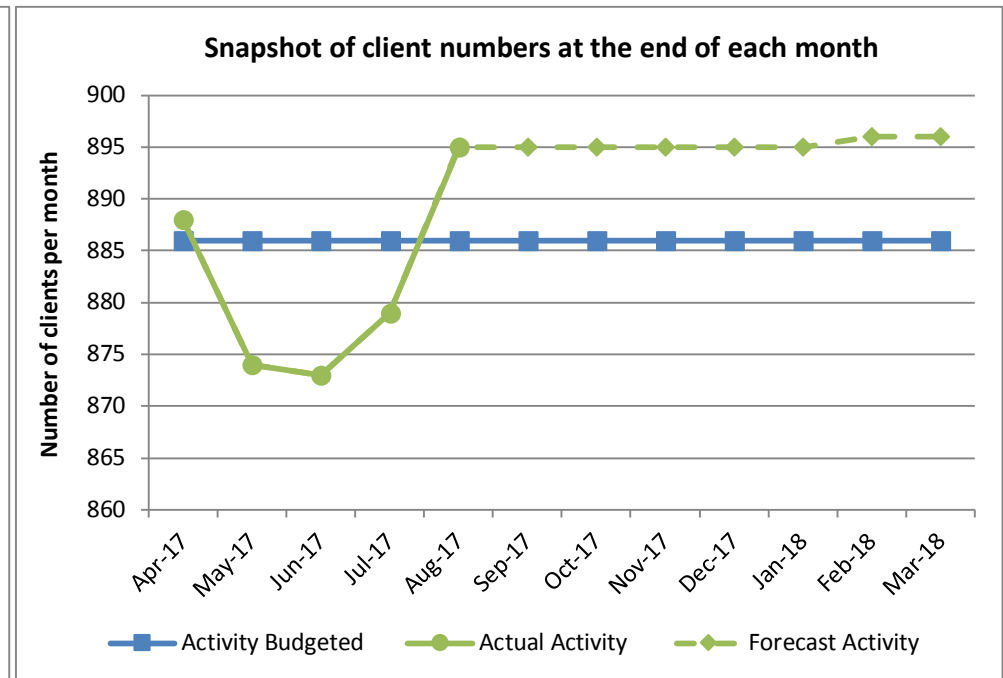
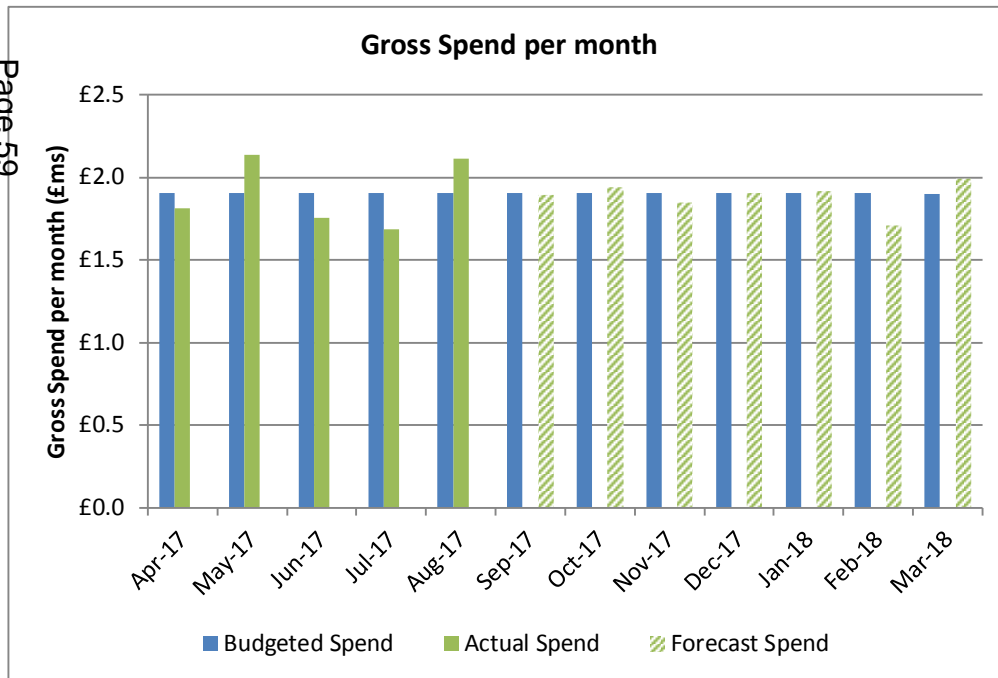
2017-18 Total Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£22.8	-£0.3	£22.6	886
Forecast	£22.7	-£0.2	£22.6	896
Variance	-£0.1	£0.1	-£0.0	10

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£9.5	886
Actual: Spend/Activity Year to Date	£9.5	895
Variance as at 31st August 2017	£0.0	9

MAIN REASONS FOR FORECAST VARIANCE:

The gross forecast underspend of -£0.1m is due to higher than anticipated demand (+£0.1m) and lower unit cost (-£0.3m), along with a variance of +£0.1m on other In House Fostering related expenditure. This is combined with lower than expected income of +£0.1m to produce a net forecast underspend of -£0.0m.

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Appendix 2.8: Children in Care (Looked After) - Fostering - Commissioned from Independent Fostering Agencies

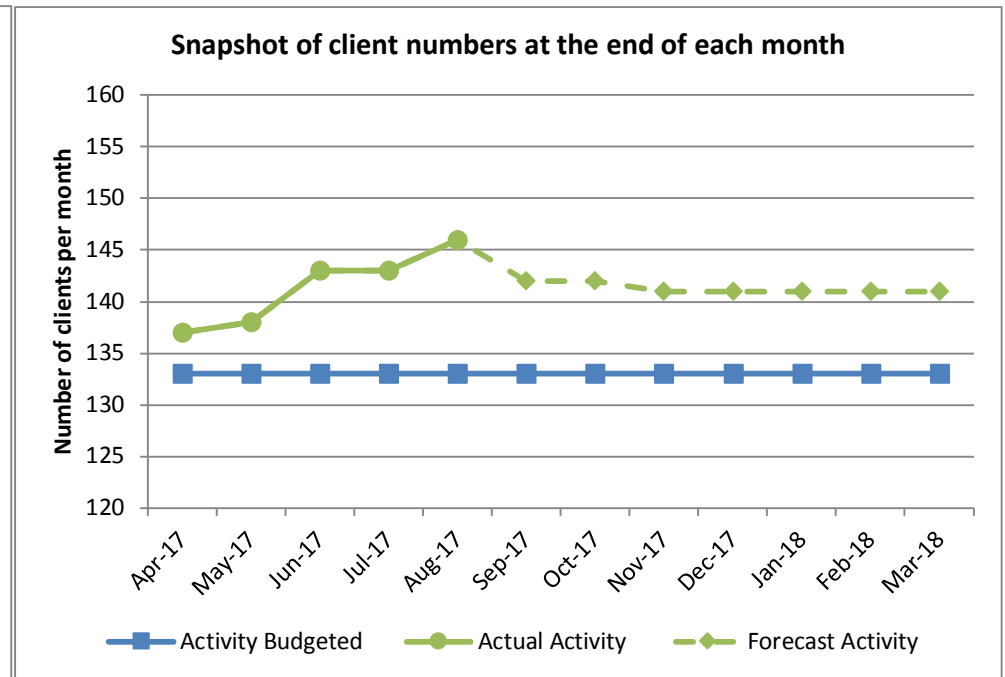
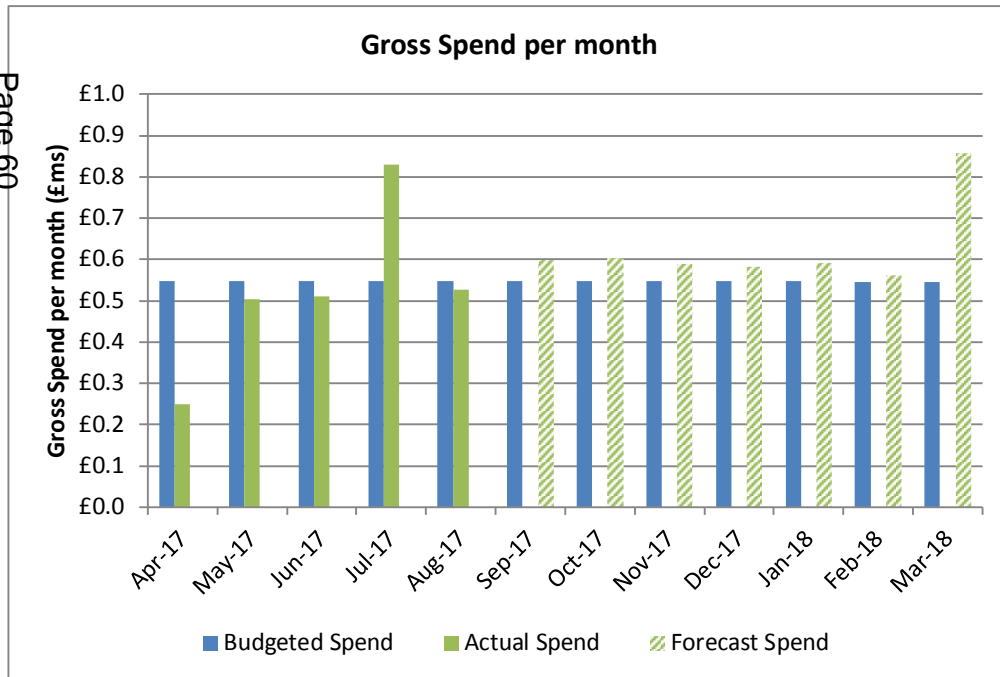
2017-18 Total Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£6.6	£0.0	£6.6	133
Forecast	£7.0	£0.0	£7.0	141
Variance	£0.4	£0.0	£0.4	8

