

Agenda

Cabinet

Date: **Wednesday 27 November 2019**

Time: **6.00 pm**

Place: **Leominster Library, 8 Buttercross, Leominster HR6
8BN**

Notes: Please note the time, date and venue of the meeting.

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Agenda for the meeting of Cabinet

Membership

Chairperson Councillor David Hitchiner, Leader of the Council
Vice-Chairperson Councillor Felicity Norman, Deputy Leader of the Council

Councillor Pauline Crockett
Councillor Gemma Davies
Councillor John Harrington
Councillor Liz Harvey
Councillor Trish Marsh
Councillor Ange Tyler

Agenda

	Pages
1. APOLOGIES FOR ABSENCE To receive any apologies for absence.	
2. DECLARATIONS OF INTEREST To receive declarations of interests in respect of Schedule 1, Schedule 2 or Other Interests from members of the committee in respect of items on the agenda.	
3. MINUTES To approve and sign the minutes of the meeting held on 24 October 2019.	9 - 16
4. QUESTIONS FROM MEMBERS OF THE PUBLIC To receive questions from members of the public.	
5. QUESTIONS FROM COUNCILLORS To receive questions from councillors.	

How to submit questions

*The deadline for submission of questions for this meeting is:
5pm on Thursday 21 November 2019.*

Questions must be submitted to councillorservices@herefordshire.gov.uk or to the monitoring officer in writing at Herefordshire Council, County Offices, Plough Lane, Hereford HR4 0LE. Questions sent to any other address may not be accepted.

Accepted questions and the response to them will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at <https://www.herefordshire.gov.uk/getinvolved>

Special guidance for questions during the run in to the general election

This meeting is transacting its business during the “purdah” period leading up to the general election on 12 December. The council must take particular care not to publish or discuss material that, in whole, or in part, appears to be designed to affect public support for a particular political party or candidate.

There may be some restrictions on the answers that can be provided for councillor and public questions accepted for this meeting. If necessary, answers may be restricted to purely factual responses with a fuller response provided after 12 December. This also applies to any supplementary questions asked during the meeting.

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|----|--|-----------|
| 6. | QUARTER 2 2019/20 CORPORATE BUDGET AND PERFORMANCE REPORT | 17 - 68 |
| | To review performance for quarter 2 2019/20 and the budget outturn. | |
| 7. | HEREFORDSHIRE'S BETTER CARE FUND (BCF) AND INTEGRATION PLAN 2019-20 AND SECTION 75 AGREEMENT | 69 - 156 |
| | To approve the council's contribution to the Herefordshire better care fund (BCF) and Integration plan 2019-20 and the section 75 agreement from 1 April 2020 to 31 March 2025. | |
| 8. | HEREFORDSHIRE AND WORCESTERSHIRE LIVING WELL WITH DEMENTIA STRATEGY | 157 - 200 |
| | To approve and support the contents of the Herefordshire and Worcestershire Living Well with Dementia Strategy (HWLWD) and approve the high level actions set out for 2019-2024. | |
| 9. | TO APPROVE A REVISED BUSINESS CASE AND BUDGET FOR THE EXPANSION OF MARLBROOK PRIMARY SCHOOL WITHIN THE APPROVED CAPITAL ALLOCATION | 201 - 260 |
| | To approve a revised business case and budget for the expansion of Marlbrook Primary School within the approved capital allocation, to accommodate the additional pupils admitted from 2014 in response to rising numbers in South Hereford and to meet parental preference. | |

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- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
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The Chairperson or an attendee at the meeting must take the signing in sheet so it can be checked when everyone is at the assembly point.

Guide to Cabinet

The Executive or Cabinet of the Herefordshire Council consists of a Leader and Deputy Leader and six other Cabinet Members each with their own individual programme area responsibilities. The current Cabinet membership is:

Cllr David Hitchiner (Leader) (Herefordshire Independents)	Corporate Strategy and Budget
Cllr Felicity Norman (Deputy Leader) (The Green Party)	Children and Families
Cllr Gemma Davies (Herefordshire Independents)	Commissioning, Procurement and Assets
Cllr Trish Marsh (The Green Party)	Environment, Economy and Skills
Cllr Liz Harvey (It's Our County)	Finance and Corporate Services
Cllr Pauline Crockett (Herefordshire Independents)	Health and Adult Wellbeing
Cllr John Harrington (It's Our County)	Infrastructure and Transport
Cllr Ange Tyler (Herefordshire Independents)	Housing, Regulatory Services and Community Safety

The Cabinet's roles are:

- To consider the overall management and direction of the Council. Directed by the Leader of the Council, it will work with senior managers to ensure the policies of Herefordshire are clear and carried through effectively;
- To propose to Council a strategic policy framework and individual strategic policies;
- To identify priorities and recommend them to Council;
- To propose to Council the Council's budget and levels of Council Tax;
- To give guidance in relation to: policy co-ordination; implementation of policy; management of the Council; senior employees in relation to day to day implementation issues;
- To receive reports from Cabinet Members on significant matters requiring consideration and proposals for new or amended policies and initiatives;
- To consider and determine policy issues within the policy framework covering more than one programme area and issues relating to the implementation of the outcomes of monitoring reviews.

Who attends cabinet meetings?

Coloured nameplates are used to identify the various councillors and officers attending the meeting as follows:

Pink	Members of the cabinet, including the leader of the council and deputy leader – these are the decision makers, only members of the cabinet can vote on recommendations put to the meeting.
Orange	Officers of the council – attend to present reports and give technical advice to cabinet members
Blue	Chairmen of scrutiny committees – attend to present the views of their committee if it has considered the item under discussion
White	Political group leaders attend to present the views of their political group on the item under discussion. Other councillors may also attend as observers but are not entitled to take part in the discussion.

Herefordshire Council

Minutes of the meeting of Cabinet held at The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Thursday 24 October 2019 at 6.30 pm

Present: Councillor David Hitchiner, Leader of the Council (Chairman)
 Councillor Felicity Norman, Deputy Leader of the Council (Vice-Chairman)
 Councillors Gemma Davies, John Harrington, Trish Marsh and Ange Tyler

Cabinet support members in attendance Councillors John Hardwick, Peter Jinman and Alan Seldon

Group leaders in attendance Councillors Terry James and Jonathan Lester

Scrutiny chairpersons in attendance Councillors Jonathan Lester

Other councillors in attendance: Councillors Mike Jones and David Summers

Officers in attendance: Alistair Neill, Richard Ball, Chris Baird, Claire Ward, Andrew Lovegrove and Stephen Vickers

92. OPENING REMARKS

The leader of the council welcomed attendees and announced that the next meeting of the cabinet would be held in Leominster, as part of an effort to engage with communities across the county.

Concerns were expressed from a group leader about the travel implications of holding meetings outside Hereford, commenting that the city was centrally located in the county. These concerns were noted and it was confirmed that arrangements would be kept under review.

93. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Crockett and Harvey.

94. DECLARATIONS OF INTEREST

None.

95. MINUTES

Resolved: That the minutes of the meeting held on 26 September 2019 be approved as a correct record and signed by the Chairman.

96. QUESTIONS FROM MEMBERS OF THE PUBLIC (Pages 7 - 8)

Questions received and responses given are attached as appendix 1 to the minutes.

97. QUESTIONS FROM COUNCILLORS

No questions were received from councillors for this meeting.

98. CORPORATE PARENTING ANNUAL UPDATE 2018/2019

The cabinet member children and families introduced the report and noted the key achievements in 2018/19. She reminded cabinet members of the seven corporate parenting principles in the Children and Social Work Act 2017 and stressed the importance of doing everything possible to support children in the care of the council and care leavers.

The director for children and families endorsed the comments from the cabinet member and noted that this report covered the second year of a three-year strategy. He outlined a number of areas of progress since the end of March 2019 to update cabinet since the end of the financial year.

In discussion of the report, cabinet members noted that:

- A wide range of initiatives were in place to help recruit and retain social care staff including an individual training allowance, market forces supplement, clear career pathway and one-off payments for agency staff converting to permanent contracts;
- A social work apprenticeship scheme was planned for introduction in February 2020;
- A recruitment agency micro site had been established and the director was proactive in contacting individuals who expressed an interest in working in Herefordshire;
- The council had a good record on retaining permanent staff, with most changes a result of agency workers coming and going or permanent staff moving to other children's social work roles within the council;
- A number of councillors had attended the alternatives care panel and all councillors were encouraged to attend to see the work that took place, councillors were also welcome to attend the corporate parenting board;
- The numbers of children coming into care had been stabilised but was still comparatively high;
- It was proposed to establish an edge of care service as it was felt this would be beneficial in reducing LAC numbers, the service would work with families when they were at a point of requesting that the children be taken into care and also work to enable children to return home safely;
- special guardianship orders (SGOs) gave carers parental rights for children up to the age of 18 and were usually granted to extended family members, the same financial assistances was now given to those with a SGO as to foster carers;
- children were being placed with adoptive families much sooner;
- it was not viable for the Refugee Action service to continue as numbers were so low, the council would need to consider whether it was viable to commission a replacement service;
- it was important that the views of children in the care system and care leavers were considered in developing services.

Group leaders were invited to present the views of their group. The update on the strategy was welcomed but concern was expressed regarding the continuing high numbers of LAC. It was noted that:

- there were a number of ways that councillors could contribute to supporting children in care, including ensuring that services were performing well;
- looked after children wanted to have normal experiences and did not necessarily want their status as LAC highlighted;
- it was important to listen to staff who worked with children in care as they often had good ideas on how best to support LAC;
- the report could be more explicit about the initiatives to improve recruitment.

It was suggested that all councillors receive a hard copy of the current strategy so they could see what was expected and encourage ownership of the strategy in its next revision.

It was resolved that:

the progress of the corporate parenting strategy as outlined at appendix 1 to the report was considered and cabinet did not identify any further actions required to improve the delivery of the strategy.

99. FOSTERING AND ADOPTION SERVICE ANNUAL REPORTS 2018/19

The cabinet member children and families introduced the report and highlighted the key achievements for the adoption and fostering services during 2018/19. In particular it was noted that the length of time for children to be placed with adoptive families had reduced and the Ofsted inspection in 2018 identified several areas of good practice. The report referred to the plan for Herefordshire to join Adoption Central England (ACE) but this had now been completed.

In discussion of the report, cabinet members noted that:

- Herefordshire had some difficulty in finding a regional adoption agency that would accept them and the move of the service into ACE had been a significant undertaking but had been delivered within planned timescales;
- Being part of a regional agency gave access to a larger pool of prospective adopters for children in Herefordshire;
- To attract foster carers to work with the council rather than with independent fostering agencies it was important to provide them support, an example of this support was the opening up of the 'orchard' benefits scheme to foster carers which would give access to discounts on activities;
- It was unclear why numbers of enquiries for the sleepover scheme had reduced, there were a number of factors which might discourage potential carers including lack of space as adult children were still at home;
- There were also a number of reasons why foster carers resigned from the service, including changes in family circumstances and retirements due to age.

Group leaders were invited to present the views of their group. The work of foster carers and adopters was praised and it was noted that:

- These services had performed well for some time and it was hoped this would continue under ACE;
- Work to reduce the numbers of children in care was important to reduce pressure on these services;
- The reduction in the time to secure placements was welcomed; and
- It was important that recruitment continued to focus on getting the right people.

The work of foster carers and adoptive parents was recognised by the whole cabinet.

It was resolved that:

(a) The performance of the adoption service as outlined at appendix 1 to the report was reviewed, no additional risks to achievement of objectives were noted and no further mitigating actions were required; and

(b) The performance of the fostering service as outlined at appendix 2 to the report was reviewed, no additional risks to the achievement of objectives were noted and no further mitigation actions were required.

100. ANNUAL REVIEW OF EARMARKED RESERVES

The leader of the council introduced the report. He highlighted that Herefordshire had an appropriate level of reserves as a percentage of expenditure, as shown in the comparison with other similar councils. The leader drew attention to the supplement that had been published for this item, which included recommendations for two new earmarked reserves. The first was to undertake research on housing options while the second was to bring forward edge of care services ahead of the current plans.

A minor correction was noted to the supplementary information on the proposed edge of care service – the final sentence should refer to a previously planned introduction from April 2020 rather than 2021.

The chief finance officer explained a number of points in relation to the report namely that:

- Reserves were held for a number of reasons;
- School reserves were held on behalf of council run schools;
- The financial resilience reserve had been established a few years earlier in recognition of the difficulty of projecting future council income and was being topped up each year through the minimum revenue provision;
- Reserves could also be called on to fund invest to save programmes that could not be delivered through day to day budgets;
- The pension risk reserve represented an adequate reserve with the pension fund having had a good run on investment returns and being over 90% funded;
- The government had indicated that roll out of business rate retention would be delayed for at least another year so the business rates smoothing reserve would help to deal with unknowns and guard against successful business rate appeals which could result in significant costs to the council;
- Unused grants would be examined to see if they could be spent, depending on any conditions attached;
- Unused schools grants included the devolved schools grant which was held centrally for schools, £400k for high needs and other small grants that the schools forum would determine how to spend;
- The settlement monies reserve related to an ongoing dispute and would be available once the legal process was concluded;
- Reserves were reviewed annually and reported to cabinet, in some cases figures were based on estimates of what was required while others related to actual grants received.

The cabinet member housing, regulatory services and community safety explained the background to the proposal to create an earmarked reserve to explore options for delivery of housing in the county. She highlighted that:

- Residents were facing difficulty in finding suitable housing across the board;
- There were a number of ways in which the council could deliver additional housing and all would be considered;
- The investigation would support a business case that would inform consideration of further investment.

The chief finance officer reminded cabinet members that the current proposal would create the new reserves and set out what the money was to be spent on. How it was to be spend would be subject to a further decision at a later date.

Cabinet members were keen to explore all avenues and to consider issues such as the right to buy. It was noted that with the reduction in grants from central government the council had to look for ways to maintain financial stability.

The cabinet member children and families spoke on the proposal to create an additional reserve for children's safeguarding noting that:

- The council had historically high levels of LAC and as well as being a matter of concern for the wellbeing of young people in the county it resulted in significant expense for the council;
- Edge of care services would be an investment in reducing the numbers of children who needed to be taken into care;
- The proposals had been discussed for some time and there was an opportunity to move ahead during the current financial year by use of this reserve.

Cabinet members noted the comments that had been made during consideration of previous items on the corporate parenting strategy and the need to reduce demand on children's social care services.

The director for children and families confirmed that the need for this service had been discussed for some time and that a full business case was in the process of being finalised. Part of the proposal would see additional social workers recruited who would not work on child protection but who would reduce workload for the child protection team overall. As with the reserve for housing options, actual spend would require further decision processes.

Group leaders were invited to present the views of their group. The need for the council to hold reserves in order to be able to react to uncertainty was stressed. Demand led services could not always meet all pressures within an annual budget and once reserves were spent it would not be possible to compensate without putting pressure on council tax payers.

Cabinet members recognised that the council was in a positive financial position because of good management by officers and councillors in previous administrations and had the opportunity to invest in delivering the new corporate plan that was currently being drawn up.

The option for the full cabinet to take decisions on actual spend rather than delegate to individual portfolio holders was discussed but it was noted that the same processes in terms of publication of the decision and opportunity for call in would apply in either case. The importance of keeping all councillors and members of the public engaged was stressed.

It was resolved that:

The following changes be made to the reserve balances held, as shown in appendix 1:

- Establish a new earmarked reserve of £150k, utilising funds held in the financial resilience reserve, to fund the investigation of different models of delivering council housing; and**
- Establish a new ear marked reserve of £550k, utilising funds held in the financial resilience reserve, to fund the initial implementation in 2019/20 of an enhanced edge of care service for young people and support a high quality children's social care service.**

The meeting ended at 8.08 pm

Chairperson

PUBLIC QUESTIONS TO CABINET – 24 October**Question 1****Mr D Howerski, Eaton Bishop****To: cabinet member, infrastructure and transport**

There are 137 Parish and Town councils in receipt of precept income. Their total spending value in 2019 is approximately £4,622,000. A small 1.25% portion of the £376 Million, that Herefordshire County Council will spend this year.

From the 137 Parish and Town Councils, how many completed an “expression of interest” in Community Commissioning with Balfour Beatty Living Places? From those who did, how many of the Annual Maintenance Plans submitted for each were, “Generic Versions” with no budget figures, which have subsequently been accepted by Balfour Beatty Living Places for the year 2019-2020?

Response

For 2019 / 2020 the ‘Community Commissioning Model’ scheme has had 48 requests to date with 13 completed and 17 progressing. 18 have not been progressed by the relevant parish councils.

Expressions of interest and annual maintenance plans are not part of the community commissioning model requirement but relate instead to the Parish Paths Partnership Scheme (P3 Scheme) and the Parish Lengthsman Scheme. For 2019/2020, 85 parish councils submitted an expression of interest. Of those, 66 parish council annual maintenance plans identified budgets for the schemes to progress. Of these 53 parishes are doing both the P3 and Parish Lengthsman Scheme, 1 is doing the P3 scheme only and 12 are doing the Parish Lengthsman Scheme only.

If any parish council wants to be part of the scheme they should submit the maintenance plan with the identified budget.

Further information is available at

https://www.herefordshire.gov.uk/info/200231/parish_councils/207/lengthsman_scheme

Question 2**Dr N Geeson, Hereford****To: cabinet member, infrastructure and transport**

This time last year at the Public Inquiry for the Southern Link Road CPOs we were told that the business case for the Southern Link Road was being finalised, but this did not happen during the last four months or so of the previous administration. What were the main reasons for the Southern Link Road business case not being ready to be submitted to the Department for Transport before April/May 2019?

Response

The development of the final full business case for the SWTP progressed following the public inquiry in November 2018. However Department for Transport guidance sets out that the final full business case cannot be formally submitted until all statutory consents have been obtained and a tender price for the scheme has been agreed and included in the business case.

The statutory compulsory and side roads orders for the Southern Link Road were not confirmed (following the public inquiry) until middle March 2019 in the week before the purdah period for the May 2019 local elections began. In addition the tender process for the SLR had not concluded before the purdah and election of a new administration. As a result the business case has not yet been finalised or submitted.



Meeting:	Cabinet
Meeting date:	27 November 2019
Title of report:	Quarter 2 2019/20 corporate budget and performance report
Report by:	Cabinet member finance and corporate services

Classification

Open

Decision type

Non-key

Wards affected

(All Wards);

Purpose and summary

To review performance for quarter 2 2019/20 and the budget outturn.

To provide assurance that progress is being made towards achievement of the agreed revenue budget and service delivery targets, and that the reasons for major variances or potential under-performance are understood and are being addressed to the cabinet's satisfaction.

The 2019/20 outturn is £146k overspend as at the end of September 2019. It is anticipated that this will be addressed within the directorates.

The proportion of performance measures showing an improvement, or remaining the same compared to the same period last year is 63%. This is an improvement on the same period last year.

Recommendation(s)

That:

- (a) Cabinet review performance and financial outturn for quarter 2 2019/20, as set out in appendices A - H, and identifies any additional actions to be considered to achieve future improvement.

Alternative options

1. Cabinet may choose to review financial and operational performance more or less frequently; or request alternative actions to address any identified areas of under-performance, including referral to the relevant scrutiny committee.

Key considerations

Revenue outturn

2. The projected 2019/20 outturn is £146k overspend as at the end of September 2019. It is anticipated that this will be addressed within the directorates.
3. The table below sets out the directorate position at the end of September. Further service detail is available in appendix A.

Projected revenue outturn 2019/20 (as at the end of September)

Directorate net budget	Gross budget	Net budget	Outturn	Variance over / (under)spend
	£000	£000	£000	£000
Adults & Communities	92,975	56,865	55,934	(931)
Children & Families	160,224	30,574	31,955	1,381
Economy & Place	49,503	31,071	31,183	112
Corporate	19,171	15,742	16,042	300
Directorate total	321,873	134,252	135,114	862
Central, treasury management, capital financing & reserves	62,877	16,840	16,124	(716)
TOTAL	384,750	151,092	151,238	146

4. The underspend in Adults and Communities further evidences the success of the strengths based practice and the associated service developments; this is a significant improvement since the figure reported in the Q1 report.
5. Children and Families continues to spend more than the planned budget for looked after children and care leavers placements and support, including supported accommodation. The council's budget was set with no assumption for growth in this budget, but that any growth would be covered through corporate contingency. Following Cabinet's decision to establish a one off reserve to support improvements in edge of care, a business case has been developed to inform a cabinet member decision. Cases that are potentially becoming looked after are reviewed at a weekly 'alternatives to care' panel to see what proactive steps can be taken. Cabinet recently approved the creation of a support service to work in a council owned property providing local supported accommodation for care leavers. Nationally, spend on supporting looked after children and care leavers continues to be a significant challenge for many councils.
6. Economy and Place is also an improved position from the quarter 1 report; this is in part due to an underspend in Technical Services, specifically Building Control. The analysis of the overspend showing the pressures and the mitigation is in appendix A.
7. Corporate Services are overspent due to a pressure in Legal Services, through the use of locums while the structure is being addressed to meet the future demand.
8. There is an increasing underspend in central, treasury management, capital finances and reserves. This is a result of the changed profile of capital spend and the subsequent reduction in costs associated with borrowing.

Capital outturn

9. The capital budget for 2019/20 is £88.946m; the summary breakdown is shown in the table below. Based on the budget, which was re-profiled and reported in May's Cabinet, the forecast spend in 2019/20 is £50.633m, equivalent to 57%.

	2019/20 Budget £'000	2020/21 Budget £'000	2021/22 Budget £'000	2022/23 Budget £'000	Total
February 2019 Council Approved Budget	130,124	54,780	11,521	-	196,425
Re-profiled	(61,210)	47,043	12,086	2,081	-
18/19 Carry Forwards	19,435				19,435
Additional Grants	597			-	597
Revised Capital Budget	88,946	101,823	23,607	2,081	216,457

10. A significant proportion of this underspend arises from the decision to pause and review the South Wye and Hereford Transport Packages; there are also underspends against some school capital builds. In addition, at request of Department of Digital, Media, Culture & Sport, the Building Digital funding, supporting Fastershire, was front loaded, and whilst roll out of broadband access continues, spending in 2019/20 is behind the allocated

budget. Further details can be found on capital project delivery in Appendix B. There will need to be focus on delivery of projects in the latter half of the year to ensure spend is not lower than forecast.

Corporate performance

11. Council approved the corporate plan 2016/17-2019/20 in February 2016, framed around the key priorities to:
 - enable residents to live safe, healthy and independent lives;
 - keep children and young people safe and give them a great start in life;
 - support the growth of our economy; and
 - secure better services, quality of life and value for money.
12. The Corporate Plan is currently being refreshed, with a new four-year corporate plan scheduled for approval by Council in February 2020.
13. In February 2019 Council approved the 2019/20 budget. The annual corporate delivery plan was agreed by Cabinet in February 2019. This plan sets out the activities for the year which will meet the overarching outcomes defined in our Corporate Plan.
14. Progress towards delivering the activities within the delivery plan can be found in appendix F. Half way through the year, two thirds of actions identified as already complete or on track for completion within planned timescales.
15. The impact of the delivery plan is supported by a number of agreed performance measures. These have been selected because they demonstrate progress towards achievement of the council's priorities and also provide an overview of the council's performance from a resident's perspective. The databooks are available in appendix G and contain the latest performance outturns available. Where monitoring information is only available annually, these measures will be reported at the point it becomes available.
16. The proportion of performance measures showing an improvement, or remaining the same compared to the same period last year is 63%. This is an improvement on the same period last year.

Enable residents to live safe, healthy and independent lives

17. The Better Care Fund plan for 2019/20 has been submitted and is currently being reviewed through the regional and national assurance process. The Health and Wellbeing Board has approved the joint plan between the council and the Clinical Commissioning Group that agrees the joint funding for a number of schemes, services and initiatives, national conditions and performance metrics. The plan provided an updated on delivery during this year and the local health and social care integration plans. Approval letters for the plan are due the week commencing 18th November. The BCF is currently being reviewed by central government to determine the future of the programme which is due to be published early in 2020.
18. Association of Directors Adults Social Services (ADASS) undertook a peer review in September on the council's ambitious plans to promote wellbeing, protect vulnerable people and manage future demand for formal adult care services through the new Talk Community programme. The Talk Community programme is an all-encompassing approach to working with Herefordshire's communities. The Peer Review team were asked to consider how our current plans and partnerships can be strengthened to increase or accelerate the impact

on population wellbeing, community resilience and managing the demand for formal care. Final feedback is pending but early indications reflect good progress overall. The final report will include a more details reflection of what is working well and opportunities for further improvement. This will be reported in the next quarter.

19. Adult social care operations continues to drive improvement. This can be evidenced in the directorates' current financial outturn, as seen above, but also in areas of performance, such as the improvement of the proportion of clients which have been reviewed in year.

Keep children and young people safe and give them a great start in life

20. The Children's Integrated Needs Assessment (ChINA) and the Oral Health Needs Assessment have both highlighted the importance of action to address the relatively high levels of tooth decay and obesity of Herefordshire children. Work is being taken forward to increase the number of children accessing fluoride varnish and enabling targeted, supervised tooth brushing as well as encouraging parents to take their child to the dentist. A Little Trip to the Dentist campaign has been well supported and promoted through children's centre services, early years' settings and by the public health nursing service. Results from the dental survey of 5 year olds will be available in December 2019. A dental survey of 3 year olds will be undertaken in the first quarter of 2020 and this will underpin a drive to work further upstream in terms of prevention.
21. A significant improvement in educational outcomes has taken place in Herefordshire over the past 5 years. Data on 2019 un-validated results for primary schools in Herefordshire indicate that the county is performing in either the top or second quartile of all local authorities in the vast majority of performance indicators. Data to show performance of secondary schools against other councils is not yet available. However Key Stage 4 un-validated 4 data for Herefordshire schools show that attainment has fallen slightly in 2019. Areas that are now being targeted by local authority officers are improving outcomes in the Attainment 8 and English and Maths measure at the end of Year 11 and securing higher attainment for disadvantaged groups, particularly pupils eligible for free school meals.
22. Nationally, there has been a great deal of publicity around pressures in the high needs block. A significant number of councils are currently in deficit and many have top-sliced funding from the schools block. Herefordshire's high needs budget is not in deficit. In October 2019, the Secretary of State, confirmed extra high needs funding that for Herefordshire amounts to £2m extra in 2020/21. As a consequence, significant pressures in the high needs block have been largely alleviated in the short term. Although the high needs block in Herefordshire is currently not in deficit, schools forum has elected to keep this position under review on an annual basis.
23. At the end of quarter 2 a number of performance indicators for safeguarding and family support had shown improvement. This included the establishment of the first deep dive audit into an area of practice as part of the work to support improvements in quality of practice. The principal social worker started in post in September and will lead a number of developments including the implementation of Signs of Safety, an approach to underpin practice with a strengths based model working with families. However, a number of key indicators including visits and supervision remain overall below targets. The service experienced a higher number of contacts being received into the Multi Agency Safeguarding Hub (MASH) but also a higher percentage of them being converted into referrals. This has led to higher caseloads in the assessment teams and is something that is being reviewed to reflect on the application of thresholds and determine what action should be taken. Recruitment has been supported by taking on an agency specifically tasked with recruiting social workers for Herefordshire and a bespoke microsite has been developed. Retention

has been supported through a variety of enhancements, but filling vacant posts, keeping caseloads down and managing the work across the service remains a challenge.

Support the growth of our economy

24. In August the cabinet member infrastructure and transport took a decision to pause and review the Southern Link Road (SLR) and bypass road schemes to undertake a review of these schemes to ensure there are consistent with emerging policies and solve the problems they have been developed to address. This decision confirmed that the Hereford Transport Package (HTP) and South Wye Transport Package (SWTP) active travel projects would progress subject to funding as the review is progressed. This decision was called in by the General Scrutiny Committee and was considered by the committee at a meeting on the 9 September and the committee made four recommendations. The cabinet member for infrastructure and transport considered these recommendations and a further decision was published on 22 October 2019 which took these recommendations into account.
25. Further to this decision the scope of the review of the SLR and the bypass will be developed and will be the subject of a further decision report before end 2019. Delivery of the SWTP active travel measures and HTP active travel measure projects will be the subject of a further decision report and delivery will progress subject to funding.
26. The Hereford City Centre Transport Package (HCCTP) consists of the City link road (which opened in December 2017); a new transport hub at Hereford railway station and improvements to the public realm including improved walking, cycling and public transport infrastructure in Commercial Road, Blueschool Street and Newmarket Street. The preliminary design of the Transport hub and Commercial Road, Blueschool and Newmarket Street designs are progressing to enable stakeholder liaison later in 2019 and public consultation in early 2020. Cabinet member infrastructure and transport decision is scheduled in November 2019 to authorise consultation in early 2020. Following consultation in 2020 detailed design will progress, planning application if required late 2020 with construction commencing in 2021.
27. A new bike share scheme 'Beryl Bikes' launched in Hereford this summer and has been a tremendous success. Since the launch, Beryl cyclists have clocked up over 7,960 rides totalling over 20,400 km. As a hybrid of traditional bike share schemes with 150 bikes located over 40 'Beryl bays' across the city, the scheme is ideal for short trips in and around the city. The scheme has been extremely well received by local residents who have been enjoying the easy app based system.
28. In support of the economic growth of the county, located on the Enterprise Zone construction of the Cyber Quarter - Midlands Centre for Cyber Security, a £9m Joint Venture between the council and the University of Wolverhampton is underway and due to be completed in summer 2020. Through joint venture will establish business suites, innovation rooms, IT workshops and a 'Cyber Range' – a cutting edge facility that will enable the growth of cyber security businesses in Herefordshire. Also located on the Enterprise Zone, the £7m redevelopment of a World War One Shell Store will establish the first business incubation space available in the county, and is also due to open in summer 2020. The Shell Store will also provide an opportunity for higher education institutions, such as NMiTE, and businesses to work in partnership.
29. Construction has also commenced on a 178 bedroom purpose-built student accommodation development in Hereford on Station Approach. Due to be completed in September 2020, the student accommodation will support the development of higher education in Herefordshire, critical to supporting the growth of the economy.

30. The council's bid to the Heritage Action Zone fund for £2m to support Leominster's historic town centre to flourish has been successful at the initial stage; the council will be working with Leominster partners to develop a full bid. It was also announced that the council has been allocated up to £25m from the government's Stronger Towns Fund to support Hereford; this is subject to submission of a successful business case, which again the council will be working with city partners to produce.

Secure better services, quality of life and value for money

31. During August a new council maintained website, [Understanding Herefordshire](#) was launched providing information about the county and its people and places. It includes information on the factors that affect health and well-being, such as population numbers, lifestyle choices, housing, the economy and the environment.
32. As well as making it easier to find fact and figures about a topic or place, the site offers a number of new features, including a 'quick facts' function and 'latest news' pages. It also has an interactive map where you can download 'area profiles' providing local level statistics for Herefordshire.
33. The council continued its engagement with parish councils, holding a further parish summit on 20 September, where 82 attendees, representing 52 parish councils participated. As well as presentations on the Talk Communities Hub initiative and the planned Core Strategy review we began the process of engaging parish councils in the development of the council's budget and corporate plan.

Corporate Risk

34. The Corporate Risk Register holds the most significant risks for the council and is attached at appendix G. Since the last quarter, there have been a number of changes to the risks held within the register. The following risks have been removed from the corporate risk register
- Market Capacity – this risk has been reduced due to the changes made by the Adults & Communities directorate to the commissioned services as well as the strengths based assessments which have helped to reduce demand.
35. The following risks have been reduced during the last quarter
- Demographic Pressures – following the reduction in demand evident from the implementation of the strengths based pathway
 - Capital Programme – with additional resources supporting the capital programme, this residual risk of non-delivery of this has been reduced.
 - Litigation – risk has been reduced and is managed by the legal team and ensuring visibility of any ongoing disputes.
36. Two new risks have escalated on to the corporate risk register during the last quarter;
- Childrens Operational Staffing/Workforce – due to ongoing difficulties in recruiting social workers, specifically into the Child Protection and Court teams, this has escalated to the corporate risk register.
 - Budget & Savings Plans – Childrens & Families – due to an increasing spend on placements of children in care and care leavers, this risk has escalated on to the corporate risk register.

Community impact

37. In accordance with the adopted code of corporate governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. To support effective accountability the council is committed to reporting on actions completed and outcomes achieved, and ensuring stakeholders are able to understand and respond as the council plans and carries out its activities in a transparent manner.
38. Regularly reviewing performance with a view to identifying actions which will deliver further improvement in outcomes or efficiencies helps ensure the council achieves its corporate plan priorities.

Equality duty

39. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
40. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As part of the decision making processes, individual directorates and service areas assess the potential impact of any proposed project, leading to fairer, transparent and informed decisions being made.

Resource implications

41. The recommendations have no direct financial implications, however cabinet may wish to revise how money is utilised in order to meet the council's objectives.

Legal implications

42. None.

Risk management

43. The risks associated with the councils business, and any delivery plan objectives or projects are entered onto the relevant service or directorate risk register and escalated as appropriate. The corporate risk register is found in appendix H.

Consultees

44. None in relation to this report.

Appendices

Appendix A	Revenue forecast
Appendix B	Capital outturn
Appendix C	Treasury management forecast
Appendix D	Debt Write Offs during period
Appendix E	Savings performance reports
Appendix F	Delivery Plan Progress
Appendix G	Corporate Plan Performance Metrics
Appendix H	Corporate Risk Register

Background papers

None

Appendix A: Revenue Budget Position 2019/20 as at September 2019

	Gross Budget	Original Net Budget	Movement in Net Budget	Net Budget	Outturn	Variance Overspend / (underspend)	Movement since last quarter
	£000	£000	£000	£000	£000	£000	£000
Adults & Communities	92,975	56,850	15	56,865	55,934	(931)	(822)
Children & Families	160,224	27,685	2,889	30,574	31,955	1,381	858
Economy & Place	49,503	28,594	2,477	31,071	31,183	112	(191)
Corporate	19,171	15,086	656	15,742	16,042	300	300
Directorates	321,873	128,215	6,037	134,252	135,114	862	145
Central, treasury management, capital financing & reserves	62,877	22,877	(6,037)	16,840	16,124	(716)	(416)
Total Revenue	384,750	151,092	0	151,092	151,238	146	(271)

Movement in Net Budget:
Adults & Communities:

Transfer from Childrens to adult contracts £15k

Childrens & Families:

Draw downs from reserves £2,985k, transfer of budget for two posts to Corporate Services (£80k) and (£15k) to Adults for contract costs

Economy & Place:

Draw downs from reserves £2,715k, transfer of budget to Corporate Services (£206k), transfer of budget to Central for capital financing (£32k)

Adults and Communities: Revenue Budget Position 2019/20 as at September 2019

	Gross Budget	Working Net Budget	Full Year Outturn	Full Year Variance	Movement since last quarter
	£000	£000	£000	£000	£000
Learning Disabilities	24,118	20,478	20,795	317	12
Memory & Cognition	3,323	2,472	2,303	(169)	(88)
Mental Health	4,329	3,600	3,473	(127)	(57)
Physical Support	33,075	24,464	24,110	(354)	258
Sensory Support	532	435	428	(7)	(1)
Client Sub-Total	65,377	51,449	51,109	(340)	124
Care Operations & Commissioning	8,796	8,777	8,488	(289)	(210)
Commissioned Services	4,806	3,689	3,679	(10)	(10)
Transformation & Improvement	834	834	788	(46)	(7)
Prevention & Wellbeing	4,043	3,060	3,035	(25)	42
Directorate Management	102	(10,944)	(11,165)	(221)	(761)
Public Health	9,034	0	0	0	0
Adults & Communities	92,992	56,865	55,934	(931)	(822)

The key variances are:

Learning Disabilities – overspend partly due to an increase in the number of clients and cost for direct payment clients since the budgets were set.