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£2.7	133
Actual: Spend/Activity Year to Date	£2.6	146
Variance as at 31st August 2017	£-0.1	13

MAIN REASONS FOR FORECAST VARIANCE:

The gross forecast pressure of +£0.4m is due to higher than anticipated demand (+£0.3m) and higher unit cost (+£0.1m).

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Appendix 2.9: Children in Care (Looked After) - Residential Children's Services - Commissioned from Independent Sector

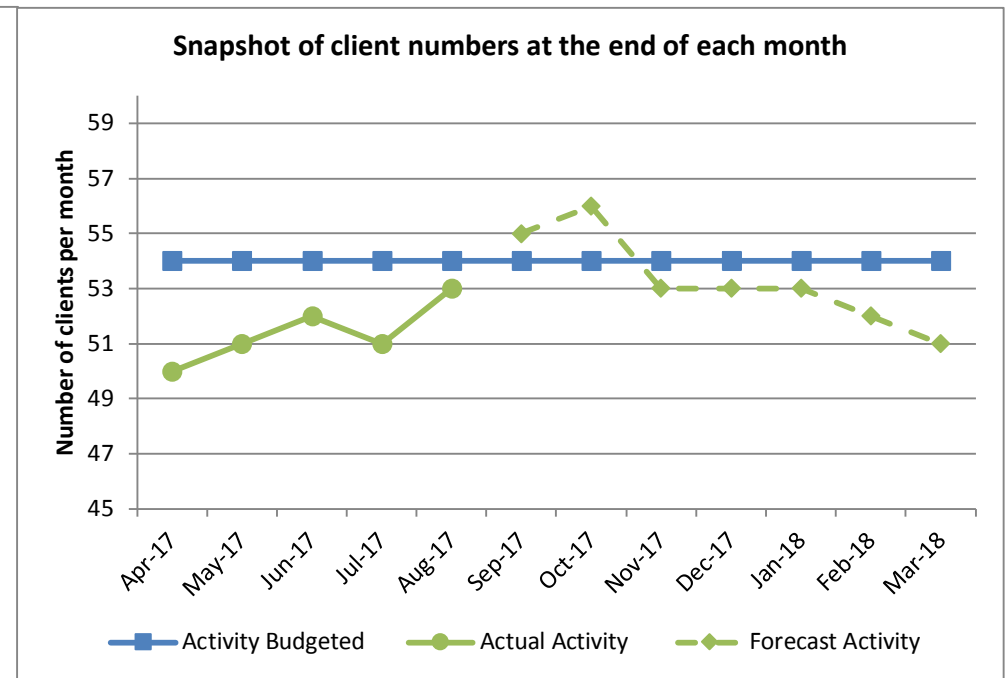
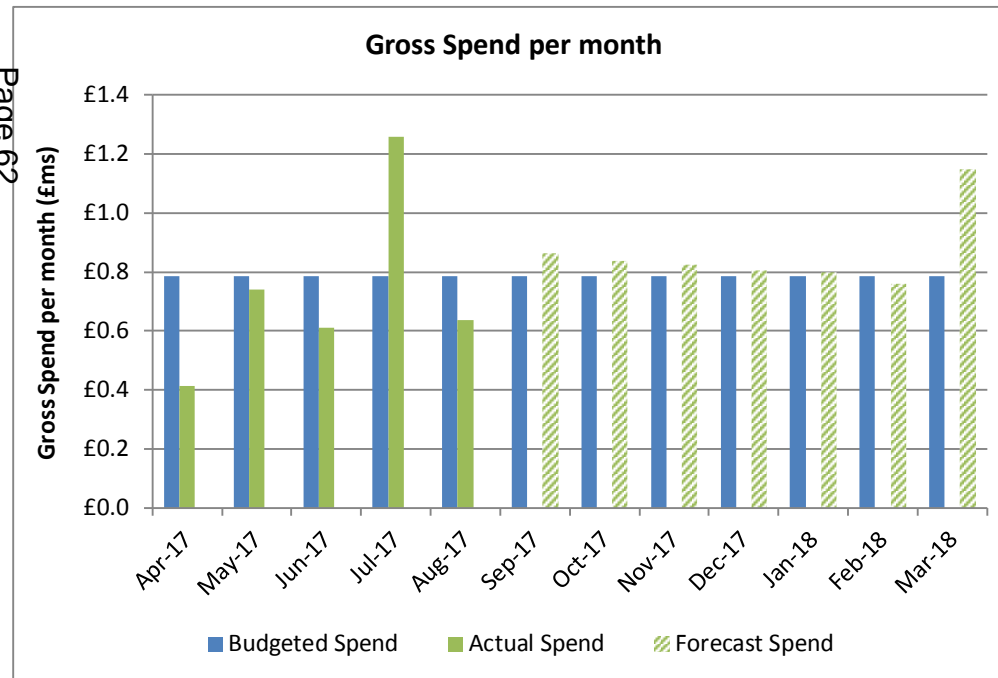
2017-18 Total Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£9.4	-£0.6	£8.8	54
Forecast	£9.7	-£1.0	£8.7	51
Variance	£0.3	-£0.4	-£0.1	-3

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£3.9	54
Actual: Spend/Activity Year to Date	£3.7	53
Variance as at 31st August 2017	-£0.3	-1

MAIN REASONS FOR FORECAST VARIANCE:

The gross forecast pressure of +£0.3m is due to lower than anticipated demand (-£0.1m) and higher unit cost (+£0.3m), along with an additional variance of +£0.1m predominately due to greater than anticipated placements in Secure Accommodation. This pressure is partly offset by greater than expected income of -£0.4m primarily due to greater contributions for care costs from Health & Education. This leads to a net forecast underspend of -£0.1m.

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Appendix 2.10: Assessment Services - Children's Social Care (CSC) staffing

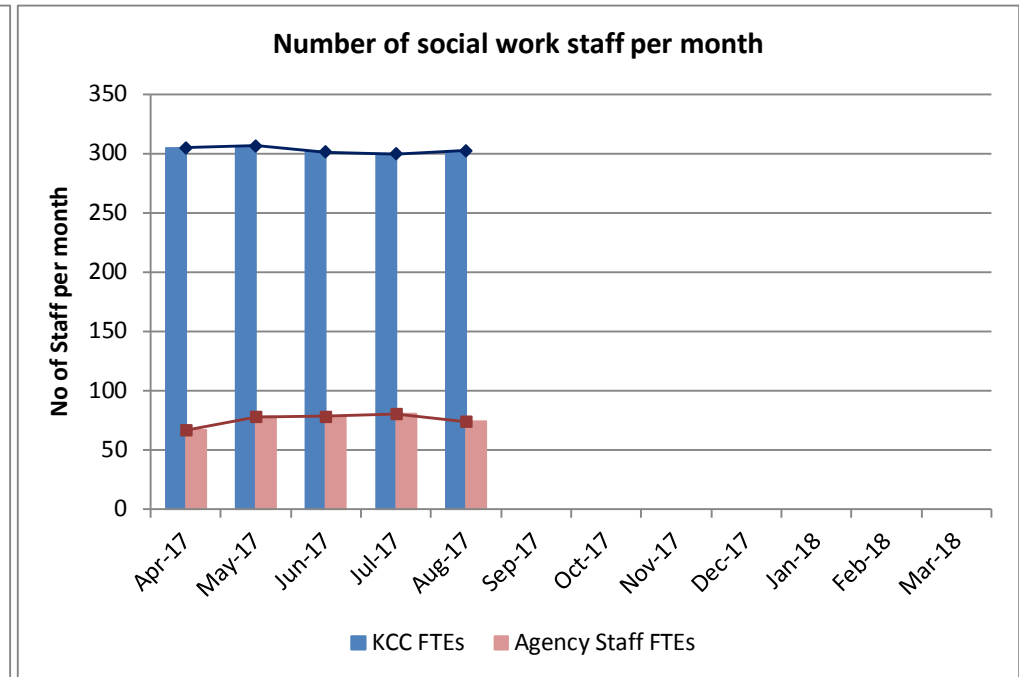
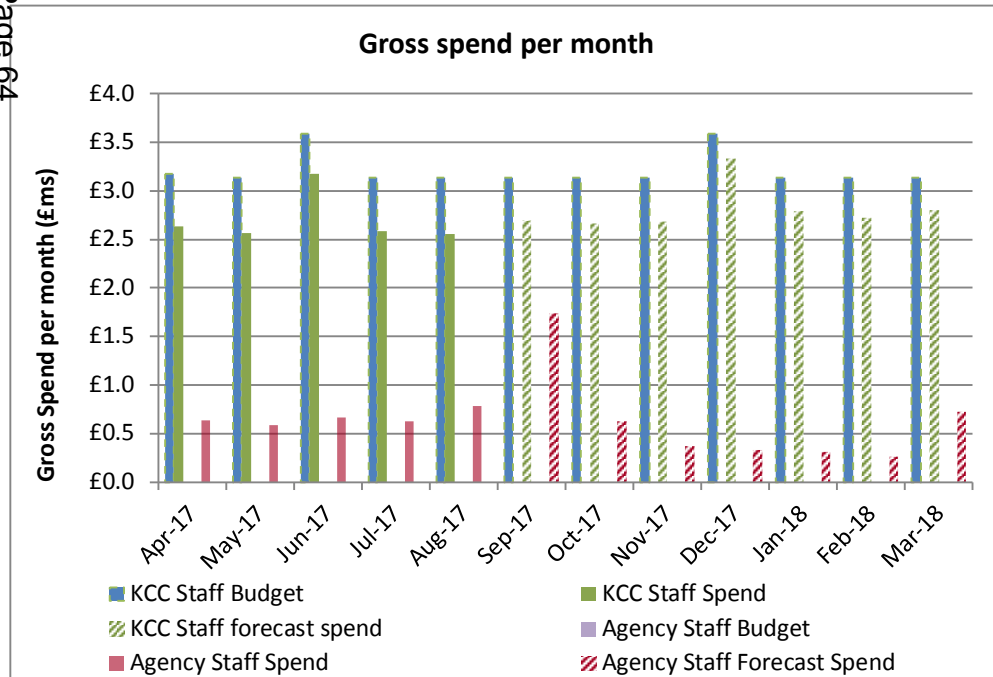
2017-18 Forecast	KCC £m	Agency £m	Gross £m
Budget	£38.6	£0.0	£38.6
Forecast	£33.2	£7.7	£40.8
Variance	-£5.4	£7.7	£2.2

as at 31/08/17	KCC £m	Agency £m	Gross £m
YTD Budget	£16.2	£0.0	£16.2
YTD Spend	£13.5	£3.3	£16.8
YTD Variance	-£2.7	£3.3	£0.6

Staff numbers	KCC FTEs	Agency Nos
as at 31/03/17	307.0	65.4
as at 31/08/17	302.5	74.0
YTD Movement	-4.5	8.6

MAIN REASONS FOR FORECAST VARIANCE:

This measure focusses on the level of social workers & senior practitioners rather than the overall staffing level within this budget. The budget assumes that CSC Staffing will be met using salaried workers, so every agency worker (who are more expensive than salaried staff) results in a pressure on this budget. This measure shows the extent of the vacancies within CSC that are currently covered by agency workers which contributes to the £1m net pressure reported against Children's Assessment staffing in Appendix 1. The £2.2m staffing pressure identified above is net against -£1.2m additional income, predominately relating to the recharging of the Duty Asylum team to the Asylum service, to produce the overall £1m pressure reported.



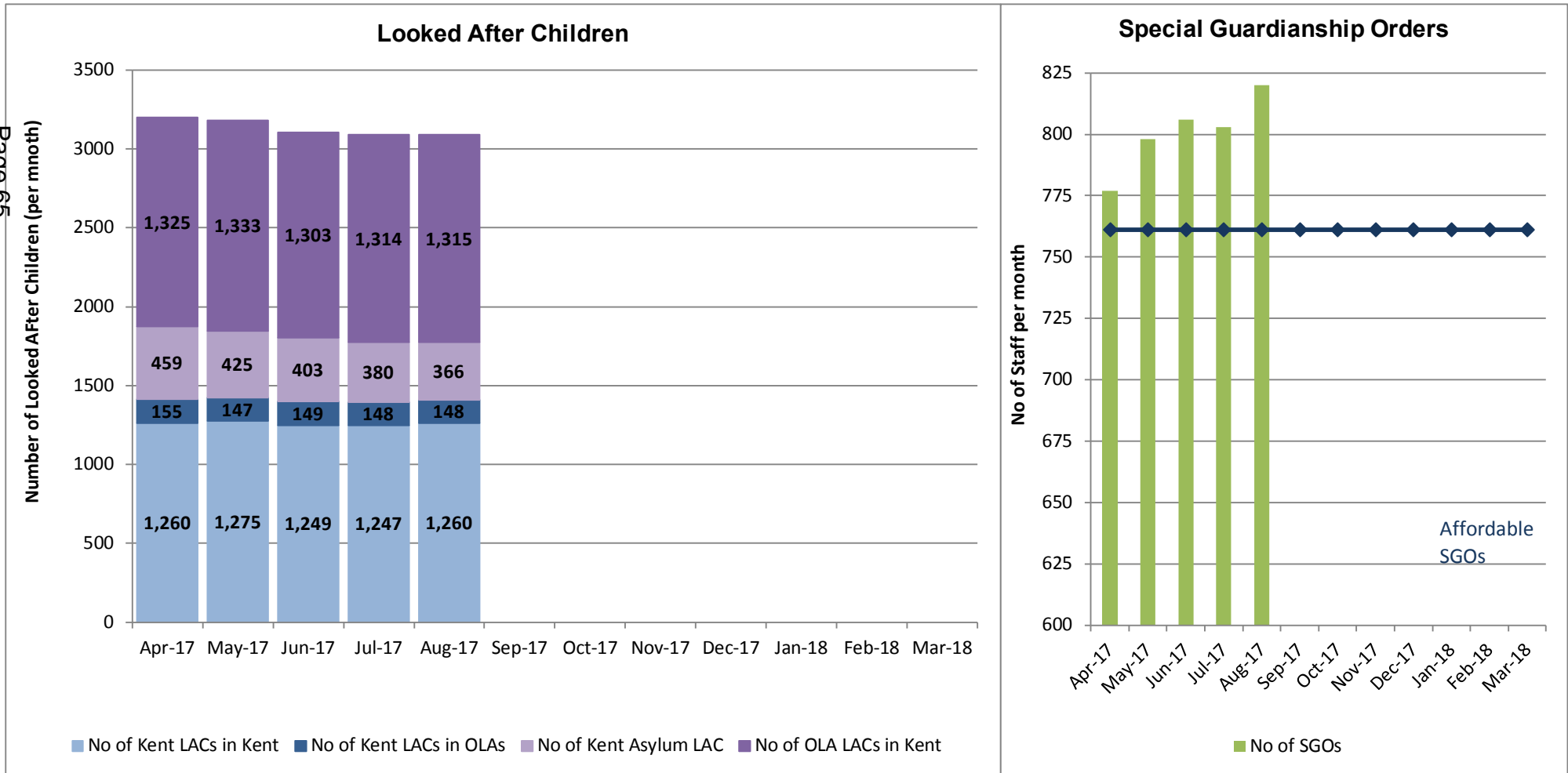
Appendix 2.11: Number of Looked After Children and Number of Special Guardianship Orders (SGOs) with Costs

The left-hand graph shows a snapshot of the number of children designated as looked after at the end of each month (including those currently missing), it is not the total number of looked after children during the period. The OLA LAC information has a confidence rating of 33% and is completely reliant on Other Local Authorities keeping KCC informed of which children are placed within Kent. The Management Information Unit (MIU) regularly contact these OLAs for up to date information, but replies are not always forthcoming.