Physical Support – underspend due to a reduction in the number of direct payment and domiciliary packages.

Care Operations & Commissioning – underspends within operational teams due to vacant posts, pending restructure to align with primary care networks.

Directorate Management – this underspend reflects the receipt of rural monies being passed over to Adults & Communities during the reserves review, net of small overspends within this area of the budget.

Children and Families: Revenue Budget Position 2019/20 as at September 2019

Children & Families Outturn Position 2019/20

	Gross Budget	Working Net Budget	Full Year Outturn	Full Year Variance	Movement since last quarter
	£000	£000	£000	£000	£000
Children's Commissioning	807	570	573	3	3
Directorate	392	381	385	4	4
Directorate	1,199	951	958	7	7
Additional Needs	2,664	2,536	2,509	(27)	(62)
Commissioning Management	3,507	434	434	0	0
Development and Sufficiency	1,761	969	970	1	(31)
Early Years and Early Help	1,893	1,373	1,319	(54)	(54)
Education Improvement	387	86	71	(15)	(15)
DSG	121,829	0	0	0	0
Education & Commissioning	132,041	5,398	5,303	(95)	(162)
Safeguarding and Review	1,443	1,185	1,206	21	21
Children in Need	3,272	3,172	3,162	(10)	(34)
Looked After Children	20,652	17,781	19,272	1,491	1,048
Safeguarding Development	302	272	272	0	0
Safeguarding & Early Help Management	1,815	1,815	1,782	(33)	(22)
Safeguarding & Family Support	27,484	24,225	25,694	1,469	1,013
Children & Families	160,724	30,574	31,955	1,381	858

The key variances are:

Looked After Children – placements continue to cause pressure. Complex Needs Funding pooled budget is £545k overspent, external supported accommodation £552k – budgeted for 14 but now have 27 young people in placements, residential costs £162k overspent due to changes in the mix of support required, agency fostering £156k overspent – budgeted for 74 currently 83

Economy and Place: Revenue Budget Position 2019/20 as at September 2019

	Gross Budget	Working Net Budget	Full Year Outturn	Full Year Variance	Movement since last quarter
	£000	£000	£000	£000	£000
Economic Growth	1,164	875	865	(10)	12
Highways & Transport	20,206	16,985	16,866	(119)	166
Housing and Growth Management	3,102	2,251	2,222	(29)	(163)
Regulatory, Environment & Waste	22,713	15,759	16,095	336	205
Technical Services	8,099	(4,926)	(4,984)	(58)	(403)
Economy & Place	55,411	31,071	31,183	112	(191)

30

The key variances are:

Highways & Transport – £276k pressure in school transport (of which £408k relates to SEN transport) is currently being offset by putting other expenditure within the service area on hold

Housing and Growth - £114k under recovery of income from libraries and the black and white house offset by underspends on pay due to turnover and delayed recruitment

Regulatory, Environment & Waste - £440k under recovery of Planning income being partially offset by an underspend on pay whilst the team had vacancies

Technical Services – property related savings targets causing pressure as they won't be realised until 20/21 due to the timing of activity have been funded from reserves

Corporate: Revenue Budget Position 2019/20 as at September 2019

	Gross Budget	Working Net Budget	Full Year Outturn	Full Year Variance	Movement since last period
	£000	£000	£000	£000	£000
Corporate Support Services	8,677	5,789	5,789	0	0
Finance, Legal & Governance	8,568	7,821	8,121	300	300
People & Performance	1,926	2,132	2,132	0	0
Corporate	19,171	15,742	16,042	300	300

³
The key variances are:

Finance, Legal & Governance - Legal services has significant vacancies and is reliant on interims to provide support to the council.

Appendix B: Capital forecast

Table A - 2019/20 Capital Budget Forecast

Adjustments include reprofiling to future years and additional grants allocations	2019/20 Budgets £000s	Adjustments in Year £000s	2019/20		
			Budget £000s	Forecast £000s	Variance £000s
Adults and Communities					
Disabled facilities grant	1,853	146	1,999	1,999	-
Hillside	2,300	250	2,550	-	(2,550)
Single Capital Pot	541	378	919	-	(919)
Private sector housing improvements	-	199	199	199	-
Total Adults & Communities	4,694	973	5,667	2,198	(3,469)
Corporate					
Fastershire Broadband	11,420	(1,268)	10,152	854	(9,298)
PC Replacement	374	(156)	218	218	-
Children Centre Changes	60	203	263	183	(80)
Total Corporate	11,854	(1,221)	10,633	1,255	(9,378)
Children's and Families					
Colwall Primary School	-	85	85	40	(45)
Schools Capital Maintenance Grant	1,700	452	2,152	2,152	-
Peterchurch Primary School	493	-	493	-	(493)
Expansion for Marlbrook school	5,538	(1,924)	3,614	2,000	(1,614)
SEN & DDA school improvements	710	(710)	-	-	-
Brookfield School Improvements	1,298	1,279	2,577	50	(2,527)
C&F's S106	604	311	915	500	(415)
Special Provision Capital Fund	333	(333)	-	-	-
Healthy Pupils	99	-	99	99	-
Individual Pupil Needs	120	(1)	119	59	(60)
Short Breaks Capital	118	-	118	118	-
Blackmarston SEN	-	54	54	54	-
Replacement Leominster Primary	-	36	36	36	-
Basic Needs Funding	2,058	(2,058)	-	-	-
2 Year Old Capital Funding	-	31	31	31	-
Preliminary works to inform key investment	1,815	195	2,010	180	(1,830)
Temporary school accommodation replacement	450	65	515	515	-
Total Children's & Families	15,336	(2,518)	12,818	5,834	(6,984)
Economy and Place					
Hereford City Centre Transport Package	1,550	(919)	631	631	-
South Wye Transport Package (detailed below)	17,067	(12,349)	4,718	1,131	(3,587)
<i>South Wye Transport Package - Construction</i>	-	-	2,606	44	-
<i>South Wye Transport Package – Professional Fees</i>	-	-	708	467	-
<i>South Wye Transport Package – Land Costs</i>	-	-	1,298	620	-
<i>South Wye Transport Package - ATM</i>	-	-	106	-	-
Hereford City Centre Improvements (HCCI)	1,500	-	1,500	186	(1,314)
Hereford Transport Package (detailed below)	3,500	202	3,702	958	(2,744)
Hereford Transport Package – Professional Fees	-	-	3,702	958	
Hereford Transport Package - ATM	-	-	-	-	

Local Transport Plan (LTP)	12,272	(527)	11,745	11,745	-
E & P's S106	-	1,141	1,141	1,141	-
Highway asset management	4,858	(1,015)	3,843	2,093	(1,750)
Hereford Enterprise Zone	2,924	476	3,400	3,400	-
Herefordshire Enterprise Zone Shell Store	5,816	119	5,935	5,935	-
Ross Enterprise Park (Model Farm)	6,270	(3,893)	2,377	860	(1,517)
Marches business improvement grants	788	835	1,623	765	(858)
Affordable Housing Grant	800	799	1,599	1,399	(200)
Community Housing Fund	-	141	141	141	-
Revolving Loans	-	55	55	55	-
Development Partnership activities	35,000	(25,442)	9,558	4,558	(5,000)
Property Estate Enhancement Works	500	999	1,499	1,348	(151)
Corporate Accommodation	-	331	331	331	-
Leisure Centres	-	368	368	368	-
Solar Photovoltaic Panels	1,511	(1,456)	55	55	-
SEPUBU Grant	354	381	734	331	(403)
LED street lighting	-	177	177	80	(97)
Estates Capital Programme 2019/22	1,150	200	1,350	1,350	-
Three Elms Trading Estate	358	22	380	380	-
Customer Services and Library	-	21	21	21	-
Energy Efficiency	65	(11)	54	54	-
Warm Homes Fund	397	-	397	397	-
Gypsy & Traveller Pitch development	579	331	910	150	(760)
Leominster cemetery extension	-	45	45	45	-
Tarsmill Court, Rotherwas	-	59	59	59	-
Car Parking Strategy	-	169	169	169	-
Car Park Re-Surfacing	-	116	116	16	(100)
Office and Car Park Lighting Replacement	165	(1)	164	164	-
Upgrade of Herefordshire CCTV	48	-	48	48	
Schools Transport Route Planning	30	-	30	30	
Corporate Fleet Procurement	738	-	738	738	-
Hereford Library	-	213	213	213	-
Total Economy and Place	98,240	(38,412)	59,828	41,347	(18,481)
Total	130,124	(41,178)	88,946	50,633	(38,313)

Table B – Capital Programme position Sept 2019/20

Scheme Name	Prior Years £000	2019/20 budget £000	2020/21 budget £000	2021/22 budget £000	2022/23 budget £000	Total scheme budget £000
Economy & Place						
Hereford City Centre Transport Package	33,166	631	1,500	5,353	-	40,651
South Wye Transport Package	6,984	4,718	14,795	6,422	2,081	35,000
Hereford City Centre Improvements (HCCI)	-	1,500	2,000	2,000	-	5,500
Hereford Transport Package	2,908	3,702	-	-	-	6,610
Local Transport Plan (LTP)	-	11,745	12,272	-	-	24,017
E & P's S106	-	1,141	-	-	-	1,141
Highway asset management	-	3,843	3,750	4,250	-	11,843
Hereford Enterprise Zone	10,769	3,400	1,831	-	-	16,000
Herefordshire Enterprise Zone Shell Store	83	5,935	1,298	-	-	7,316
Ross Enterprise Park (Model Farm)	11	2,377	4,174	508	-	7,070
Marches business improvement grants	877	1,623	-	-	-	2,500
Affordable Housing Grant	35	1,599	800	-	-	2,434
Community Housing Fund	9	141	-	-	-	150
Revolving Loans	145	55	-	-	-	200
Development Partnership activities	6,042	9,558	25,000	-	-	40,600
Property Estate Enhancement Works	1,241	1,499	-	-	-	2,740
Corporate Accommodation	2,540	331	-	-	-	2,871
Leisure Centres	9,684	368	-	-	-	10,052
Solar Photovoltaic Panels	606	55	1,473	-	-	2,134
SEPUBU Grant	-	734	-	-	-	734
LED street lighting	5,478	177	-	-	-	5,655
Estates Capital Programme 2019/22	-	1,350	2,095	1,390	-	4,835
Three Elms Trading Estate	95	380	-	-	-	475
Customer Services and Library	112	21	-	-	-	133
Energy Efficiency	-	54	46	-	-	100
Warm Homes Fund	-	397	397	165	-	960
Gypsy & Traveller Pitch development	29	910	899	39	-	1,877
Leominster cemetery extension	148	45	-	-	-	193
Tarsmill Court, Rotherwas	341	59	-	-	-	400
Car Parking Strategy	77	169	-	-	-	246
Car Park Re-Surfacing	-	116	-	-	-	116
Office and Car Park Lighting Replacement	79	164	58	-	-	300
Upgrade of Herefordshire CCTV	-	48	136	-	-	184
Schools Transport Route Planning	-	30	30	30	-	90
Courtyard Development	-	-	611	-	-	611
Corporate Fleet Procurement	-	738	-	-	-	738
Hereford Library	132	213	-	-	-	345
Total E & P Capital Projects	81,589	59,828	73,165	20,157	2,081	236,820

Corporate						
Fastershire Broadband	16,979	10,152	8,607	-	-	35,738
PC Replacement	261	218	641	397	-	1,516
Children centre changes	167	263	-	-	-	430
Total Corporate Capital Projects	17,407	10,633	9,247	397	0	37,684
Children and Families						
Colwall Primary School	6,665	85	-	-	-	6,750
Schools Capital Maintenance Grant	-	2,152	1,200	1,200	-	4,552
Peterchurch Primary School	7	493	5,000	-	-	5,500
Expansion for Marlbrook school	527	3,614	2,000	-	-	6,141
SEN & DDA school improvements	-	-	-	-	-	-
Brookfield School Improvements	6	2,577	167	-	-	2,750
C & F's S106	-	915	-	-	-	915
Special Provision Capital Fund	-	-	-	-	-	-
Healthy Pupils	-	99	-	-	-	99
Individual Pupil Needs	152	119	-	-	-	271
Short Breaks Capital	-	118	-	-	-	118
Blackmarston SEN	30	54	-	-	-	84
Replacement Leominster Primary	6	36	-	-	-	42
Basic Needs Funding	-	-	8,891	-	-	8,891
2 Year Old Capital Funding	75	31	-	-	-	106
Preliminary works to inform key investment need throughout the county	5	2,010	-	-	-	2,015
Temporary school accommodation replacement	85	515	300	-	-	900
Total C & F Capital Projects	7,558	12,819	17,558	1,200	0	39,135
Adults and Communities						
Disabled facilities grant	-	1,999	1,853	1,853	-	5,705
Hillside	-	2,550	-	-	-	2,550
Single Capital Pot (Inc Waverley House)	164	919	-	-	-	1,083
Private sector housing improvements	57	199	-	-	-	256
Total A & C Capital Projects	222	5,667	1,853	1,853	-	9,594
Total	106,776	88,946	101,823	23,607	2,081	323,233

	2019/20 Budget £'000	2020/21 Budget £'000	2021/22 Budget £'000	2022/23 Budget £'000	Total
February 2019 Council Approved Budget	130,124	54,780	11,521	-	196,425
Reprofiled	(61,210)	47,043	12,086	2,081	-
18/19 Carry Forwards	19,435	-	-	-	19,435
Additional Grants	597	-	-	-	597
Revised Capital Budget	88,946	101,823	23,607	2,081	216,457

Grant Additions since February Council

	£000
Special Provision Capital Fund Increase	349
LTP additional grant	603
LTP grant income to SWTP	(1,078)
LTP grant income to SWTP	(53)
E&P S106	242
Disabled Facilities Grant	146
Brookfield Estimated Grant	(113)
S106 Additional Draw Down	500
	<u>597</u>

Appendix C Treasury Management Interim Report (30 September 2019)

This report ensures the council demonstrates best practice in accordance with CIPFA's recommendations in their Code of Practice for Treasury Management, by keeping members informed of treasury management activity.

1. The UK Economy

- 1.1. The first half of 2019/20 has seen UK economic growth fall as Brexit uncertainty took a toll:
- The Bank of England base rate has been held at 0.75% since 02/08/18. The Monetary Policy Committee (MPC) is expected to hold off on changes until there is some clarity on what is going to happen over Brexit.
 - Consumer price inflation (CPI) was 1.7% in August 2019, down from 2.1% in July 2019, this was below market expectations and below the 2% target set by the Bank of England.

2. The Council's Investments

- 2.1 At 30 September 2019 the council held the following investments:

Investment	Term	Maturity Date	Interest Rate	Amount £m
<u>Instant access bank accounts:</u>				
Handlesbanken	N/A	N/A	0.68%	5.00
<u>Instant Access Money Market Funds:</u>				
Aberdeen Standard	N/A	N/A	0.74%	5.00
CCLA	N/A	N/A	0.73%	2.50
Federated	N/A	N/A	0.74%	5.00
Insight	N/A	N/A	0.66%	5.00
Invesco	N/A	N/A	0.71%	5.00
Morgan Stanley	N/A	N/A	0.65%	0.57
<u>95 Day Notice Bank Accounts:</u>				
Santander	N/A	N/A	1.50%	5.00
<u>Fixed Term Deposits:</u>				
Coventry Building Society	186 days	03/02/20	0.85%	5.00
Total			0.83%	38.07

- 2.2 The council continues to select counterparties suitable for investment based on the credit worthiness service provided by their treasury advisors, Link Asset Services. The service employs a sophisticated modelling approach utilising credit ratings from the three main credit

rating agencies. The modelling approach combines credit ratings, credit watches and credit outlooks in a weighted scoring system to which Capita Asset Services allocate a series of colour coded bands with suggested maximum durations for investments as shown below;

- Yellow 5 years
- Purple 2 years
- Blue 1 year (only applies to nationalised or part nationalised UK Banks)
- Orange 1 year
- Red 6 months
- Green 100 days
- No colour not to be used

2.3 The council has earned interest on its investments as follows:

Month	Average amount invested		Average rate of interest earned		Amount of interest earned / Forecast £000	Budget £000	(Surplus) /Deficit £'000
	Actual / Forecast £m	Budget £m	Actual / Forecast %	Budget %			
Apr-19	37.6	30	0.89	0.67	27	17	(10)
May-19	40.6	30	0.87	0.67	29	17	(12)
Jun-19	39.1	30	0.87	0.67	28	16	(12)
Jul-19	46.3	30	0.83	0.67	33	17	(16)
Aug-19	45.3	30	0.83	0.67	31	17	(14)
Sep-19	42.0	30	0.81	0.67	28	16	(12)
Oct-19	30.0	30	0.67	0.67	17	17	-
Nov-19	30.0	30	0.67	0.67	17	17	-
Dec-19	30.0	30	0.67	0.67	16	16	-
Jan-20	30.0	30	0.67	0.67	17	17	--
Feb-20	30.0	30	0.67	0.67	17	17	-
Mar-20	30.0	30	0.67	0.67	16	16	-
Total					276	200	(76)

2.4 Interest income earned has been higher than expected as the interest rate earned on investments has been slightly higher than budgeted and the average amount available for investment has been higher than anticipated, reflecting low actual capital spend to date and higher capital receipt balances held.