There is an overall forecast pressure on both the Specialist Children's Services and Disabled Children's Services budget, with key parts of this relating to the LAC headings of Residential Care and Foster Care and non-LAC headings such as Social Care Staffing, Adoption & other permanent care arrangements (including Special Guardianship Orders (SGOs)), and Leaving Care.

The right hand graph shows the number of SGOs incurring costs, which are approved by the courts. These children are either former LAC or may have become LAC if an SGO was not granted.

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Appendix 2.12: Transport Services - Concessionary fares

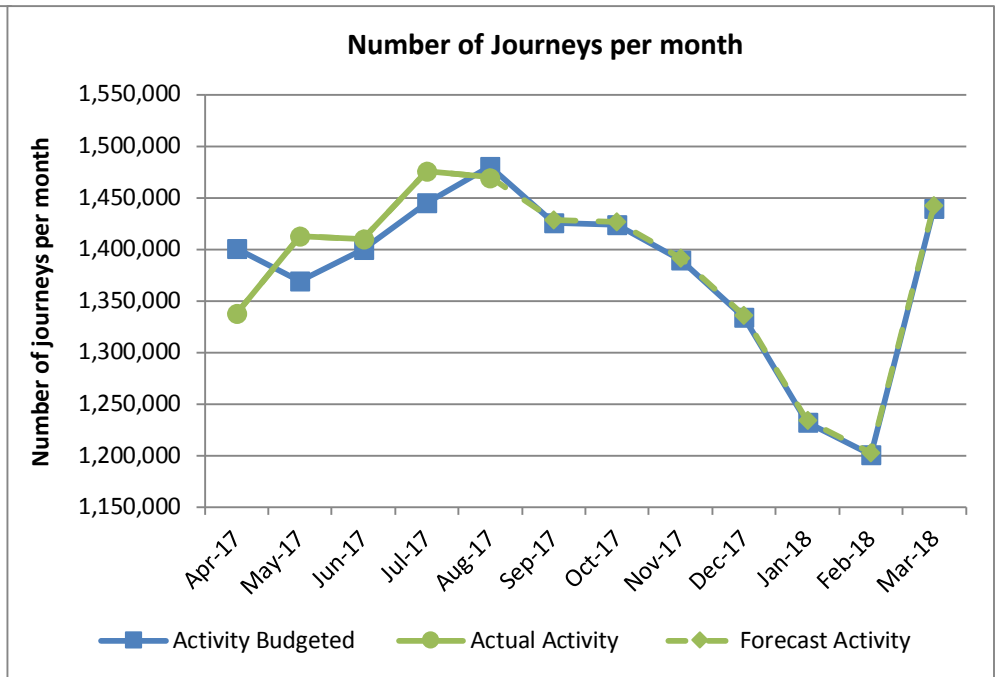
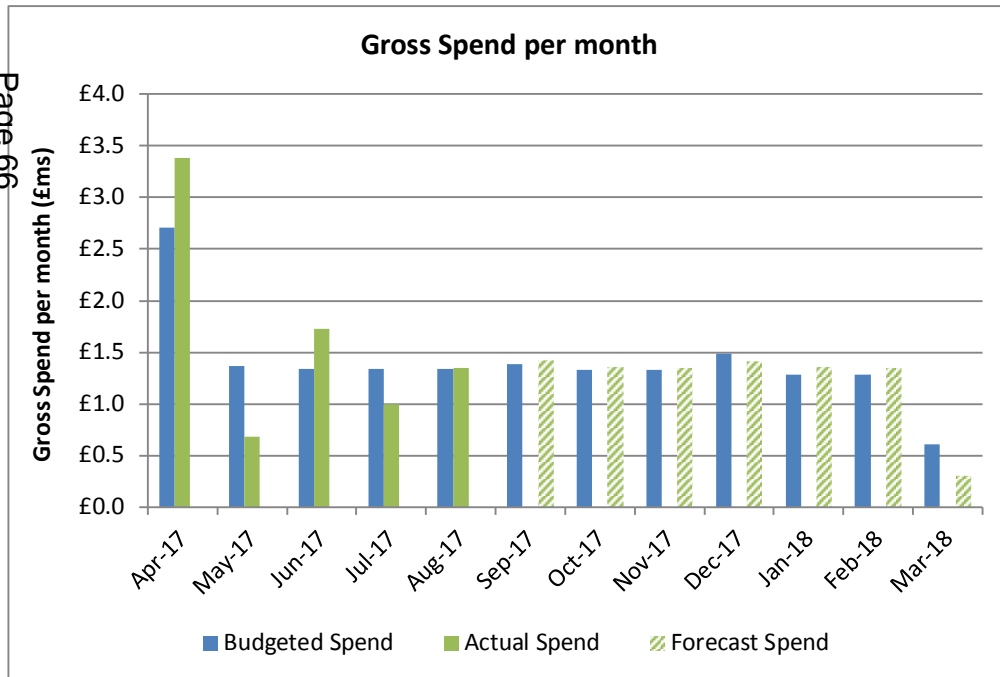
2017-18 Forecast	Gross £m	Income £m	Net £m	No of journeys to 31/03/2018
Budget	£16.8	-£0.0	£16.8	16,542,000
Actual	£16.7	-£0.0	£16.7	16,568,099
Variance	-£0.1	-£0.0	-£0.1	26,099

Position as at 31st August 2017	Gross £m	No of journeys to 31/08/2017
Budget: Spend/Activity Year to Date	£8.1	7,095,270
Actual: Spend/Activity Year to Date	£8.1	7,106,464
Variance as at 31st Aug 2017	£0.0	11,194

MAIN REASONS FOR FORECAST VARIANCE:

Currently there is no material variance relating either to number of journeys or price per journey with only a small underspend forecast on non activity headings (-£0.1m). The forecast is based on actual activity for April to August, with estimates for the remaining months. These estimates will continue to be reviewed in light of the actuals and the potential impact of any adverse weather on demand for journeys.

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Appendix 2.13: Transport Services - Home to School / College Transport (Special Education Needs)