2.5 In addition to investment income the council earns interest on the provision of loan finance to the waste disposal PFI provider, this is expected to generate loan interest payable to us of £2.3m in 2019/20, this will be recharged through the waste disposal PFI arrangement.

3. The Council's Borrowing

Short-term borrowing

3.1 The council is continuing its policy of using short-term borrowing (if required) from other local authorities for short-term liquidity needs. These short-term interest rates are significantly below levels available from other sources avoiding a large cost of carry when comparing fixed interest debt to current (variable) investment rates.

3.2 The council can only borrow up to its Capital Financing Requirement, which represents the need to borrow for capital spend, and cannot borrow beyond this limit to finance the revenue budget. This is approved at budget setting in the Treasury Management Policy.

3.3 At the end of September 2019 there were no short-term loans outstanding.

Long-term borrowing

3.4 At 30 September 2019 the council held long term borrowing of £134.8m, no new long term borrowing has been secured. Rates are monitored and discussed with our treasury advisors to determine the optimum timing of securing any new long term borrowing.

3.5 The current capital financing budget position is summarised below:

Summary of Borrowing Budget	Budget	Forecast	(Surplus) /Deficit
	£m	£m	£m
Minimum revenue provision	6.9	6.5	(0.4)
Interest payable on all loans	5.7	5.4	(0.3)
Total	12.6	11.9	(0.7)

4. Summary of forecast outturn

4.1 The current net treasury forecast outturn is expected to be a surplus (underspend) of £0.8m, the main reason being the delayed need to borrow, following lower capital investment spend compared to the capital budget approved in February.
















Debt write offs for the period 1 April 2019 to 30 September 2019

- 1 The finance procedure rules stipulate that the chief financial officer must approve the writing off of debt exceeding £20k. For the period 1 April 2019 to 30 September 2019 there were no cases exceeding £20k (three cases in 2018/19).
- 2 Individual debts written off in the period 1 April 2019 to 30 September 2019 totalled £64k (£1,026k for 2018/19). Debts are only written off once full debt recovery processes are completed, occasionally debt previously written off becomes payable if the debtors circumstances change. The council works closely with statutory bodies when deciding to write off debt. Legislative processes can take many months, or even years, if the debtor is on low income, to conclude before a write off is sanctioned.
- 3 Debts written-off represent a very low proportion of income collected per annum as shown in the table below:

	2016/17 £000	2017/18 £000	2018/19 £000
Total amount written off	492	905	1,026
Council tax charged	92,097	96,876	123,323
Business rates charged	47,610	48,970	48,641
General debtors charged	50,842	59,228	60,147

Appendix E: Revenue Savings

The savings identified in the 2019-20 Budget setting of £8m over the next 3 years are set out below. The red, amber and green represent the understood risk about achieving the saving. Bar charts totalling the annual achievement of savings are included in the directorate performance dashboards.

	19-20 £000	20-21 £000	21-22 £000	Total £000
Adults & Communities	700 	600 	500 	1,800
Childrens & Families	200 	300 	650 	1,150
Economy & Place	2,223 	873 	273 	3,369
Corporate	359 	77 	77 	513
Centrally held budgets	200 	500 	500 	1,200
Total	3,682	2,350	2,000	8,032

The directorates continue to review the savings plans through the year, to identify risks and slippage, to ensure mitigation can be identified. The table below sets out the savings plans for each directorate in further detail.

	19-20 £000	20-21 £000	21-22 £000	Total £000
Adults & Communities				
Workforce and Service delivery	600			600
Reducing the need for formal care		600	500	1,100
Income from client contributions	100			100
Childrens & Families				
Inflation and contract efficiencies	200	300	450	950
Workforce restructure			200	200
Economy & Place				
Efficiency savings	507	273	273	1,053
Accommodation efficiencies	250	150		400
Car Parking	150			150
Growth Programme	67			67
Public & School/College Transport	109			109
Waste & Sustainability	30	200		230
Museums & Archives		250		250
Accommodation Strategy	360			360
Waste Disposal - WCC	650			650
Public Realm efficiencies	100			100
Corporate				
Efficiency savings	73	77	77	227
Workforce redesign	66			66
Budget realignment	220			220
Centrally held budgets				
Workforce redesign	200			200
Council Tax Reduction scheme		100		100
Pension Deficit		400		400
Treasury Management			500	500
Total	3,682	2,350	2,000	8,032

Theme	Action	Status	Anticipated Delivery Date	RAG	Comments
Enable residents to live safe, healthy and independent lives	Develop and increase the uptake of a range of activities aimed at identifying early risk factors and improve the overall health and wellbeing of Herefordshire residents such as NHS Health checks	Ongoing	31/03/2020	Green	In 2019/20, 41% of invited people have completed their NHS Health Check. Of these patients, 40% required referral to their GP due to identified health issues most commonly cholesterol and blood pressure. We continue to support the NDPP through participation in the Board.
	Develop and embed effective community hubs across the county (referred to as the Talk Community programme) which can demonstrate impact on health, wellbeing and independence of local residents	Ongoing	31/03/2021	Green	A project management team has been recruited to start in September 2019. This has not delayed work the lead project manager and project lead have been commencing work. This sits within the Directorates communities workstream.
	Implement a new housing allocation policy and system through which residents in housing need are nominated for affordable housing in Herefordshire	Ongoing	01/04/2020	Amber	Revised project delivery plan completed in light of impact of technical difficulties and revised policy guidance. Alternative ICT solution design and housing allocations policy proposals to be subject to Cabinet report for delivery of go-live no later than 1/4/2020.
	Maximise the use of the disabled facilities grant to support people to remain in their own home with appropriate advice, equipment, adaptations, technology and essential repairs	Ongoing	31/03/2020	Green	A project and lead have been assigned and are working towards this project. This sits within the Directorates Communities workstream.
	Increase the functionality of the council website and WISH (wellbeing information and signposting) portal to aid people's easy access to information and advice, along with conducting services online	Ongoing	31/10/2019	Green	This sits within the Directorates Communities workstream.
	Increase the quality of information that is published, and provide more information in accessible formats for openness and transparency	Ongoing	31/03/2020	Green	Progress continues to ensure that WISH data is up to date and accurate. This has resulted in increases in the activity on the WISH website.
	Increase the coverage of superfast broadband across the county through the Fastershire programme	Ongoing	01/04/2020	Green	The target of 90% coverage on track; some change of published delivery dates in locations which are being revised based on new plan from supplier.
	Support people to access technology and increase their ability to use technology to enhance daily living and overall wellbeing	Ongoing	31/03/2020	Green	There are 3 projects within this that are all in the early stages of planning. These are:1) Long range wide area network pilot. 2)Technology enabled living pilot. 3)Digital catapult pilot. This sits within the Directorates Communities workstream.
	Continue the support and delivery of the armed forces covenant in Herefordshire to help the armed forces community (including family and carers), shaping and supporting access to advice and services	Ongoing	31/03/2020	Green	The armed forces partnership group have taken the opportunity to review the governance and make-up of that group, and have renamed the group from Civilian Military Task Group (CMTG) to Herefordshire Armed Forces Covenant Partnership (HAFCP); reviewed and revised the Terms of Reference, made the HAFCP a more streamlined group to have representatives who will be topic area leads and physically 'doing' the work to meet those areas of the covenant delivery. Examples of the work of the partnership include: <ul style="list-style-type: none"> • Developing and leading on the Covenant Signatories breakfast event scheduled for 22 October – this event will showcase the work of the Partnership and the impact since its inception in 2012 • Continued development of the Veteran's Support Centre in West Street, with the aim to have it open by the signatories event in October • Supporting the negotiations and discussions with colleagues in WVT to become veteran aware accredited hospital, to make the links at A&E through to hospital wards to understand the value of ensuring that people identify as being part of the military family in order to help broker the most appropriate services and support • Ongoing support to the armed forces ops group to bring caseworkers together to discuss veterans with multiple and complex needs to ensure that they are getting the right support.
	Explore new models of delivery for high demand services such as nursing provision for people with dementia	Ongoing	31/03/2020	Green	The Herefordshire and Worcestershire Dementia Strategy was agreed at HWB on 14 October 19. It will go to Cabinet for final approval 28 November 19. The strategy includes plans and commitments to a number of priorities and initiatives.
Increase the effectiveness and efficiency of the urgent care system to avoid admission or enable people to leave hospital earlier	Ongoing	31/03/2020	Green	The local authority continues to be strategic partner in the health and care system and leading on key areas of work and improvements. This has led to a number of integrated services, such as the Integrated Hospital Discharge Team, and pathways resulting in a reduction in delayed transfers of care and the local authority proposing to lead on a number of commissioning areas.	

	Redesign social care resources to align better within the locality based community health services	Ongoing	31/03/2020	Green	Workforce consultation completed and operational teams are now aligned through the case management system. This continues to be embedded operationally.
	Enable accessibility between communities and services through transport networks	Ongoing	31/03/2020	Green	The ongoing growth in demand for SEN transport is placing pressure on the delivery of all public transport; plans are in development to address these pressures in year.
ep children and young people safe and give them a great start in life	Develop and implement a care leavers covenant that sets out the council's commitment to care leavers as part of our corporate parenting role	Not Started	TBC	Amber	Awaiting National care leavers covenant team to develop a national process for LA's. However, Herefordshire request to the national scheme to take things forward as an early adopter
	Increase early help resources through effective targeting of commissioned services and increase in direct family support workers	Completed	07/10/2019	Blue	All specialist services including those commissioned are targeted at those families who need help and meet the criteria for the service. Early Help Family Support are now working with 163 families 319 children. Review of commissioned services is underway to inform future intentions, however uncertainty around government grant funding is impeding planning.
	Implement new model for social care to ensure consistency and quality of practice so that children and families are supported effectively within the right part of the system	Ongoing	30/09/2021	Amber	Following the appointment of the Principal Social Worker who started in September 2019, Signs of safety is being implemented over the coming months and discussions are taking place with the identified consultant to provide the necessary training and support to enable us to implement the new social model
	Develop and implement an enhanced support offer to those families who are at risk of escalation to higher levels of intervention from social care	Ongoing	TBC	Amber	Business case drafted, using advice from Staffordshire LA (a DfE Partner in Practice) and being expanded to encompass explicit work on mental health, substance misuse and abuse, domestic violence.
	Deliver Herefordshire's school capital investment strategy to ensure that demand for school placements can be met and that agreed refurbishment work on schools is completed	Ongoing	TBC	Amber	Discussions have taken place with all potentially affected secondary schools and options generated in terms of locations for additional places. Feasibility studies are due to start to further identify the exact costs associated with the expansions. A review of primary school provision will take place in Autumn / Winter 2019/20
	Undertake a mental health needs analysis for young people	Not Started	31/03/2020	Amber	Scoping required. Possibility in expanding to cover an all-age MH needs assessment.
	Support and challenge early years settings, schools and colleges to continue to improve the outcomes for children and young people to achieve our aim of having education outcomes in the top 25%	Ongoing	31/03/2020	Green	Targets are set for schools to achieve and they are risk assessed to ensure that they are improving. Support is provided through a variety of means including school to school support, Herefordshire School Improvement Partnership projects. Use of National Leads in Education and Teaching Schools.
	Develop and implement a strategy to tackle the growing issue of childhood obesity and dental health in Herefordshire	Ongoing	31/03/2020	Amber	All health needs assessment has been undertaken and an action plan is being drafted to take the dental health work forward. A whole system approach to obesity needs to be developed in partnership with all health professionals.
	Develop new models of housing and accommodation to support vulnerable young people	Ongoing	30/11/2020	Green	The council is currently procuring a new support service for Care Leavers with complex needs within accommodation acquired by the council for the purpose. This service will be mobilised by May 2020. Accommodation pathways for Care Leavers and vulnerable young people have been revised and detailed proposals for a procurement framework for young peoples accommodation and support are being finalised. The council is also reviewing options for the re-commissioning of housing related support for vulnerable young people.
	Enhance information and support to parents	Ongoing	31/03/2020	Amber	Early Help page on the website is easier to find. C&F has started to find out and list or put on WISH community assets so families can help themselves or staff working with families can access the information and make contacts and signpost. Support increased by 4 more Early Help Family Support Workers and 3 more Early Years Support Workers.

Key	Develop speech and language skills of under 5's through education and training in early years settings	Ongoing	31/03/2021	Green	The Solid Roots project is now underway and providing the following: <ul style="list-style-type: none"> • Elklan speech and language project – communication friendly settings accreditation, communication champions within settings. Training for parents via 'let's talk' courses. • Solihull Approach to parenting • Training for EYFS professionals and home learning environment initiatives, such as library membership for under 5s and associated activity, including dual language books and information for parents; home learning environment bursaries for settings to engage parents in their children's learning at home; translated leaflets to encourage use of home language to develop good communication skills for children with EAL; signing courses for practitioners and settings to support communication
	Commence construction of the southern link road and continue development of proposals for walking, cycling and public space improvements in the South Wye area as part of the South Wye Transport Package	On Hold	TBC	Red	Following local elections the new administration took time to consider the HTP & SWTP projects. On 9th August 2019 the cabinet member infrastructure and transport took a decision to pause and review the Southern Link Road and bypass road schemes to undertake a review of these schemes to ensure there are consistent with emerging policies and solve the problems they have been developed to address. This decision confirmed that the HTP & SWTP active travel projects would progress subject to funding as the review is progressed. This decision was called in by the
51	Develop the Hereford Transport Package including proposals for walking, cycling, buses and public realm and undertaking detailed design of the preferred route for the Hereford bypass to inform the submission of a planning application	On Hold	TBC	Red	schemes to ensure there are consistent with emerging policies and solve the problems they have been developed to address. This decision confirmed that the HTP & SWTP active travel projects would progress subject to funding as the review is progressed. This decision was called in by the
	Develop proposals for a transport hub at the train station and improvements on Commercial Road, Blueschool and Newmarket Street as part of the Hereford City Centre Transport Package	Ongoing	31/03/2020	Amber	The preliminary design of the Transport hub and Commercial Road, Blueschool and Newmarket Street designs are progressing to enable stakeholder liaison later in 2019 and public consultation in early 2020. Cabinet member infrastructure and transport decision is scheduled in November 2019 to authorise consultation in early 2020. Following consultation in 2020 detailed design will progress, planning application if required late 2020 with construction commencing in 2021
	Progress developments within Hereford City, including improvements to the Edgar Street ground, bring forward sites for development within the urban village area and progress a city centre multi-storey car park	Ongoing	There are multiple elements to this action with differing timescales. Please see comments	Green	Football Ground - A stage 1 feasibility study into the possible redevelopment of the Blackfriars St stand has been completed. Study suggests there is potential to develop circa 100 bedroom student accommodation. Over the last couple of months the cabinet has held discussions with NMiTE about the property strategy required to support their growth. It is intended that we will seek a cabinet decision in November to progress the Football Ground project to stage 2 (detailed design and planning permission). Urban Village - a One Public Estate masterplan has been commissioned to consider the possible redevelopment of sites along the City Link road. The study is due to be completed at start of 2020.
	Undertake major investment in maintaining the county highway assets to fix roads and bridges, particularly those that are strategically important for trade and the resilience of the county's economy	Ongoing	31/03/2020	Amber	The annual plan has had to be adjusted to support changes in the delivery of the South Wye Transport Package; this has reduced the funding that is available to support this action from the Local Transport Plan Capital funding.
	Deliver the Hereford Enterprise Zone delivery plan, including the Shell Store incubation centre and the cyber security centre	Ongoing	Summer 2020	Green	Both the Midlands Centre for Cyber Security and the Shell Store incubation space are being constructed at present, and are on track to be completed in the summer 2020.
	Support Higher Education provision in Herefordshire through enabling development of student accommodation.	Ongoing	On-going	Green	As above - the cabinet have held a number of meetings with NMiTE to consider short to medium term student accommodation needs. The Football Club project will seek approval to move to detailed design stage. Other possible projects are continuing to be reviewed.
	Commence development of student accommodation for those in higher education in the city with a first scheme at Station Approach to commence construction during 2019/20	Ongoing	01/09/2020	Green	Construction of the Station Approach 178 bedroom student accommodation has commenced and is on track to be completed in September 2020. Sod cutting event to be held on 6th November.
with our economy	Use the Development and Regeneration Partnership to identify and develop proposals for the regeneration of sites in council ownership that can support economic growth, including key worker housing	Ongoing	On-going	Green	As above, an urban village study has been commissioned to consider the possible use of council owned sites along the city link road. The economic development opportunities in the wider city and market towns are also being reviewed.

Support the growth	Continue to develop the detailed planning policies to support housing and economic growth; including progressing the development of the Hereford Area Plan and the Minerals and Waste Local Plan for submission to the Secretary of State, the adoption of the Travellers sites Development Plan Document and increasing the number of adopted Neighbourhood Development Plan Documents to 60	Ongoing	Rolling programme	Amber	Development work on HAP paused awaiting outcome of review of Western By-Pass but MWLP and TSDPD progressing towards submission and adoption respectively. NDP delivery progress performance still exemplar .
	Commence first phase of development of the Ross Enterprise Park	Ongoing	Start on site beginning of 2020	Amber	The design stage of the project has identified a number of issues such as drainage solutions, moving of broadband cabling which have led to some delays in taking the project forward. The design stage is nearing completion which will enable the finalisation of development costs for assessment prior to taking the project forward.
	Develop the countywide economic master plan to deliver our Invest Herefordshire vision to ensure a vibrant and successful local economy	Ongoing	TBC	Green	Some initial work has commenced on developing a high level masterplan for Hereford. Following recent workshop sessions with the cabinet to identify priorities, this work can now be accelerated in the autumn.
	Seek to acquire new sites to encourage new housing development within the county and commence development of the former depot site at Bromyard to deliver 45 new homes	Ongoing	01/04/2020	Amber	Bromyard housing site held up pending Tribunal decision on possession proceedings necessary to implement planning approval.
	Continue significant development of affordable and social housing through planning gain and the Development and Regeneration Partnership, also contributing to accommodation for vulnerable people and analysis of projection of population and demographic changes	Ongoing	31/03/2020	Green	Delivery of affordable homes on target against 210 target for 2019/20 including accessible bungalows and general needs housing with floating support for looked after children and other vulnerable needs including homelessness and Gypsies and Travellers. Analysis yet to commence.
	Run a series of training, seminars and one to one advice sessions for businesses to increase the adoption and exploitation of superfast broadband	Ongoing	01/04/2020	Green	Taking place - annual activity / target. 31 businesses received advice since April.
	Operate the Marches & Gloucestershire Business Broadband Grant to provide bespoke connectivity to small and medium-sized enterprises (SMEs) not covered by the main Fastershire programme	Ongoing	01/04/2020	Green	52 businesses in Herefordshire benefitting from awards to date.
52	Support the delivery and administration of grants and programmes that provide improvements in the built environment, housing, energy efficiency and all aspects of the regeneration and growth of the county	Ongoing	01/04/2020	Green	The following schemes are being supported: ERDF - Sustainable Energy in Public Buildings (SePuBu); ERDF - Marches Broadband; ESF - Social Inclusion; ERDF Marches Renewables fund; Community Housing; OPE (One Public Estate); OPE Wave 7 funding; OPE (Land Release Fund); Travel Fund (part of above Access Fund); Heat Networks Distribution Unit (HNDU); Community Safety Partnership; Women's Aid; Museum Transition Project; Herefordshire Young Drivers Safety Project; MOD Strengthening Local Covenant delivery; Natural Flood Management Project; MOD Remembrance & Reconciliation; Sport England - Bridge Street Sports Park, Ledbury & Hereford Leisure Centre; Section 106 - Art funding (Pomona Place); Section 106 - Withies Road, Biodiversity; Public Green Spaces; Young Carers Grant; Talk Community Hubs; Community Transport; Capital Grant - Children's fund.
and value for money	Make better use of children centre facilities through sharing space, community involvement and income generation	Ongoing	01/03/2020	Green	Majority of work is now completed. Relocation of children centre in Leominster into share site with MAO freeing the old site for a nursery to generate an income. Redevelopment of Widemarsh Centre in Hereford as a retained key site now completed including space for private nursery generating an income. Relocation of children centre at Ross with shared space at the Library and use of the Old Chapel next door with MAO (freeing the Ryefield Centre for alternative use). Ledbury children centre retained and due for additional MAO space. Other sites transferred use and operation to schools and nurseries to meet local need.
	Reconfigure space at central and satellite offices so that employees can work flexibly and the council can maximise its facilities and resources	Ongoing	Ongoing	Amber	Children services have been moved out of the Ryefield Centre and relocated in part of the Old Chapel (Ross) and Ross Library. However, a locality team is still based at the Ryefield Centre. Currently working on the scheme to adapt the MAO at Leominster to allow the relocation of the Adults locality team based in the Old Prior and to move them in and share the MAO building which we are programming for completing the works for the end of January/ mid-February 2020. The installation of the new fire escape for Plough Lane is due to be completed for mid to end of November 2019. This will allow Plough Lane to be populated with more staff.

Secure better services, quality of life ar	Improve the council's engagement with residents, its standards and communication approach with employee wide training on good customer services	Ongoing	01/04/2020	Green	Draft report on updated standards shared with cabinet members and agreed public consultation. Training with staff not taken place until any new standards are agreed.
	Prepare for a second round of community governance reviews consulting with parish councils and their communities to develop outline terms of reference on possible governance alterations	Ongoing	13/07/2019	Green	Currently in planning stage for tranche 2, work commenced at the parish summit in September with consultation commencing before end of 2019
	Optimise the use of the property assets held by the authority, ensuring assets are in the right location and fit for purpose, considering shared and dual use as well as maximising income	Ongoing	On-going	Amber	See Row 44
	Effectively deliver the Medium Term Financial Strategy (MTFS), and implement change to the Capital Budget process to improve transparency and accountability	Ongoing	29/02/2020	Green	
	Further improve commissioning and procurement to deliver greater revenue efficiencies and savings	Ongoing	01/04/2020	Green	On-going through the year
	Implement a workforce strategy that ensures there is an appropriately skilled workforce to meet the changing needs and demands of the council	Ongoing	31/03/2020	Green	A draft has been agreed by the cabinet member. The draft will now be placed on modern.gov for formal consultation and approval.
	Contribute to the wider workforce challenges in the care sector through a targeted local campaign and resources to support the recruitment and retention of key workers across the sector	Completed	30/06/2019	Blue	This has moved to business as usual within the Directorates Commissioning workstream and within the workforce development team
	Ensure compliance with statutory responsibilities in relation to data protection, elections and cyber security	Ongoing	01/04/2020	Green	On-going through the year
	Support evidence based decision making through a refreshed Understanding Herefordshire Joint Strategic Needs Assessment website, and make it easier to find key information about a topic or local area	Completed	30/09/2019	Blue	The understanding Herefordshire website is now live.
	Further develop the council website including WISH to communicate with residents and increase the ability to access services on-line, with streamlined services making the most of technology to create an improve customer experience	Ongoing	31/03/2020	Green	This sits within the Directorates Communities workstream

Keep children and young people safe and give them a great start in life

Performance Measure		Outturn			Frequency	Polarity	Direction of Travel (same point last year)
		2018/19 (Year end)	2019/20				
			End of May	Q2			
Reduce the attainment gap at age 16 between free school meal pupils and their peers		Local GAP 18.2 National GAP 13.9			Annual	Smaller is better	n/a
Increase the proportion of pupils attending a school and or setting that is good or outstanding	Primary	93.5% (12,926/13,825)	93.5% (12,926/13825)	97.1% (13,355/13,754)	Monthly	Bigger is better	◀▶
	Secondary	77.6% (7,214/9,296)	77.6% (7,214/9,296)	78.3% (7,406/9,459)	Monthly	Bigger is better	◀▶
Herefordshire young people meeting or exceed - the national average indicator for attainment (attainment 8) - the national progress measure (progress 8)	Attainment 8	Attainment 8 Herefordshire 45.9 England (all schools) 44.3			Annual	Bigger is better	n/a
	Progress 8	Progress 8 Herefordshire -0.04 England (state-funded sector) -0.02			Annual	Bigger is better	n/a
Improve education outcomes at age 5 (Ensuring they reach a good level of development)		74.1%		75.40%	Annual	Bigger is better	▲
Improve health outcomes for: 0-5 year olds (Percentage of 2 to 2.5 year olds completing a developmental health review)		-		81.7%	Annual	Bigger is better	n/a
Improve health outcomes for: 5-19 year olds (Percentage of Year 6 children who are overweight or obese)		<i>Herefordshire: Yr6 pupils overweight or obese: 34.5%</i> <i>England: Yr6 pupils overweight or obese: 34.3%</i>		34.7%	Annual	Smaller is better	◀▶
Reduce the number of children being referred to children's social care for a service		3432 contacts 598 referrals		3406 contacts 811 referrals	Quarterly	Smaller is better	n/a
Reduce the number of children looked after by the local authority		334	331	340	Monthly	Smaller is better	n/a

Performance Measure	Outturn			Frequency	Polarity	Direction of Travel <small>(same point last year)</small>
	2018/19 (Year end)	2019/20				
		End of May	Q2			
Reduce the use of emergency bed and breakfast accommodation for young people at risk of homelessness			TBC	Quarterly	Smaller is better	n/a
Increase the proportion of 16 and 17 year olds participating and training (including apprenticeships and work based learning)	89.9% <small>(3,127/3,480)</small>	89.9% <small>(3,131 young people)</small>	87.6%	Monthly	Bigger is better	▲
Reduce the number of children subject to child protection plans	111	117	153	Monthly	N/A	n/a

Enable residents to live safe, healthy and independent lives

Performance Measure	Outturn			Frequency	Polarity	Direction of Travel (same point last year)
	2018/19 (Year end)	2019/20				
		End of May	Q2			
<i>Reduce the rate of younger adults needing permanent placements in residential and nursing care homes (aged 18-64)</i>	<i>15.54 (19 people)</i>	<i>0.91 (1 person)</i>	<i>5.49 (6 people)</i>	<i>Monthly</i>	<i>Smaller is better</i>	◀▶
<i>Reduce the rate of older people needing permanent placements in residential and nursing care homes (aged 65+)</i>	<i>657.2 (303 people)</i>	<i>74.24 (34 people)</i>	<i>304.6 (142 people)</i>	<i>Monthly</i>	<i>Smaller is Better</i>	▲
The number of Delayed Transfers of Care (delayed days) from hospital attributable to social care	171	168	102 (August)	Monthly	Smaller is better	▲
Increase the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation services	73.4% (293/399)	74.7% (62/83)	68.7% (184/268)	Monthly	Bigger is better	▼
Increase the number of affordable housing units delivered	203	51	120	Monthly	Bigger is better	n/a
Reduce the number of households in temporary accommodation	48	44	40	Monthly	Smaller is better	▼
Improve the overall satisfaction of people who use services with their care and support	73%			Annual	Bigger is better	n/a
Increase the number of community hubs throughout the county	-	7	8	Monthly	Bigger is better	n/a
Increase the take up of the NHS Health Checks from the most "at risk" population groups	39.2% (4,013/10,241)	36.75% (584/1,589)	41.87% (2,028/4,843)	Monthly	Bigger is better	▲

*Measures in italic text above are cumulative measures

Support the growth of our economy

Performance Measure		Outturn		Frequency	Polarity	Direction of Travel (same point last year)	
		2018/19 (Year end)	2019/20				
			End of May				Q2
Reduce the amount of household waste per person (kg) per year		391.65kg	71kg (updated from provisional data of 65.78kg previously reported)	212.05kg	Monthly	Smaller is better	▼
Minimise the number of people killed or seriously injured (KSI) in road traffic collisions in Herefordshire (3 year rolling average)		94.33 (2016-18 avg) (94 recorded in calendar year)	94.33 (36 recorded KSIs in first 5 months)	95.67 (75 recorded in first 9 months)	Monthly (based on calendar year)	Smaller is better	▼
Percentage of Category 1 defects (immediate or imminent hazard) and 2a defects made safe/dealt with within target times	Cat 1	99.93% (2,808/2,810)	100% (279/279)	99.78% (922/924)	Monthly	Bigger is better	▼
	Cat 2a	90.5% (14,552/16,079)	92.26% (2,265/2,455)	92.26% (2,265/2,455)	Monthly	Bigger is better	▲
Improvement in the overall condition of roads and bridges		-			Annual	Bigger is better	n/a
Improve the proportion of strategically important routes that are in good condition and the proportion that are in need of maintenance		-			Annual	Bigger is better	n/a
Improve average journey time in Hereford in morning week-day period		-			Annual	Smaller is better	n/a
Percentage of Major planning applications dealt with within 13 weeks (24 month rolling)		87.1% (149/171)	86.6% (142/164)	86.1% (142/165)	Monthly	Bigger is better	▼
Percentage of Non-major planning applications (minors/others) dealt with within 8 weeks (24 month rolling)		78.2% (3,220/4,117)	78.95% (3,166/4,010)	80.1% (3,073/3,837)	Monthly	Bigger is better	▲
% of county premises with access to Next Generation Access (NGA) broadband		86.80%		89.5%	Quarterly	Bigger is better	▲
Supply of ready to develop housing sites		-			Annual	Bigger is better	n/a
% reduction in Herefordshire Annual Domestic Energy Consumption (reduce fuel poverty)		-			Annual	Bigger is better	n/a

Secure better services, quality of life and value for money

Performance Measure	Outturn			Frequency	Polarity	Direction of Travel <small>(same point last year)</small>
	2018/19 (Year end)	2019/20				
		End of May	Q2			
Increase in number of people interacting with council services on-line	-			Annual	Bigger is better	n/a
Website satisfaction: percentage of visitors that confirm that they were able to do what they set out to do in a satisfaction survey	64.74%	59%	69.59% (103/148)	Monthly	Bigger is better	▲
Reduce sickness absence (12 month rolling)	8.24 days	8.59 days	8.76 days	Monthly	Smaller is better	▼
Rateable value of new business rates registrations	£48,641k	£48,424k	£48,731k	Monthly	Bigger is better	▲
Spend to the council's revenue budget	£595k underspend	£16k underspend	£146k overspend	Monthly	Smaller is better	▼
Progress against delivery of savings targets	£11,683k	£2,113k	£3,682	Quarterly	Bigger is better	n/a
Increase completion rates of mandatory training	-	3.90%	>95%	Annual	Bigger is better	▲
Increase flu vaccination uptake for Herefordshire Council staff and other defined staff groups	-			Annual	Bigger is better	n/a

Corporate Risk Register

Risk Description	Opened	Risk score before controls (LxC)	Existing Controls in Place	Risk score after controls (LxC)	Risk Appetite	Further actions required	Residual Risk trend (6 months)	Risk Owner
Childrens Operational Staffing / Workforce IF/AS: We are unable to recruit and maintain a stable, experienced social care workforce THEN: Caseloads for social workers will be higher than wanted and may affect the quality of casework for children	Oct-17	25 (5x5)	A recruitment and retention plan has been implemented and specific actions taken to reduce turnover and improve the attractiveness of our offer to experienced staff. We have commissioned an agency to undertake a search process under the 'urgent to rural' banner. We are actively engaging with regional colleagues to influence wider work and to reduce reward package escalation. We have engaged a number of agency workers as a result of regional collaboration which has provided additional capacity. Grow our own activity has been agreed and has been progressed during 2019-20	20 (4x5)	Further mitigation required	Cabinet have approved an additional £1.6m to support reducing caseloads by recruiting to social work posts, we have in place a number of initiatives to recruit social workers into the organisation; including for example ASYE offer; Urban to Rural and through the apprenticeship scheme to train new staff to achieve their social work qualification.		Director Children & Families
Market workforce economy IF: the current limited capacity within the social care workforce continues THEN: will there will be an impact on availability of services - this is particularly true of Registered Managers and Nurses	Mar-17	25 (5x5)	External market workforce project launched - the care heroes campaign to attract and retain more people into care and support providers with recruitment & training costs. Fees have been increased to dom care providers with a steer that front line staff should benefit. Monthly provider forums with commissioning services and close monitoring of market capacity and responses.	16 (4x4)	Further mitigation required	Ensuring that the Adult Social Care agenda is high on priority list for other Directorates. Working with economic partners on master planning to shape the future market,		Director Adults & Communities
Budget and Savings Plans - Children & Families IF/AS: The demand for placements for looked after children and care leavers exceeds that planned for when the budget was set THEN: the spend will be greater than the budget within children and families IF/AS: The savings plans across the directorate are not delivered with support from council services THEN: Resources and the MTFs across the council may be at risk	Apr-17	20 (4x5)	Budget is reviewed monthly DLT/SMT/Management Board and then informing Cabinet. Alternatives to care panel in place on a weekly basis to review cases that may be considered to be moving towards becoming looked after, chaired by the AD safeguarding and family support. Corporate contingency in place as part of 2019/2020 to cover any spend over planned budget	16 (4x4)	Further mitigation required	Business case for Edge of Care Service been developed with input from Staffordshire Council; cabinet agreed in principle to use of earmarked reserves in 2019/20 to start the edge of care service subject to cabinet member decision.		Director Children & Families
Human Rights claims IF: a result of high court decisions regarding children's social care cases THEN: Herefordshire council may face Human Rights claims.	Dec-16	16 (4x4)	Case review work has been undertaken by children's social care and by legal services and submitted to court. Legal services have reviewed current cases to assess for potential human rights claims. Communications briefed on response from council, including training, audit of any cases with similar presenting features and action to address any recommendations from the judgement; communications to cabinet, children's scrutiny and all members; communication to chair of HSCB and also to regional lead for safeguarding with Ofsted. In light of court judgements, cases are reassessed. Practice improvements are identified through this work and steps taken to embed changes in day to day work.	16 (4x4)	Further mitigation required	Children's services and legal services reassess cases in light of court judgements. Practice improvements are identified through this work and steps taken to embed changes in day to day work.		Director Children & Families
Delayed Transfer Of Care (DTOC) IF: the capacity and effectiveness of the Home First service, timeliness of assessments, the capacity of the care home and domiciliary care market and accuracy of coding THEN: the DTOC numbers will continue to increase.	Aug-18	25 (5x5)	This area receives significant scrutiny, including an LGA peer review in February, as well as through the BCF monitoring processes. Additional investment in the home care market, creation of a joint discharge lead, as well as a trusted assessor model, are all helping to improve performance in this area - which can be evidenced by clear improvements in the numbers of days delayed during the last 9 months..	12 (3x4)	Accept			Director Adults & Communities
Council Redesign/Resources IF: Reducing resources in the form of grant, uncertainty and the requirement to deliver transformation at speed combine THEN: there will be a risk of failure to meet statutory and/or legal duties and powers.	Jun-15	25 (5x5)	Transformation programme within each directorate, corporate plan, refreshed governance and constitution, quarterly performance management reporting and director performance management through appraisal system.	12 (3x4)	Further mitigation required	Benefits realisation and review arrangements through quarterly performance management		Chief Executive