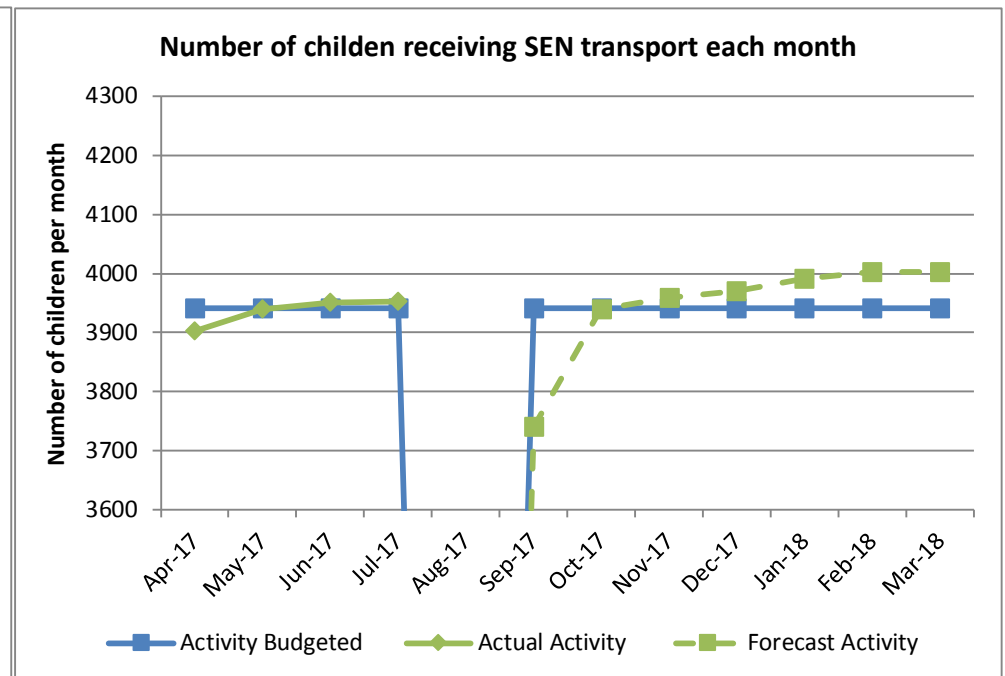
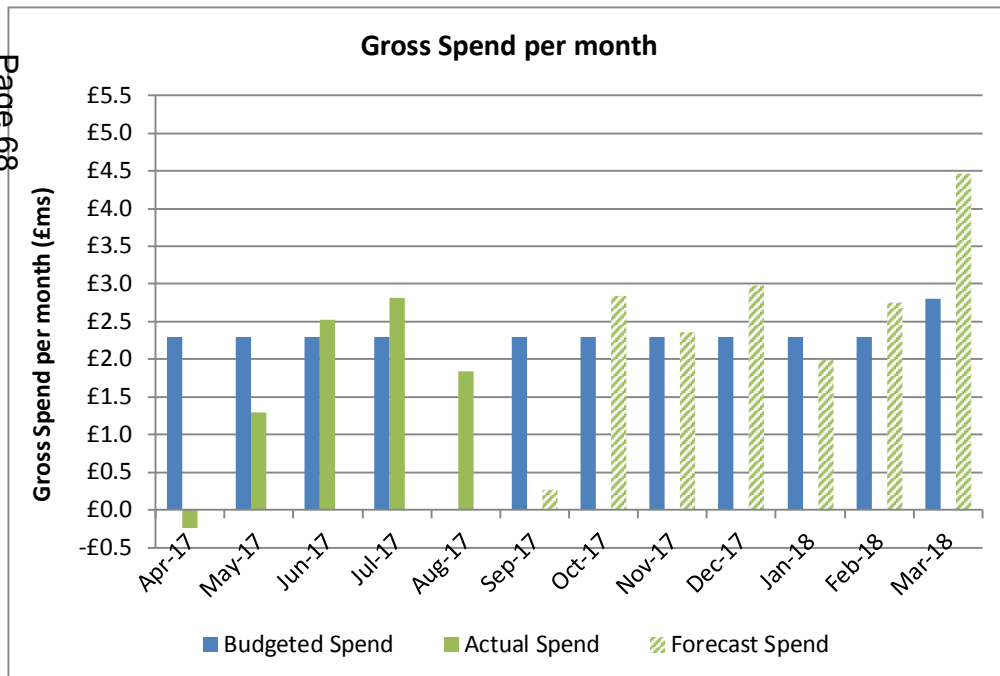
2017-18 Total Forecast	Gross £m	Income £m	Net £m	No of pupils as at 31/03/2018
Budget	£25.8	-£0.8	£25.0	3,941
Forecast	£25.9	-£0.8	£25.1	4,003
Variance	£0.1	-£0.0	£0.1	62

Position as at 31st August 2017	Gross £m	No of pupils as at 31/08/2017
Budget: Spend/Activity Year to Date	£9.2	0
Actual: Spend/Activity Year to Date	£8.2	0
Variance as at 31st August 2017	-£1.0	0

MAIN REASONS FOR FORECAST VARIANCE:

The SEN transport position should be looked at in conjunction with the Home to School Mainstream transport and 16+ Kent Travel card forecast. An overall breakeven position is currently being forecast for these services until the October 2017 monitoring report (reported to Cabinet in November 2017) when the forecasts for these budgets will be fully reviewed. These forecasts are heavily dependent on the September pupil numbers which will not be known until the end of September 17. At which time, there will also be further clarity on the impact of the recent procurement exercises.

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Appendix 2.14: Treatment and disposal of residual waste

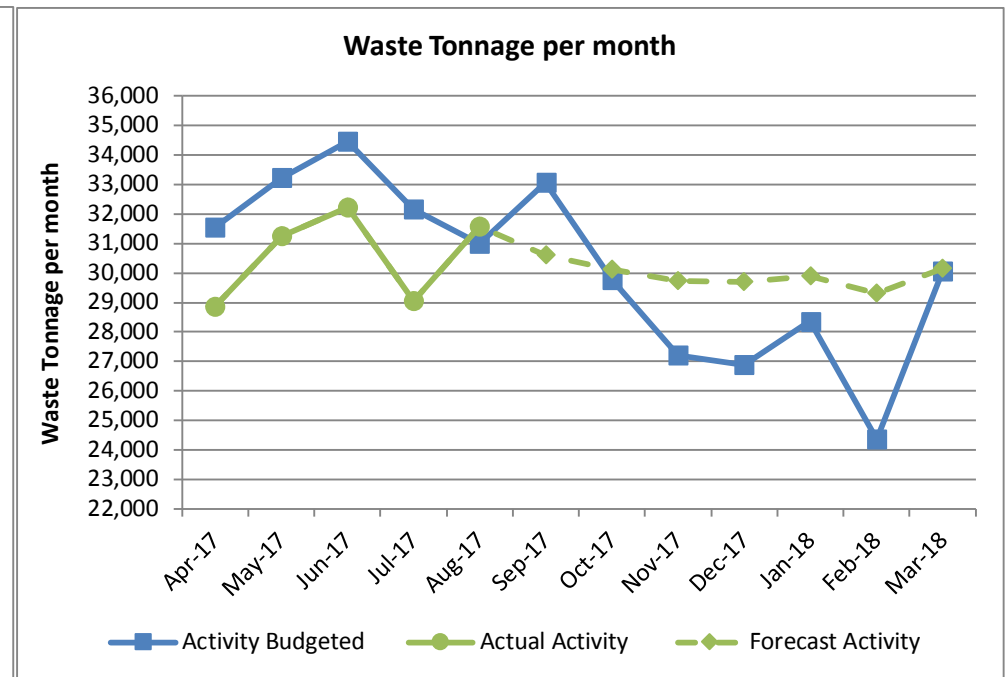
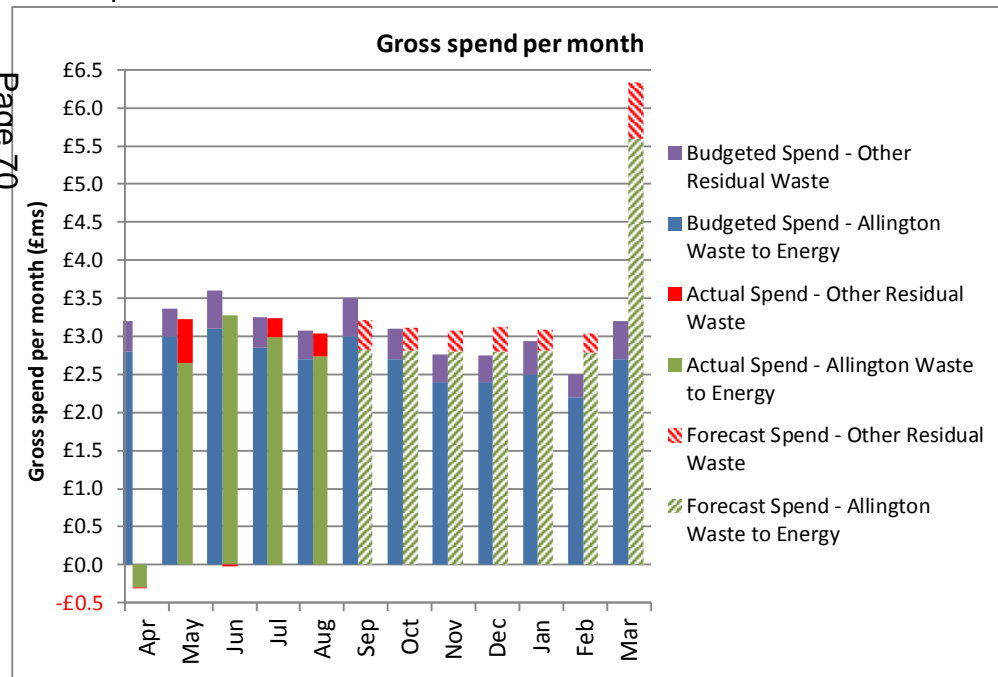
2017-18 Forecast	Gross £m	Income £m	Net £m	Waste Tonnage to 31/03/2018
Budget	£37.4	£0.0	£37.4	362,047
Actual	£37.7	-£0.2	£37.4	362,505
Variance	£0.3	-£0.2	£0.1	458

Position as at 31st August 2017	Gross £m	Waste Tonnage to 31/08/2017
Budget: Spend/Activity Year to Date	£16.8	162,387
Actual: Spend/Activity Year to Date	£12.4	152,998
Variance as at 31st August 2017	-£4.4	-9,389

MAIN REASONS FOR FORECAST VARIANCE:

The gross pressure of +£0.3m is due to a price variance (+£0.4m), offset by a volume variance of +458 tonnes (-£0.1m). Although tonnes are over budget an underspend is being forecast because a large number of tonnes are being redirected from Waste Treatment Final Disposal contracts into Waste to Energy at a cheaper rate. Pressure is also offset by higher than expected income (-£0.2m), from trade waste tonnes, leading to a net pressure of +£0.1m. The -£4.4m underspend to date shown in the table above is due to no monthly payment being made in April; this is forecast to catch up in March as shown in the chart below.