Corporate risk register

Risk Description	Opened	Risk score before controls (LxC)	Existing Controls in Place	Risk score after controls (LxC)	Risk Appetite	Further actions required	Residual Risk trend (6 months)	Risk Owner
Deprivation of Liberty IF: The authority does not meet the statutory requirements for Deprivation of Liberty Safeguards and individuals are unlawfully deprived of their liberty THEN: The authority faces a risk of being taken to the Court of protection, increasing the risk of Costs and Financial penalties for the Local Authority	Oct-14	20 (4x5)	Additional investment into DOL's has been made and will be maintained. Weekly performance management of waiting list is in place. Regular reporting and review up to Director Level and to Safeguarding Adults Executive Group. Recruitment of external Best Interest Assessors - although these are limited in availability due to national demand. The DoLS team check all referrals for DoLS against list of open safeguarding referrals to ensure these cases are prioritised. ADASS triage criteria are followed to identify cases where there is a high risk to the individual and a high risk to the Council of litigation. Three full time BIA posts have been created and a MCA DoLS team manager post has been created as part of the adults social care restructure. Further awareness training with staff and providers, additional legal support and constant review and prioritisation of cases waiting for assessment. Programme to train staff as BIAs in place. Independent BIA engagement plan ongoing two additional full time seconded posts created and filled. Multi agency MCA and DoLS policies completed. agency MCA and DoLS policies completed.	12 (3x4)	Accept			Director Adults & Communities
Recruitment Strategy IF: the council is unable to recruit the level and scale of staff required to vacant posts across the organisation due to inability to attract and/or an unsustainable employable local demographic THEN: there will be insufficient staff to meet service demands; an inability to progress service development; and a financial implication of using agency staff/contractors.	Aug-18	16 (4x4)	Short term reductions in capacity are accommodated by prioritisation and reallocating work amongst staff. Analysis identifying posts which are hard to recruit to. Involvement in regional workforce development and agency market management. Recruitment and retention initiatives.	12 (3x4)	Accept			Head of HR and Organisational Development
EU exit IF: following the EU exit there is uncertainty or policy decisions that impact the council THEN: there may be an impact on the economic and social programmes of the Council and its partners, including: interest rates and exchange rates impacting on the affordability of the council's capital programme; and restriction on the free movement of people which could lead to skills gaps and adverse impact on the workforce.	Aug-18	16 (4x4)	Inclusion of an assessment of the risks associated with EU exit in our MTFs and Treasury Management Strategy, and our debt profile is monitored and managed to avoid exposure to interest rate fluctuations. The Capital Programme will include a risk assessment of the cost of borrowing, and it will be reviewed constantly to ensure its continued affordability.	12 (3x4)	Accept			Chief Finance Officer
Failure of council employees to adhere to standing orders and policy IF: officers fail to adhere to standing orders (e.g. contract and finance procedure rules) and policies THEN: the number of internal disciplinary and/or exposure to legal challenge will increase, along with the likelihood of financial and reputational risk, resulting in claims being made and won against the Council with costs and reputational harm incurred.	Sep-17	16 (4x4)	Contract and finance procedure rules have been rewritten and published. Toolkits, guidance and training have been implemented. Schemes of delegation have been written as part of the new constitution. Governance training has been provided. Internal Control Improvement Board to oversee development and implementation of an improvement plan to ensure effective internal controls in respect of capital spend, project management and contract management are in place and complied with across the council.	12 (3x4)	Further mitigation required	Internal Control Improvement Board to oversee development and implementation of an improvement plan to ensure effective internal controls in respect of capital spend, project management and contract management are in place and complied with across the council.		Head of Law and Governance
Emergency events IF: significant events happen (e.g. severe weather, major flooding, terrorism and/or influenza pandemic risks) THEN: there could be a significant cost implication to the Council and it may be necessitate staff redeployment to backfill and maintain critical services. Failing to respond effectively to major emergencies/incidents could result in in a loss of public confidence through adverse publicity, loss of life to public or council employees, loss of service, economic damage or environmental impacts. Lack of trained staff (deployed or other) means we may not respond as quickly/effectively as we should.	Apr 11	16 (4x4)	Council and multi-agency plans reviewed as part of wider WM Local Resilience Forum objectives. Resilience Direct (cabinet officer system) to progress information sharing, planning and response mechanisms and data. Council Business Continuity Management System in place. Rest Centre training and provision for 200 people at Three Elms Unit. Gold and Silver officer training sessions and programme completed. BBLP tested new emergency road closure software, which will update the website automatically within the road closure map.	12 (4x3)	Accept			Health Safety and Resilience Manager

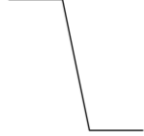
Corporate risk register

Risk Description	Opened	Risk score before controls (LxC)	Existing Controls in Place	Risk score after controls (LxC)	Risk Appetite	Further actions required	Residual Risk trend (6 months)	Risk Owner
<p>Health & Safety IF: Herefordshire Council doesn't comply with Health and Safety legislation THEN: there is an increased risk of: employees injured through work activity; council prosecuted by HSE for breaches of legislation; increased insurance claims and insurance premiums; member of public, contractor or employee killed at work, possible corporate manslaughter, loss of reputation and financial costs to the council; sickness rates increase because of lack of compliance with good health, safety and wellbeing practice; increased employer/employee litigation through inconsistent approach to managing health and safety in the workplace; unable to defend H&S claims or disputes; and, fire damage and financial and reputational costs to the council through fire at a council owned building.</p>	May 11	16 (4x4)	<p>Strategy – Strategy/project plan in place to achieve full compliance with H&S legislation, prioritised by high risk activities; H&S policy current and reviewed each year.</p> <p>Cultural – Sharepoint H&S tool box available via front page of intranet; H&S and Fire Safety part of existing mandatory training; some improvement has been made in last period with wider engagement from employees with H&S systems (when things have gone wrong); employees consulted about H&S issues through 'house' meetings.</p> <p>Systems – Accident reporting/investigation and work based ill health in place; mandatory training; first aid/fire warden training in place; some systems updated (focused on high risk areas); employers liability insurance; Directorate H&S reps kept up to date with current risks and good practice control measures.</p> <p>Property Services buildings statutory compliance system in place.</p>	12 (3x4)	Accept			Health and Safety Advisor
<p>Cyber attack IF: we do not protect against a potential cyber attack THEN: we could be at risk of losing data in breach of principle 7 of the Data Protection Act which would lead to potential fines from the Information Commissioner Office and reputational damage.</p>	Apr-17	15 (3x5)	<p>Information Security' eLearning training (upon user induction)</p> <p>'Information Security Refresher' eLearning training (conducted annually)</p> <p>Spoof phishing campaign conducted to raise user awareness.</p> <p>Hoople Transformation & Technology (T&T) apply technical measures to detect users clicking on malicious links and/or attachments.</p> <p>Ongoing communications and awareness campaigns</p> <p>Continual review of technical measures.</p> <p>Feb 18: We have run some software against all system passwords to check how secure these are. 18% did not meet the standards. Comms due to go out.</p> <p>Mar 18: Comms have been issued to staff in News Core and we are investigating whether we can make the 'password strength check' available to staff via our intranet.</p> <p>June 2018 - IG team are signing up to Care Cert in order to receive further warnings around cyber attacks.</p> <p>July 2018 - IT are in the process of signing up the council domain to a website that collects information from leaked data breaches. We will then be notified if any council domain email addresses have been misused/hacked.</p> <p>Aug 18: Completed and submitted Cyber Security stocktake to the LGA, and completed a Cyber Essentials self assessment.</p> <p>Sep 18 - IG Team have registered for Care Cert - we will receive cyber related vulnerability notifications. Supplier risk assessment has also been updated to include a section on cyber security.</p> <p>Oct 2018 - IT are working on a cyber security risk assessment for cloud hosted systems. New software has also been installed which will allow us to run our own phishing exercises in future.</p> <p>Nov 2018 - A number of cyber security workshops have been attended and further training is being planned for next year.</p> <p>Jan 2019 - Mandatory Training for 2019 has been updated and has specific reference to cyber security. All elements of training suggested by the National Cyber Security Centre are covered in the HC IS mandatory training.</p>	12 (3x4)	Further mitigation required			Assistant Director, Corporate Support

Corporate risk register

Risk Description	Opened	Risk score before controls (LxC)	Existing Controls in Place	Risk score after controls (LxC)	Risk Appetite	Further actions required	Residual Risk trend (6 months)	Risk Owner
<p>Development Regeneration Partnership - Keepmoat IF: there is not an adequate pipeline of suitable residential development projects THEN: we will not be able to deliver the benefits through the contract</p>	Feb-18	12 (3x4)	<p>A pipeline of projects has been identified and discussed with the DRP Board. Work is underway to identify and bring forward suitable sites for inclusion in early phases of the programme, specifically relating to housing development, there are, however, limited opportunities that are immediately available.</p> <p>Draft pipeline of potential development sites being collated Jun 18: A pipeline of projects has been identified and discussed with the DRP Board Business case to cover the life of the partnership being developed in conjunction with each development partner and the council's Finance department. Jan 19: Early phase pipeline is current focus. Release of Merton Meadow for mixed development will provide opportunities for housing development. Mar 19: DRP Housing Strategy and pipeline drafted seeking approval in June 2019.</p>	12 (3x4)	Further mitigation required			Programme Director, Housing and Growth
<p>Workplace / Accommodation Programme IF: the Programme is not managed to time and budget and does not include BWoW principles THEN: there will be significant risks to service delivery, savings plans and the life cycle of buildings.</p>	Mar 16	12 (3x4)	<p>Corporate Property Board. Escalation of high risk items to EP management team and to members for political consideration of priorities. Jun 18: Paper for Cabinet being prepared for July 2018. Cancelled as directive that CWB need to complete service review post OFSTED report also impacts on BWOW. Aug 18: Undertaking a programme of condition surveys on a cyclical basis will provide detail on scale of backlog maintenance. A programme is being developed for commencement in 2018-19. CWB internal review post-Ofsted needs to be completed before a strategic property review is completed including BWoW. This is likely to be post May 2019. CPB wound up - Outline future estates strategy options to go to Corporate Property Strategy Board in January 2019. March; No Directorate business plans received to underpin estate strategy.</p>	12 (3x4)	Further mitigation required	Estate strategy pushed back to September 2019 due to other priorities		Strategic Property Services Manager
<p>Integration (One Herefordshire) IF: there is a limited shared vision on the operational implications for One Herefordshire and integration THEN: there will be continued challenges in areas such as BCF/iBCF and continued risk of "cost shunting" between agencies rather than focussing on system costs.</p>	Jun-15	25 (5x5)	An approved BCF between CCG and the local authority that approves integration and schemes to be delivered. Ongoing negotiations and monitoring through the BCF partnership board and Joint Commissioning Board.	9 (3x3)	Accept			Director Adults & Communities
<p>Demographic Pressures IF: due to increasing financial and demographic pressures, the council is unable to meet it's statutory obligations and assess clients in a timely manner and annually review all long-term packages of care THEN: clients might not receive the timely interventions required and we might miss the opportunity to maximise independence</p>	Oct-14	16 (4x4)	New pathway implemented with evidence of improved outcomes for people and reduced amount people requiring social care intervention. In addition, implemented a SAS team to focus on re-assessment work, and an external provider to undertake reassessments and reviews allied to cohorts of service users where review is required. Controlled waiting list, proactive front door, proactive reablement response, regular reporting to monitor any changes. Strengthened commissioning approach to market developments and client need.	9 (3x3)	Further mitigation required	Further embedding the strengths based ethos within the directorate as well as partners. Developing a review dashboard. Pilot scheme being implemented to boost capacity to undertake assessments.		Director Adults & Communities

Corporate risk register

Risk Description	Opened	Risk score before controls (LxC)	Existing Controls in Place	Risk score after controls (LxC)	Risk Appetite	Further actions required	Residual Risk trend (6 months)	Risk Owner
Capital Programme IF: we are unable to implement the strategic corporate and CWB capital programmes within budget and timescale THEN: operating costs will increase, assets will deteriorate, service delivery could be impacted and opportunities to realise value and benefits could be missed. Strategic change will not be implemented.	Feb-18	16 (4x4)	Corporate Property Strategy Board and CWB Capital Programme Board comprising senior Directors; ongoing monitoring of programme and projects; escalation of high risk items to Directors. Additional project management is being sourced as the previous additional project management resource is committed to the work around property services review. Looking at using framework agreements to backfill design capacity due to further loss in staffing resources which is adding to more pressure in the ability to delivering projects in suitable time frames. Corporate capital programme for 2019/20 is being progressed and delivered on site. The recruitment of a Programme Manager to commence 1/7/19 will help to deliver the CWB capital programme, however staff resources are well under capacity and funding to permit further recruiting allied to the use of framework contracts is still recommended to reduce the time-pressures that currently exist to deliver these programmes.	9 (3x3)	Further mitigation required	Aug 19 - Consultation completed to transfer the administration and responsibilities of the 'helpdesk' over to the provider BBLP to free up and enable the property services technical team to concentrate on delivering corporate and other services capital projects. Operational detail being finalised. Given the late start to the program due to the election purdah and governance process we are reviewing what can be delivered in the programme this year given the resource available, after taking account of the possibility of commissioning project management services. Target date to engage with framework October 2019.		Strategic Property Services Manager
NMiTE University IF: there is a lack of accommodation, cultural and other infrastructure services to enable planned growth in student numbers THEN: this would impact upon the successful delivery of the new university and would create reputational risk for the council.	Aug-18	12 (3x4)	Sites identified for the University accommodation, e.g. Essex Arms. The council is working with its Development Partner to enable the development programme to support NMiTE estate needs subject to Cabinet decisions on individual sites. Joint University Development Board (JUDB) has been re-designed to reflect new structures at the University and to ensure it effectively allows the University and council to manage the University's development collaboratively; space has been provisionally allocated in the facility on station approach to support NMiTE's first full cohort in 2020; student accommodation has been identified as a potential use for the Blackfriars end of the football stadium and the Council strategically acquired the College Road campus site in March 2019 - this has been discussed with NMiTE and will be explored as part of the preliminary appraisal of the site; It is proposed to put in place a company to manage HE student accommodation. This would help all parties to manage the risks associated with developing purpose built student accommodation.	9 (3x3)	Further mitigation required	Aug 19: meetings to discuss property priorities and opportunities are taking place with NMiTE; resolution likely in Oct 19. Development Cohort started Sept 2018. Pioneer cohort Sept 2019. First full cohort Sept 2020	_____	Programme Director, Housing and Growth
Economic Resilience IF: the Invest Herefordshire Economic Vision is not supported by key stakeholders and does not deliver initiatives which address economic growth prospects and local economic concerns and meet local need THEN: there will be a fall in indigenous and new business investment within Herefordshire engagement with the council which could affect large business retention, business rates income, productivity, employment and wage rates, and wider resilience in the local economy.	Jun 15	16 (4x4)	Implementation of the Economic Development Strategy. Economic Masterplan adopted. Delivery of the Fastershire project. Delivering and promoting the Local Development Framework. Implementing the delivery of the Enterprise Zone. Securing external funding. Full approval for Ross Enterprise Park and in the process of contracting Delivery of Hereford Centre for Cyber Security. Joint Venture agreed and start on site commenced	8 (2x4)	Accept		_____	Head of Economic Development
Safeguarding work to support the service during police investigation IF: there is a lack of capacity in management THEN: there may be disruptions in casework, unsettled staff and service users.	Oct-17	16 (4x4)	Interim senior management was put in place to provide additional capacity during the investigation which has now concluded. Staff communicated with and support was put in place. Outcome of police investigation still to be concluded. Risks to current service delivery assessed to be low.	8 (2x4)	Accept		_____	Director Children & Families
Good internal controls protect against fraud and error IF: good internal controls aren't in place and followed to protect against the potential of fraud, corruption, financial management, malpractice or error THEN: this produces a heightened risk of fraud, corruption and/or poor value for money with the consequent negative reputational impact.	Nov-17	16 (4x4)	Follow-up on SWAP audit recommendations so that they are all dealt with fully so that systems, processes and compliance are improved. EE code of conduct - should be issued with contract of employment. Recruitment process which ensures appropriate background checks. Induction programme. Fraud, bribery and corruption policies. Whistleblowing Policy. Finance procedure rules. Contract procedure rules. Agresso workflow. Governance processes.	8 (2x4)	Accept		_____	Head of corporate finance

Corporate risk register

Risk Description	Opened	Risk score before controls (LxC)	Existing Controls in Place	Risk score after controls (LxC)	Risk Appetite	Further actions required	Residual Risk trend (6 months)	Risk Owner
Medium Term Financial Strategy IF: we do not have a sustainable Medium Term Financial Plan THEN: we will not achieve a balanced budget, risk serious service failure	Aug 12	20 (4x5)	MTFS to 19/20 approved by Council in February. All savings RAG rated and reviewed. MTFS linked to Corporate Priorities. Monthly financial reports to Management team and Cabinet; Performance Challenge meetings. Base budget review exercise completed. Prudent levels of reserves in place. Regular reviews by Cabinet of reserves and assumptions around inflation.	6 (2x3)	Accept			Chief Finance Officer
ICT Platforms IF: the technology ICT systems/platforms are not appropriate or used to their full effect THEN: we fail to transform our services and cost the organisation more money	Apr 14	16 (4x4)	Programme Boards for major systems e.g. Mosaic for adults and childrens social care. Measures are in place to ensure that access to systems/tech. is in place and will be progressed through a number of initiatives. SWAP audit and training planned.	6 (2x3)	Further mitigation required	SWAP audit planned. Training planned for staff and an accurate list of all systems required		Assistant Director, Corporate Support
Partnerships IF: the partnerships that the council's involved in are not developed / fail to operate effectively / or fail entirely THEN: the strategic objectives / priorities may not be achieved.	Aug-18	12 (3x4)	Partnership governance protocol. Effective communications. Contractual and partnering agreements.	6 (2x3)	Accept			Head of Corporate Governance
Development Regeneration Partnership - Engie IF: the length of time that regeneration projects take to bring forward leads to a perception that the programme is not delivering THEN: confidence will be reduced	Feb-18	9 (3x3)	A pipeline of regeneration projects has been identified and discussed with the DRP Board. Work is underway to bring these projects into the programme; however, the feasibility, design and approval process does take time. Investment in project management structures and capacity to improve the delivery of the DRP	6 (2x3)	Accept			Head of Economic Development
IG Toolkit IF: we do not complete the new IG toolkit to the required standard THEN: we will lose access to the NHS N3 connection and a number of data sets required by Adult Wellbeing.	Aug-18	9 (3x3)	The existing toolkit has been completed to a high standard for the last 3 years and we hold the required evidence. Toolkit submitted; awaiting publication of 2020 toolkit.	6 (2x3)	Accept			Information Governance Manager
Information governance IF: staff do not treat the information they access appropriately THEN: this may lead to the risk of referral to the Information Commissioner and/or legal challenge with resultant unbudgeted costs and reputational damage for the Council.	Feb 14	16 (4x4)	A series of mandatory online training modules have been introduced (including Data Protection, Environmental Information Regulations, Freedom of Information, Information Security). All employees must also complete a staff confidentiality agreement in order to acknowledge that they agree to abide by the council's information governance policies. DSP Toolkit completed for 2018 and 2019 being worked on. Mandatory training has been refreshed for 2019	4 (2x2)	Accept			Assistant Director, Corporate Support
Litigation IF: ongoing contract changes and budget savings increase the level of exposure to litigation/dispute THEN: the Council may lose and be liable for costs in excess of £M (affecting budget position) and incurring reputational harm.	Jun 13	16 (4x4)	In house and external legal teams in place dealing with adjudications and litigation. Formal mediation has been undertaken. Mediation window remains open. The Council has commenced enforcement action in regard to prior adjudicator's decision. Judgement on matter taken to enforcement in Council's favour. Other matters continue to be progressed through dispute resolution procedures. Amey appeal on High Court. Judgement refused. Other matters continue.	4 (2x2)	Further mitigation required	The Council will escalate matters through formal dispute resolution processes as required. The timing of these next steps will be set in response to circumstances.		Solicitor to the Council
Good decision-making IF: officers and members do not uphold the principles of good decision-making THEN: the Council may make poor decisions which either result in lost opportunities or increased costs.	Apr-17	12 (3x4)	Decision reports are subject to a quality assurance process which includes review by risk, legal, finance, governance, equality, procurement and the lead director. A programme of training and development has been developed to support implementation of the new constitution. This will include report writing and decision making as appropriate. Internal Audit report commissioned to review quality of information in reports; report received and being actioned.	9 (3x3)	Accept			Solicitor to the Council

Risk Description	Opened	Risk score before controls (LxC)	Existing Controls in Place	Risk score after controls (LxC)	Risk Appetite	Further actions required	Residual Risk trend (6 months)	Risk Owner
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Likelihood	Consequence				
	1 Insignificant Impact / Benefit	2 Minor Impact / Benefit	3 Moderate Impact / Benefit	4 Major Impact / Benefit	5 Significant Impact / Benefit
5 Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5



Decision maker:	Cabinet
Decision date:	Wednesday 27 November 2019
Title of report:	Herefordshire's Better Care Fund (BCF) and Integration plan 2019-20 and section 75 agreement
Report by:	Cabinet member health and adult wellbeing

Classification

Open

Decision type

Key

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A threshold of £500,000 is regarded as significant.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

(All Wards);

Purpose and summary

To approve the council's contribution to the Herefordshire better care fund (BCF) and Integration plan 2019-20 and the section 75 agreement from 1 April 2020 to 31 March 2025. In summary, the report identifies the following key points:

- The better care fund (BCF) provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures grant;
- The council's contribution to the better care fund is £31.5m revenue and £2m capital for 2019/20;

- It is a national requirement, set by NHS England, that the better care fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006; the four key national conditions and national metrics for the BCF remain consistent from 2018-19;
- Herefordshire partners remain committed to working together to deliver a local system 'where strong communities encourage individual citizens to live healthy lives and offer support when this is required for them to maintain their independence, with sustainable, aligned health and care services for local people';
- The council and CCG continue to work together to deliver on the key priorities within the plan to achieve service redesign and improve the delivery of service in order to achieve the priorities of the health and wellbeing strategy in the most cost effective way;
- Herefordshire's BCF and Integration plan 2019-20 details the local approach to integration, plans to achieve metrics and plans for ongoing implementation of the HICM for managing transfers of care. The plan maintains the key schemes identified in the 2017-18 submission; and
- the plans are intended to move our health and social care system to a new service model in which patients get more options, better support and properly joined up care at the right time in the optimal care setting will support communities to remain within their own homes and reduce the need for hospitalisation and long-term care.

Recommendation(s)

That:

- (a) the council's contribution to the better care fund of £31.5m revenue and £2m capital for 2019/20 be approved;**
- (b) approval be given for the council to enter into a section 75 agreement with Herefordshire clinical commissioning group (CCG) for up to 5 years, (1 April 2020 to 31 March 2025); and**
- (c) the director for adults and communities and the director for childrens and families be authorised, following consultation with the solicitor to the council and s151 officer, to take all operational decisions necessary to approve the scheme level detail within the budget approved by Cabinet in the s75 agreement on an annual basis to 31 March 2025.**

Alternative options

1. Cabinet could decline to approve the council's contribution. As per the national requirements, the plan was submitted to the national better care support team in line with the 27 September 2019 deadline. The health and wellbeing board approved the content of the better care fund and integration plan on 14 October 2019. If Cabinet were not to approve the council's contribution then the national BCF escalation process, as detailed within appendix two, would be implemented to support and ensure compliance. If a lesser contribution were to be approved the impact of this would be the same.
2. Cabinet could decline to approve the section 75 agreement for the period 1 April 2020 to 31 March 2025. It is a national requirement, set by NHS England, that the better care fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006. The existing section 75 agreement (as agreed by Cabinet on 28 February 2019) is due to end 31 March 2020.

3. Cabinet could approve the section 75 for a shorter period, however the benefit of entering into a 5-year agreement is that it will provide stability and ensure that a suitable section 75 agreement is consistently in place. Scheme level details would be updated on an annual basis.

Key considerations

4. Partners throughout the Health and Social Care system in Herefordshire continue to be committed to working together to deliver a local system “where strong communities encourage individual citizens to live healthy lives and offer support when this is required for them to maintain their independence, with sustainable, aligned health and care services for local people”.
5. The better care fund (BCF) provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures grant.
6. The BCF in 2019-20 will continue to provide a mechanism for personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital.
7. The BCF and Integration plan is the health and social care strategic and delivery plan for Herefordshire and is therefore fully aligned with the joint local vision for the county. The BCF plan is also aligned to a number of other key operations plans including the Herefordshire Public Health plan, Adults and Communities plan, Health and Wellbeing Strategy, Talk Community Plan, Herefordshire Children and Young People’s plan and the CCG Operational plan.
8. The BCF guidance (appendix two), issued during July 2019, sets out national conditions which are the key requirements for the better care fund plan 2019-20, these are:
 - a) That a **jointly agreed BCF plan**, must be signed off by the Health and Wellbeing Board (HWB), and by the constituent council and clinical commissioning group (CCG);
 - b) A demonstration of how the area will **maintain the level of spending on social care services** from the CCG minimum contribution in line with the uplift to the CCG’s minimum contribution;
 - c) That a specific proportion of the area’s allocation is invested in **NHS commissioned out of hospital services**, which may include seven day services and adult social care; and
 - d) That a clear plan on **managing transfers of care**, including the implementation of the high impact change model (HICM) managing transfers of care is in place. As part of this, all HWBs must adopt the centrally-set expectations for reducing or maintaining rates of delayed transfers of care (DToC) during 2019-20 into their plans.
9. The BCF policy framework sets out the four national metrics for the BCF 2019-20, as follows:
 - non-elective admissions (specific acute);
 - admissions to residential and care homes;

- effectiveness of reablement; and
 - delays transfers of care (DToC)
10. Throughout the last twelve months, Herefordshire health and social care partners have made significant improvements in achieving the DToC ambitions. The table below illustrates the progression achieved:

Delayed Transfers of Care- Change July 2018 to July 2019				
Total DToC- All Settings	All Providers	All Providers	Difference	% Change
	Jul-18	Jul-19		
NHS	336	166	-170	-51%
Social Care	341	192	-149	-44%
Joint	21	32	11	52%
Total	698	390	-308	-44%

11. The continuation of the national conditions and requirements of the BCF from 2017-19 to 2019-20 provides opportunities for health and care partners to build on their plans from 2017 to embed joint working and integrated care further.
12. At a strategic level, the BCF and Integration plan intends to support the One Herefordshire alliance (organisations across the health and social care system in Herefordshire) to achieve the following aims:
- to improve the health and wellbeing of everyone in Herefordshire by enabling people to take greater control of their own health and the health of their families & helping people to remain independency within their own homes & communities;
 - to reduce inequalities in health (both physical and mental) across and within communities in Herefordshire, resulting in additional years of life for citizens with treatable mental and physical health conditions;
 - to improve the quality and safety of health and care services, thereby improving their positive contribution to improved wellbeing and enhancing the experience of service users; and
 - to achieve greater efficiency, making better use of resources.
13. Our One Herefordshire Integrated Care model is based on the practice of ‘helping you to help yourself’. Partners are committed to developing primary and locality (community health mental health and social care services) networks and making best use of the resources to support people to live well as close to home as possible, on the principle that ‘your own bed is best’ and for children to be supported to be with families.
14. Herefordshire’s approach to integrating care around the person includes the Talk Community programme. This is a partnership approach, led by the council, that links three

fundamental elements to promote and maximise independence and wellbeing within Herefordshire's communities. Talk Community focuses on:

- the people that make up our communities;
- the place and space, which those communities occupy; and
- the economy in which those communities work.

At the heart of Talk Community is an ambition for innovation to make independence and wellbeing for Herefordshire citizens inevitable.

15. In addition to the prevention and areas identified above, the Herefordshire health and care system are committed to delivering and embedding key integrated areas that have been described in previous plans. These include:
 - a. Urgent care investment
 - b. Trusted assessor model for care homes
 - c. Investment and delivery of a D2A model for pathway two and three
 - d. Increasing and aligning community health and care capacity that supports early discharge and prevents (where possible) admissions to hospital, further investment from 2019/20 BCF will be invested in this part of the system to increase capacity further.
16. The existing governance arrangements for the BCF will remain in place for 2019-20, where the HWB is responsible for agreeing the BCF plan and for overseeing delivery through quarterly reports from the Joint Commissioning Board. The BCF plan and the programmes of integration work that are within the BCF and Integration plan are reported to a number of council, system and CCG boards. The Integrated Care Alliance Board (ICAB) is overseeing the development of integrated community services across all providers in Herefordshire and includes representatives from Herefordshire council, Wye Valley Trust, 2gether NHS Foundation Trust, St Michaels Hospice and Taurus GP federation.
17. Measures of outcomes and performance are in place for each scheme within the BCF and Integration. These are monitored on a monthly basis and reviewed by the better care partnership group. Schemes which are included in the s75 agreement but do not form part of the BCF plan are monitored through existing performance monitoring mechanisms.
18. At the end of 2018/19 Herefordshire was on track to meet the ambition rate for the national metric for non-elective admissions. Achievement of the ambition rates for the proportion of older people who were still at home 91 days after discharge from the reablement service and delays transfers of care both continued to pose challenges to partners. Overall, the delivery of the BCF and Integration plan in Herefordshire during 2018/19 had a positive impact on integration. A number of key areas of integrated workforce were introduced during 2018/19 including the integrated hospital discharge function, developing community therapy services and the integrated improved quality in care homes team.
19. The content of the BCF and Integration plan 2019-20 was approved by the Health and Wellbeing Board on 14 October 2019 and was submitted for the national deadline. A regional assurance process is currently being undertaken.
20. It is a national requirement, set by NHS England, that the better care fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006. The existing section 75 agreement is due to end 31 March 2020. It is recommended that a refreshed section 75 agreement for a period of up to 5 years (1 April 2020 to 31 March 2025) between the council and Herefordshire clinical commissioning group (CCG) is

approved. A 5 year agreement would provide stability and ensure that a suitable section 75 agreement is consistently in place. Scheme level details, including budget and performance targets, would be updated on an annual basis.

21. All of the schemes within the BCF plan are included within the section 75 agreement. In addition, a number of other schemes are included, for example the children's commissioning unit, Children's complex needs solutions, the Safeguarding Adults Board and the Safeguarding Children and Young People in Herefordshire Board.

Community impact

22. The BCF and Integration plan is set within the context of the national programme of transformation and integration of health and social care. The council and CCG continue to work together to deliver on the key priorities within the plan to achieve savings and improve the delivery of service in order to achieve the priorities of the health and wellbeing strategy, and the Herefordshire Children and Young People's plan, in the most cost effective way.
23. The BCF and Integration plan is aligned and integral to delivering the NHS Long Term Plan by providing services at a locality level and supporting the council's corporate objective to 'enable residents to live safe, healthy and independent lives.'
24. The plans are intended to move our health and social care system to a new service model in which patients get more options, better support and properly joined up care at the right time in the optimal care setting will support communities to remain within their own homes and reduce the need for hospitalisation and long-term care. This will support our objectives of building community resilience and tackling health inequalities.
25. The BCF plan is a critical component of One Herefordshire, and financially supports many of the integration services and redesign. One Herefordshire is our place based partnership; a five-year "integration" plan is currently being developed and the vision is for Herefordshire to be a county of healthy individuals living within healthy communities.
26. It will support One Herefordshire partners in improving wider wellbeing and population outcomes, as well as addressing their statutory duties around health inequalities. Citizens have the right to expect their NHS to assess the health requirements of their community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by councils, to take steps to improve the health of the local community. There are no specific implications to our role as corporate parent.

Equality duty

27. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and

- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
28. The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. All equality considerations are taken into account. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine groups with protected characteristics: age, disability, gender, reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
29. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.
30. Where appropriate, an Equality Impact Assessment (EIA) is undertaken for separate schemes and services that are within the BCF. Where large changes are planned via the BCF, an EIA will be completed.

Resource implications

31. Herefordshire's minimum fund contributions and additional contributions from each partner for 2019-20 are summarised below. All other resources required to deliver the BCF and Integration plan are in place, e.g. human resources, IT, property. This table also includes schemes included within the s75, which do not form part of the BCF and Integration plan :

Herefordshire s75 Financial Summary	
Pool 1- Minimum Mandatory Contributions	2019/20 £
Planned Social Care Expenditure	5,564,774
NHS Commissioned Out of Hospital Care	7,378,088
Total Minimum Mandatory Contribution from CCG	12,942,862
Disabled Facilities Grant (Capital)	1,999,424
Total Pool 1	14,942,286
Pool 2– Additional Voluntary Contributions	2019/20 £

Herefordshire CCG Care Home Package Costs	9,610,521
Herefordshire Council Care Home Package Costs	24,941,863
Total Pool 2	34,552,384
Pool 3- Improved Better Care Fund	
	2019/20
	£
IBCF Grant	5,702,807
Total Pool 3	5,702,807
Pool 4- Winter Pressures Funding	
	2019/20
	£
Winter Pressures Grant	880,614
Total Pool 4	880,614
Total Better Care Fund	
	56,078,091
Pool 5- Children's Services	
	2019/20
	£
Children's Commissioning Unit- CCG Contribution	40,000
Children's Commissioning Unit- Council Contribution	40,000
Children's Complex Needs Solutions- CCG Contribution	499,000
Children's Complex Needs Solutions- Council Contribution	2,994,000
Safeguarding Children and Young People Board- CCG Contribution	80,190
Safeguarding Children and Young People Board- Council Contribution	133,600
Total Pool 5	3,786,790

Further information on the subject of this report is available from
Amy Pitt, Tel: 01432 383758, email: apitt@herefordshire.gov.uk

Pool 6- Integrated Community Equipment Store	2019/20
	£
ICES- CCG Contribution	845,000
ICES- Council Contribution	455,000
Total Pool 6	1,300,000
Total Section 75 Agreement	61,164,881

32. The council's contribution to the better care fund is £31.5m revenue and £2m capital for 2019/20.
33. The Herefordshire BCF and Integration plan 2019-20 maintains the key schemes identified in the 2017-18 submission. These include the integrated community equipment store, falls first response service, Home First service, Hospital at Home, brokerage, support for carers and discharge to assess.
34. The Disabled Facilities Grant (DFG) is a mandatory grant provided under the Housing Grants, Construction and Regeneration Act 1996. A clear DFG spending plan is in place, as instructed by BCF requirements.
35. The grant determination for Winter Pressures funding was issued in April 2019. In 2019-20, the grant determination sets a condition that this funding must be pooled into BCF plans. The grant conditions also require that the grant be used to support the local health and care system to manage demand pressures on the NHS with particular reference to seasonal winter pressures.
36. Grant conditions for iBCF also require that the council pool the grant funding into the local BCF and report as required. Sufficient non financial resources are also in place to deliver the proposed plan.
37. Pool 5, as detailed in the table above, consists of a number of Children's services, including the commissioning unit, children's complex needs solutions and the Safeguarding Children and Young People board. Children's services operation a positive approach to the most complex cases and have this pooled complex needs solutions budget to meet care, education and health needs. This pool is also supported by contributions from schools.