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Appendix 2.15: Waste Processing

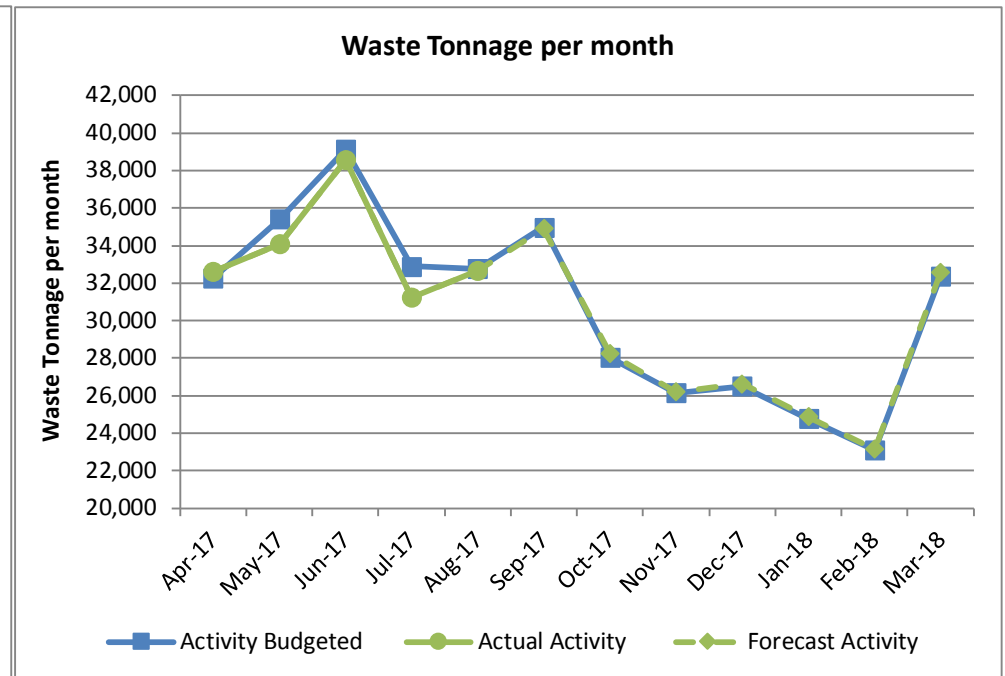
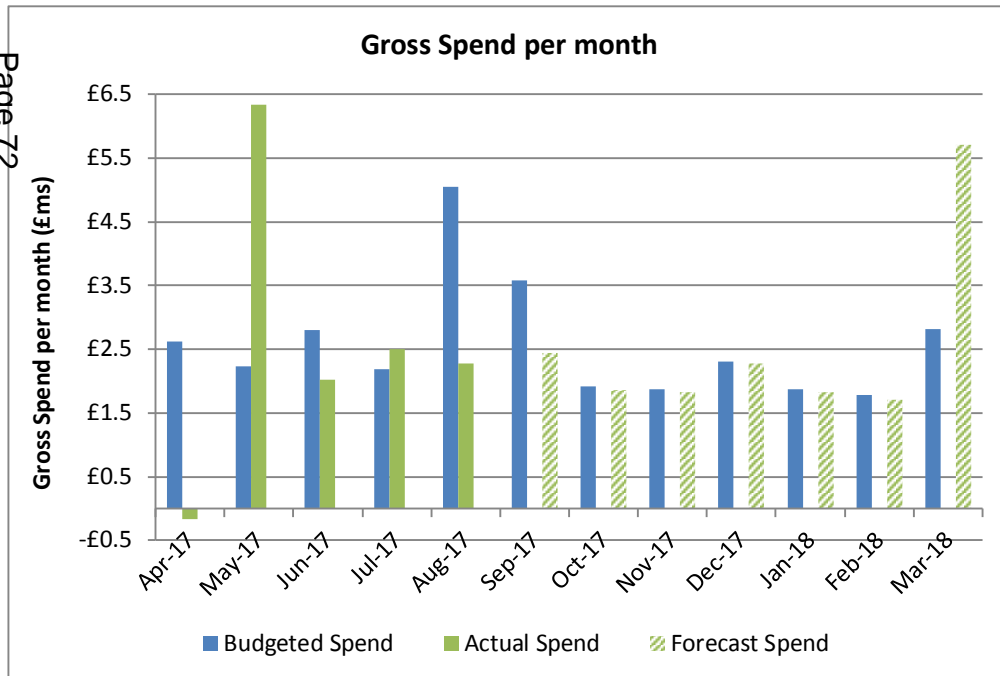
2017-18 Forecast	Gross £m	Income £m	Net £m	Waste Tonnage to 31/03/2018
Budget	£31.0	-£1.9	£29.2	368,245
Actual	£30.6	-£1.8	£28.9	365,593
Variance	-£0.4	£0.1	-£0.3	-2,652

Position as at 31st August 2017	Gross £m	Waste Tonnage to 31/08/2017
Budget: Spend/Activity Year to Date	£14.9	172,387
Actual: Spend/Activity Year to Date	£13.0	169,110
Variance as at 31st August 2017	-£1.9	-3,277

MAIN REASONS FOR FORECAST VARIANCE:

The gross underspend of (-£0.4m) is due to tonnage price variances (-£0.4m) primarily for Soil/Hardcore and Materials Recycling Facilities where contracts have been successfully retendered; there is also a small pressure within income due to a volume variance of -2,081 tonnes (+£0.1m). Variations in tonnes may not always impact on the financial position as not all changes in waste types attract an additional cost. The high spend in May is due to Enabling Payments which were budgeted to be paid in August/September therefore the variance is just a timing issue.

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Appendix 2.16: All Staffing Budgets (excluding schools)

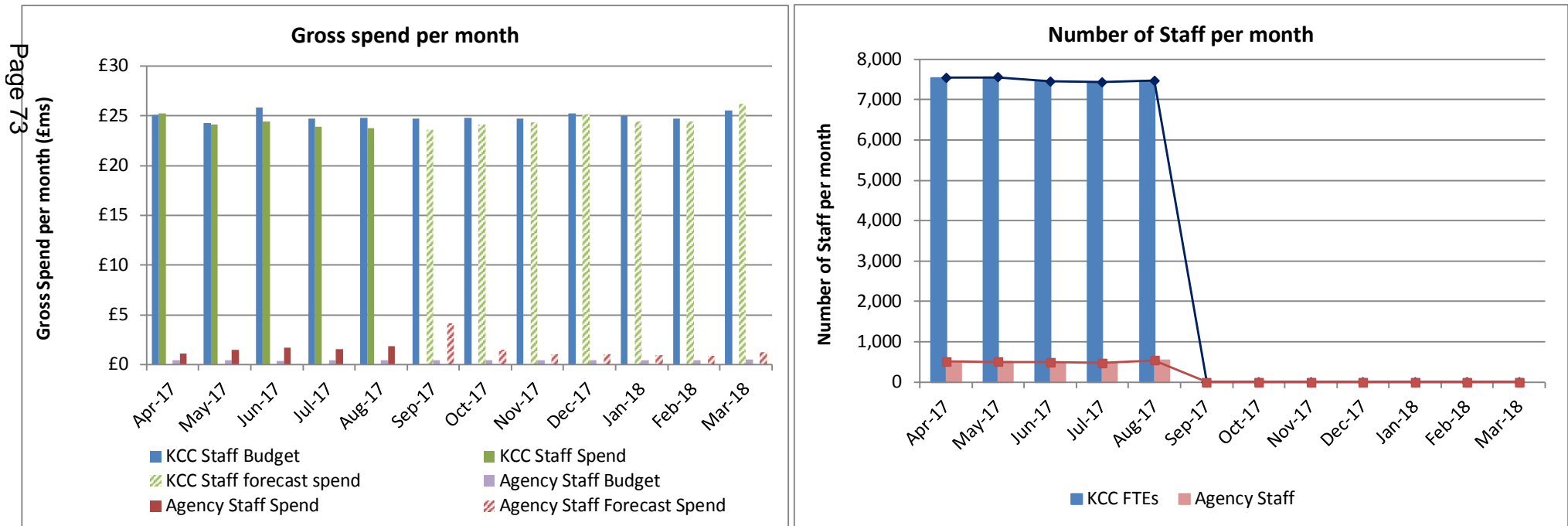
2017-18	KCC	Agency	Gross
Outturn	£m	£m	£m
Budget	£299.6	£5.1	£304.7
Outturn	£293.7	£18.4	£312.1
Variance	-£5.9	£13.3	£7.4

as at 31	KCC	Agency	Gross
August 2017	£m	£m	£m
YTD Budget	£124.8	£2.0	£126.8
YTD Spend	£121.4	£7.7	£129.0
YTD Variance	-£3.4	£5.6	£2.2

Staff numbers	KCC	Agency
	FTEs	Nos
as at 31 Mar 2017	7,609.36	445
as at 31 August 2017	7,470.32	543
Annual Movement	-139.04	98

MAIN REASONS FOR VARIANCE:

There is a significant underspend against KCC staff budgets but this is being negated by an overspend on agency staff. Vacancies are being held pending the outcome of restructuring and the uncertainty around budget cuts, which is contributing to the underspend against the KCC staff budgets. The majority of the overspend on agency staff relates to Children's Social Care Staff - see Appendix 2.10. The staffing numbers provided are a snapshot position at the end of the month.



Unaccompanied Asylum Seeking Children (UASC)

1. Position compared to budget by age category

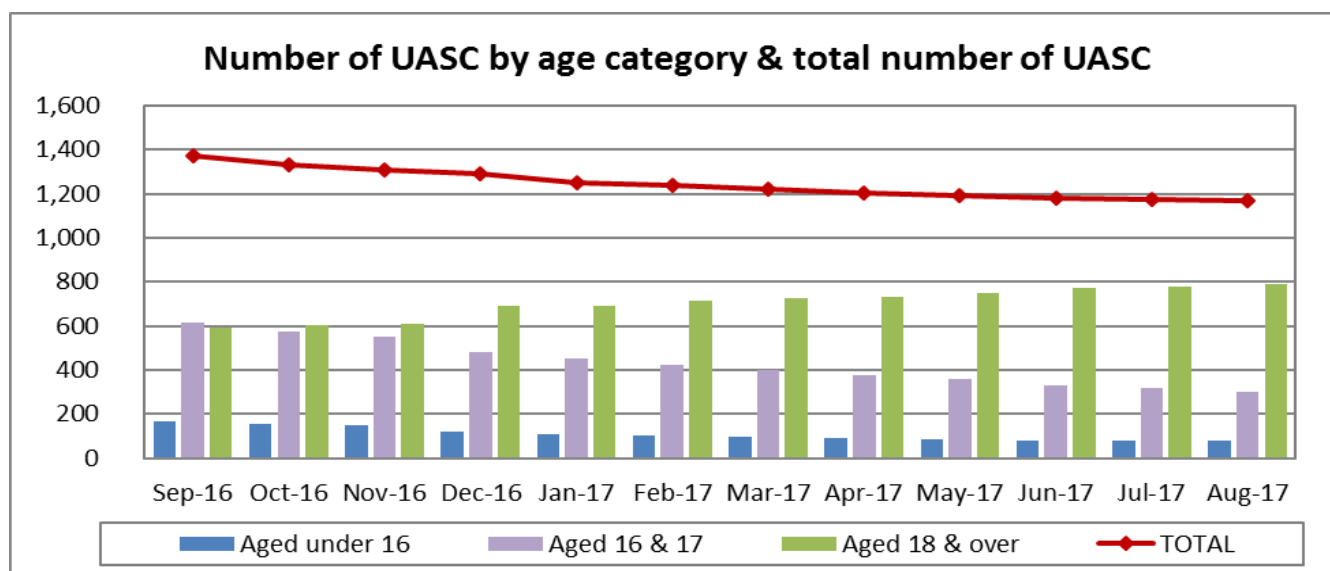
The outturn position is an overspend of £3.9m as detailed below:

	Cash Limit			Forecast Variance		
	Gross £m	Income £m	Net £m	Gross £m	Income £m	Net £m
Aged under 16	4.4	-4.4	0.0	-1.1	0.8	-0.3
Aged 16 & 17	10.5	-10.5	0.0	0.6	1.5	2.1
Aged 18 & over (care leavers)	8.7	-8.2	0.6	1.0	1.1	2.1
	23.6	-23.1	0.6	0.5	3.4	3.9

The following tables exclude individuals being reunited with family under the Dublin III regulation who are awaiting pick up by relatives and are not Asylum seekers (so are not eligible under grant rules), but we are recharging for the time they use the Authority's services, so the authority should not face net costs.

2. Number of UASC & Care Leavers by age category

	Aged under 16	Aged 16 & 17	Aged 18 & over	TOTAL
Sep-16	167	613	594	1,374
Oct-16	155	573	601	1,329
Nov-16	147	553	610	1,310
Dec-16	117	481	693	1,291
Jan-17	109	451	691	1,251
Feb-17	101	425	714	1,240
Mar-17	99	398	725	1,222
Apr-17	93	376	732	1,201
May-17	85	356	750	1,191
Jun-17	80	331	771	1,182
Jul-17	78	316	778	1,172
Aug-17	80	301	790	1,171



The number of Asylum LAC shown in Appendix 2.11 (LAC numbers) is different to the total number of under 18 UASC clients shown within this indicator, due to UASC under 18 clients including both Looked After Children and 16 and 17 year old Care Leavers.

3. Number of Eligible & Ineligible Clients incl All Rights of appeal Exhausted (ARE) clients at the end of each month

2017/18	Eligible Clients	of which AREs	Ineligible Clients	of which AREs	Total Clients	Total AREs
At year end 2016/17	1,008	7	214	38	1222	45
April	982	3	219	42	1,201	45
May	972	3	220	33	1,192	36
June	965	8	217	35	1,182	43
July	967	4	205	32	1,172	36
August	954	21	217	32	1,171	53

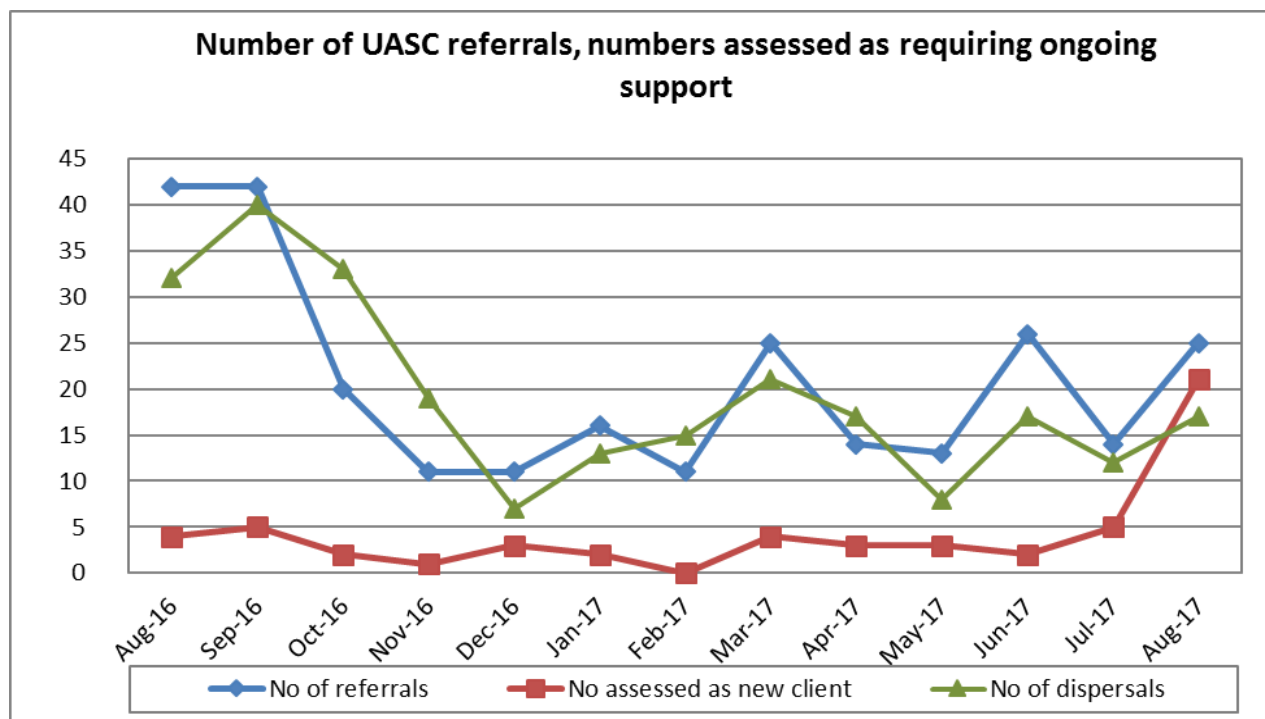
Eligible Clients are those who do meet the Home Office grant rules criteria. Appeal Rights Exhausted (ARE) clients are eligible for the first 13 weeks providing a human rights assessment is completed. There is a sharp rise in the number of new ARE clients within the 13 weeks of service, this is due to the Home Office clearing a backlog of asylum decisions, coupled with a long delay in receiving data match information in relation to the grant claim.

Ineligible clients are those who do not meet the Home Office grant rules criteria. For young people (under 18), this includes accompanied minors and long term absences (e.g. hospital or prison). For care leavers, there is an additional level of eligibility as the young person must have leave to remain or "continued in time" appeal applications to be classed as an eligible client.

4. Numbers of UASC referrals, assessed as requiring ongoing support

	No of referrals	No assessed as new client	%	No of dispersals
Jul-16	47	5	11%	25
Aug-16	42	4	10%	32
Sep-16	42	5	12%	40
Oct-16	20	2	10%	33
Nov-16	11	1	9%	19
Dec-16	11	3	27%	7
Jan-17	16	2	13%	13
Feb-17	11	0	0%	15
Mar-17	25	4	16%	21
Apr-17	14	3	21%	17
May-17	13	3	23%	8
Jun-17	26	2	8%	17

	No of referrals	No assessed as new client	%	No of dispersals
Jul-17	14	5	36%	12
Aug-17	25	21	84%	17



5. Total number of dispersals – new referrals & existing UASC

Duration	Arrivals who have been dispersed post new Government Dispersal Scheme (w.e.f 01 July 16)	Former Kent UASC who have been dispersed (entry prior to 01 July 16)	TOTAL
Jul-16	14	11	25
Aug-16	31	1	32
Sep-16	30	10	40
Oct-16	33	0	33
Nov-16	17	2	19
Dec-16	7	0	7
Jan-17	8	5	13
Feb-17	15	0	15
Mar-17	16	5	21
Apr-17	14	3	17
May-17	7	1	8
Jun-17	16	1	17
Jul-17	12	0	12
Aug-17	17	0	17

In total there have been 276 new arrivals that have been dispersed since July 2016. These are included within the referrals in table 4. This also includes arrivals since 01 July 16 dispersed to London Boroughs, who are not participating in the transfer scheme.

The dispersal process has been slower than expected and has resulted in Kent becoming involved in some of the work or assessment for these clients prior to their dispersal and are therefore counting as a referral. It is expected that we will get to the point where clients are dispersed more quickly and therefore will not be included in the referral numbers.

Please note numbers have been amended for previous months to reflect more up-to-date information.

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From: John Lynch, Head of Democratic Services

To: Health Reform and Public Health Cabinet Committee – 1 December 2017

Subject: **Work Programme 2018/19**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Health Reform and Public Health Cabinet Committee.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its work programme for 2018/19.

- 1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Members, is responsible for the final selection of items for the agenda, this report gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.
- 2. Work Programme 2018/19**
 - 2.1 An agenda setting meeting was held on 22 September 2017, at which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion to the agenda of future meetings.
 - 2.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.
 - 2.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

3. Conclusion

- 3.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme, to help the Cabinet Members to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.

4. **Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to consider and agree its work programme for 2018/19.

5. Background Documents

None.

6. Contact details

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HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE WORK PROGRAMME 2018/19

Items to every meeting are in italics. Annual items are listed at the end.

24 JANUARY 2018
<ul style="list-style-type: none">• 2018/19 Budget and Medium Term Financial Plan• Deep Dive on NHS health checks (<i>added at 22 Sept agenda setting</i>)• 17/00098 – outcome on Consultation on Community Infant Feeding Service• 'One You Kent' campaign update• Verbal Updates – could include STP update• Contract Monitoring – regular item• Budget Monitoring report (<i>request from Leader's Group 12 6 17 that all Cabinet Cttees have regular item</i>)• Public Health Performance Dashboard – incl impact of STP now to alternate meetings• Work Programme 2018/19
13 MARCH 2018
<ul style="list-style-type: none">• Draft Directorate Business Plan• Risk Management report (with RAG ratings)• Tobacco Control in Kent (<i>added at 22 Sept agenda setting</i>)• Air quality in Kent (incl pollution from roads, and petro-chemical plants in continental Europe and 'turn off your engine' campaigns by schools) (<i>added at 22 Sept agenda setting</i>)• Report on Public Health outcomes (<i>added at 22 Sept agenda setting</i>)• Verbal Updates – could include STP update• Contract Monitoring – regular item• Budget Monitoring report (<i>request from Leader's Group 12 6 17 that all Cabinet Cttees have regular item</i>)• Work Programme 2018/19
3 MAY 2018
<ul style="list-style-type: none">• Verbal Updates – could include STP update• Contract Monitoring – regular item• Budget Monitoring report (<i>request from Leader's Group 12 6 17 that all Cabinet Cttees have regular item</i>)• Public Health Performance Dashboard – incl impact of STP now to alternate meetings• Work Programme 2018/19
27 JUNE 2018
<ul style="list-style-type: none">• Verbal Updates – could include STP update• Contract Monitoring – regular item• Budget Monitoring report (<i>request from Leader's Group 12 6 17 that all Cabinet Cttees have regular item</i>)• Work Programme 2018/19
14 SEPTEMBER 2018
<ul style="list-style-type: none">• Annual Report on Quality in Public Health, incl Annual Complaints Report• Annual Equality and Diversity Report• Verbal Updates – could include STP update• Contract Monitoring – regular item• Budget Monitoring report (<i>request from Leader's Group 12 6 17 that all Cabinet Cttees have regular item</i>)• Public Health Performance Dashboard – incl impact of STP now to alternate meetings• Work Programme 2018/19

22 NOVEMBER 2018
<ul style="list-style-type: none"> • Verbal Updates – could include STP update • Contract Monitoring – regular item • Budget Monitoring report (request from Leader's Group 12 6 17 that all Cabinet Cttees have regular item) • Work Programme 2019
9 JANUARY 2019
<ul style="list-style-type: none"> • Verbal Updates – could include STP update • Contract Monitoring – regular item • Budget Monitoring report (request from Leader's Group 12 6 17 that all Cabinet Cttees have regular item) • Public Health Performance Dashboard – incl impact of STP now to alternate meetings • Work Programme 2019
13 MARCH 2019
<ul style="list-style-type: none"> • Verbal Updates – could include STP update • Contract Monitoring – regular item • Budget Monitoring report (request from Leader's Group 12 6 17 that all Cabinet Cttees have regular item) • Work Programme 2019

Pattern of items appearing annually	
Meeting	Item
January	Budget and Medium Term Financial Plan Public Health Performance Dashboard – incl impact of STP now to alternate meetings <i>Budget Monitoring</i>
March	Draft Directorate Business Plan Risk Management report (with RAG ratings) <i>Budget Monitoring</i>
June / July	Public Health Performance Dashboard – incl impact of STP now to alternate meetings <i>Budget Monitoring</i>
September	Annual Report on Quality in Public Health, incl Annual Complaints Report Annual Equality and Diversity Report <i>Budget Monitoring</i>
November / December	Public Health Performance Dashboard – incl impact of STP now to alternate meetings <i>Budget Monitoring</i>