Legal implications

38. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund, which brings together health and social care funding. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.

39. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies (as defined in section 275 and 276 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions. The parties entered into a section 75 agreement in exercise of those powers under and pursuant of the NHS Regulations 2000.
40. The agreed budget will be managed through a section 75 agreement between the council and the CCG, which is currently in place until 31 March 2020. The spring budget 2017 provided that the improved Better Care Fund (iBCF) funding for adult social care in 2017-9 must be pooled into the local Better Care Fund. Cabinet are requested to approve for the council to enter into a section 75 agreement for up to a 5 year period, to 31 March 2025.
41. The iBCF is paid directly to the council via a Section 31 grant from the DCLG. The Government has attached a set of conditions to the Section 31 grant to ensure it is included in the BCF at local level and will be spent on adult social care. The council are legally obliged to comply with the grant conditions set.

Risk management

42. A risk register, specific to the BCF and Integration plan 2019-20, has been developed. Risks are also identified and managed through the adults and communities directorate risk register. Key risks are detailed below:

Risk / opportunity	Mitigation
Failure to agree a joint plan and meet the national conditions	Plan has been developed in partnership. Delivery and progress to be monitored on an ongoing basis.
Fail regional assurance process	The council and CCG have worked through the national guidance and requirements to ensure a robust response and that a comprehensive and detailed plan is submitted.
Schemes that have investment do not achieve the desired outcomes and impact planned	Implementation milestones and clear outcomes have been agreed for each scheme, the delivery of which will be monitored on a regular basis by a dedicated project manager and reported to the better care partnership group. Existing schemes are monitored on a quarterly basis to ensure key performance ambitions are achieved. Evaluations of iBCF schemes are currently being collated.
Increasing demand due to the demography of expected older age population could outstrip the improvements made.	A number of the schemes support both prevention and the urgent care parts of the system to spread the risk. In addition, the local authority is leading development with communities and implemented strengths

	based assessments to reduce demand where possible.
Failure to achieve national metric ambitions	A robust process for monitoring activity on a quarterly basis is in place and will be monitored through the better care partnership group and escalated to the joint commissioning board when required. Escalation would be used to assist with unblocking issues, agreeing changes, authorising additional investment, agreeing priorities etc.
Due to the merger of the Herefordshire and Worcestershire CCG's it may be possible that in the future the CCG wish to align their s75 approaches across the two counties.	The financial and scheme level information will be updated on an annual basis. Council officers will continue to work in partnership with the CCG and ensure that any changes in approach are identified immediately. The successful delivery of the BCF and Integration plan will assist in mitigating a number of risks that partners across the system experience.

Consultees

43. The Health and Wellbeing Board, as per the requirements of the national BCF programme, approved the content of the BCF and Integration Plan 2019-20 on 14 October 2019.
44. Political groups have been consulted and no comments have been received.

Appendices

Appendix 1 – Herefordshire's BCF and Integration plan 2019-20 submission

Appendix 2 – better care fund planning requirements 2019-20

Appendix 3 – section 75 agreement (existing agreement)

Background papers

None.

Better Care Fund 2019/20 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Clicking on the corresponding 'Cell Reference' column will link to the incomplete cell for completion. Once completed the checker column will change to 'Green' and contain the word 'Yes'
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed. Please let us know if any of the submitted contact information changes during the BCF planning cycle so we are able to communicate with the right people in a timely manner.

4. Strategic Narrative (click to go to sheet)

This section of the template should set out the agreed approach locally to integration of health & social care. The narratives should focus on updating existing plans, and changes since integration plans were set out until 2020 rather than reiterating them and can be short. Word limits have been applied to each section and these are indicated on the worksheet.

1. Approach to integrating care around the person. This should set out your approach to integrating health and social care around the people, particularly those with long term health and care needs. This should highlight developments since 2017 and cover areas such as prevention.
- 2 i. Approach to integrating services at HWB level (including any arrangements at neighbourhood level where relevant). This should set out the agreed approach and services that will be commissioned through the BCF. Where schemes are new or approaches locally have changed, you should set out a short rationale.
- 2 ii. DFG and wider services. This should describe your approach to integration and joint commissioning/delivery with wider services. In all cases this should include housing, and a short narrative on use of the DFG to support people with care needs to remain independent through adaptations or other capital expenditure on their homes. This should include any discretionary use of the DFG.
3. How your BCF plan and other local plans align with the wider system and support integrated approaches. Examples may include the read across to the STP (Sustainability Transformation Partnerships) or ICS (Integrated Care Systems) plan(s) for your area and any other relevant strategies.

You can attach (in the e-mail) visuals and illustrations to aid understanding if this will assist assurers in understanding your local approach.

5. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund (BCF) plan and pooled budget for 2019/20. On selected the HWB on the Cover page, this sheet will be pre-populated with the minimum CCG contributions to the BCF, DFG (Disabled Facilities Grant), iBCF (Improved Better Care Fund) and Winter Pressures allocations to be pooled within the BCF. These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from Local Authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be utilised to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact England.bettercaresupport@nhs.net

6. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Condition 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- While selecting schemes and sub-types, the sub-type field will be flagged in 'red' font if it is from a previously selected scheme type. In this case please clear the sub-type field and reselect from the dropdown if the subtype field is editable.

5. Planned Outputs

- The BCF Planning requirements document requires areas to set out planned outputs for certain scheme types (those which lend themselves to delivery of discrete units of delivery) to help to better understand and account for the activity funded through the BCF.

- The Planned Outputs fields will only be editable if one of the relevant scheme types is selected. Please select a relevant unit from the drop down and an estimate of the outputs expected over the year. This is a numerical field.

6. Metric Impact

- This field is collecting information on the metrics that a chem will impact on (rather than the actual planned impact on the metric)

- For the schemes being planned please select from the drop-down options of 'High-Medium-Low-n/a' to provide an indicative level of impact on the four BCF metrics. Where the scheme impacts multiple metrics, this can be expressed by selecting the appropriate level from the drop down for each of the metrics. For example, a discharge to assess scheme might have a medium impact on Delayed Transfers of Care and permanent admissions to residential care. Where the scheme is not expected to impact a metric, the 'n/a' option could be selected from the drop-down menu.

7. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

8. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme from the provider. If there is a single commissioner, please select the option from the drop-down list.

- Please note this field is utilised in the calculations for meeting National Condition 3.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

9. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

10. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list

- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

11. Expenditure (£) 2019/20:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

12. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2019/20 and will inform the understanding of planned spend for the iBCF and Winter Funding grants.

7. HICM (click to go to sheet)

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reducing DToC. In the planning template, you should provide:

- An assessment of your current level of implementation against each of the 8 elements of the model – from a drop-down list
- Your planned level of implementation by the end March 2020 – again from a drop-down list

A narrative that sets out the approach to implementing the model further. The Narrative section in the HICM tab sets out further details.

8. Metrics (click to go to sheet)

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and actual performance on these metrics in 2018/19.

1. Non-Elective Admissions (NEA) metric planning:

- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not collected via this template.

2. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please include a brief narrative associated with this metric plan

3. Reablement (REA) planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
- Please include a brief narrative associated with this metric plan

4. Delayed Transfers of Care (DToC) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.
- Please include a brief narrative associated with this metric plan.
- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2019/20 for further details.

The Key Lines of Enquiry (KLOE) underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

10. CCG-HWB Mapping (click to go to sheet)

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity figures.

Better Care Fund 2019/20 Template

2. Cover

Version 0.1



Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Herefordshire, County of
Completed by:	Amy Pitt
E-mail:	amy.pitt@herefordshire.gov.uk
Contact number:	07792 881896
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Crockett
Will the HWB sign-off the plan after the submission date?	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	14/10/19

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Clr	Pauline	Crockett	pauline.crockett@herefordshire.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Simon	Trickett	simon.trickett@herefordshireccg.nhs.uk
	Additional Clinical Commissioning Group(s) Accountable Officers		Jo-anne	Alner	Jo-Anne.Alner@herefordshire
	Local Authority Chief Executive		Alistair	Neill	Alistair.Neill@herefordshire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Stephen	Vickers	Stephen.Vickers@herefordshire.gov.uk
	Better Care Fund Lead Official		Amy	Pitt	amy.pitt@herefordshire.gov.uk
	LA Section 151 Officer		Andrew	Lovegrove	Andrew.Lovegrove@herefordshire.gov.uk
<i>Please add further area contacts that you would wish to be included in official correspondence --></i>					

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Strategic Narrative	Yes
5. Income	Yes
6. Expenditure	Yes
7. HICM	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

Checklist

2. Cover

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	Cell Reference	Checker
Health & Wellbeing Board	D13	Yes
Completed by:	D15	Yes
E-mail:	D17	Yes
Contact number:	D19	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	D21	Yes
Will the HWB sign-off the plan after the submission date?	D23	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	D24	Yes
Area Assurance Contact Details - Role:	C27 : C36	Yes
Area Assurance Contact Details - First name:	F27 : F36	Yes
Area Assurance Contact Details - Surname:	G27 : G36	Yes
Area Assurance Contact Details - E-mail:	H27 : H36	Yes
Sheet Complete		Yes

4. Strategic Narrative

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	Cell Reference	Checker
A) Person-centred outcomes:	B20	Yes
B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable):	B31	Yes
B) (ii) Your approach to integration with wider services (e.g. Housing):	B37	Yes
C) System level alignment:	B44	No
Sheet Complete		Yes

5. Income

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	Cell Reference	Checker
Are any additional LA Contributions being made in 2019/20?	C39	Yes
Additional Local Authority	B42 : B44	Yes
Additional LA Contribution	C42 : C44	Yes
Additional LA Contribution Narrative	D42 : D44	Yes
Are any additional CCG Contributions being made in 2019/20?	C59	Yes
Additional CCGs	B62 : B71	Yes
Additional CCG Contribution	C62 : C71	Yes
Additional CCG Contribution Narrative	D62 : D71	Yes
Sheet Complete		Yes

6. Expenditure

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	Cell Reference	Checker
Scheme ID:	B22 : B271	Yes
Scheme Name:	C22 : C271	Yes
Brief Description of Scheme:	D22 : D271	Yes
Scheme Type:	E22 : E271	Yes
Sub Types:	F22 : F271	Yes
Specify if scheme type is Other:	G22 : G271	Yes
Planned Output:	H22 : H271	Yes
Planned Output Unit Estimate:	I22 : I271	Yes
Impact: Non-Elective Admissions:	J22 : J271	Yes
Impact: Delayed Transfers of Care:	K22 : K271	Yes
Impact: Residential Admissions:	L22 : L271	Yes
Impact: Reablement:	M22 : M271	Yes
Area of Spend:	N22 : N271	Yes
Specify if area of spend is Other:	O22 : O271	Yes
Commissioner:	P22 : P271	Yes
Joint Commissioner %:	Q22 : Q271	Yes
Provider:	S22 : S271	Yes
Source of Funding:	T22 : T271	Yes
Expenditure:	U22 : U271	Yes
New/Existing Scheme:	V22 : V271	Yes
Sheet Complete		Yes

7. HCIM

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	Cell Reference	Checker
Priorities for embedding elements of the HCIM for Managing Transfers of Care locally:	B11	Yes
Chg 1) Early discharge planning - Current Level:	D15	Yes
Chg 2) Systems to monitor patient flow - Current Level:	D16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Current Level:	D17	Yes
Chg 4) Home first / discharge to assess - Current Level:	D18	Yes
Chg 5) Seven-day service - Current Level:	D19	Yes
Chg 6) Trusted assessors - Current Level:	D20	Yes
Chg 7) Focus on choice - Current Level:	D21	Yes
Chg 8) Enhancing health in care homes - Current Level:	D22	Yes
Chg 1) Early discharge planning - Planned Level:	E15	Yes
Chg 2) Systems to monitor patient flow - Planned Level:	E16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Planned Level:	E17	Yes
Chg 4) Home first / discharge to assess - Planned Level:	E18	Yes
Chg 5) Seven-day service - Planned Level:	E19	Yes
Chg 6) Trusted assessors - Planned Level:	E20	Yes
Chg 7) Focus on choice - Planned Level:	E21	Yes
Chg 8) Enhancing health in care homes - Planned Level:	E22	Yes
Chg 1) Early discharge planning - Reasons:	F15	Yes
Chg 2) Systems to monitor patient flow - Reasons:	F16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Reasons:	F17	Yes
Chg 4) Home first / discharge to assess - Reasons:	F18	Yes
Chg 5) Seven-day service - Reasons:	F19	Yes
Chg 6) Trusted assessors - Reasons:	F20	Yes
Chg 7) Focus on choice - Reasons:	F21	Yes
Chg 8) Enhancing health in care homes - Reasons:	F22	Yes
Sheet Complete		Yes

8. Metrics

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	Cell Reference	Checker
Non-Elective Admissions: Overview Narrative:	E10	Yes
Delayed Transfers of Care: Overview Narrative:	E17	Yes
Residential Admissions Numerator:	F27	Yes
Residential Admissions: Overview Narrative:	G26	Yes
Reablement Numerator:	F39	Yes
Reablement Denominator:	F40	Yes
Reablement: Overview Narrative:	G38	Yes

Sheet Complete	Yes
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9. Planning Requirements

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	Cell Reference	Checker
PR1: NC1: Jointly agreed plan - Plan to Meet	F8	Yes
PR2: NC1: Jointly agreed plan - Plan to Meet	F9	Yes
PR3: NC1: Jointly agreed plan - Plan to Meet	F10	Yes
PR4: NC2: Social Care Maintenance - Plan to Meet	F11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Plan to Meet	F12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Plan to Meet	F13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F15	Yes
PR9: Metrics - Plan to Meet	F16	Yes
PR1: NC1: Jointly agreed plan - Actions in place if not	H8	Yes
PR2: NC1: Jointly agreed plan - Actions in place if not	H9	Yes
PR3: NC1: Jointly agreed plan - Actions in place if not	H10	Yes
PR4: NC2: Social Care Maintenance - Actions in place if not	H11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Actions in place if not	H12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Actions in place if not	H13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H15	Yes
PR9: Metrics - Actions in place if not	H16	Yes
PR1: NC1: Jointly agreed plan - Timeframe if not met	I8	Yes
PR2: NC1: Jointly agreed plan - Timeframe if not met	I9	Yes
PR3: NC1: Jointly agreed plan - Timeframe if not met	I10	Yes
PR4: NC2: Social Care Maintenance - Timeframe if not met	I11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Timeframe if not met	I12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Timeframe if not met	I13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I15	Yes
PR9: Metrics - Timeframe if not met	I16	Yes

Sheet Complete	Yes
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Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

Herefordshire, County of

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£1,999,424	£1,999,424	£0
Minimum CCG Contribution	£12,942,862	£12,942,862	£0
iBCF	£5,702,807	£5,702,807	£0
Winter Pressures Grant	£880,614	£880,614	£0
Additional LA Contribution	£24,941,863	£24,941,863	£0
Additional CCG Contribution	£9,610,521	£9,610,521	£0
Total	£56,078,091	£56,078,091	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£3,677,994
Planned spend	£7,378,088

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£5,564,774
Planned spend	£5,564,774

Scheme Types

Assistive Technologies and Equipment	£200,000
Care Act Implementation Related Duties	£880,636
Carers Services	£530,164
Community Based Schemes	£431,846
DFG Related Schemes	£1,999,424
Enablers for Integration	£10,611,247
HICM for Managing Transfer of Care	£4,613,739
Home Care or Domiciliary Care	£343,205
Housing Related Schemes	£82,475
Integrated Care Planning and Navigation	£705,453
Intermediate Care Services	£0
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£837,066
Residential Placements	£34,842,836
Other	£0
Total	£56,078,091

[HICM >>](#)

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Mature
Chg 2	Systems to monitor patient flow	Established
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Exemplary
Chg 4	Home first / discharge to assess	Mature
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Established
Chg 7	Focus on choice	Mature
Chg 8	Enhancing health in care homes	Mature

[Metrics >>](#)

Non-Elective Admissions	Go to Better Care Exchange >>
Delayed Transfer of Care	

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	549.673439

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.8

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board:

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

[Link to B\) \(i\)](#)

[Link to B\) \(ii\)](#)

[Link to C\)](#)

A) Person-centred outcomes

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care

- Promoting choice and independence

Remaining Word Limit:

25

Partners throughout the Health and Social Care system in Herefordshire continue to be committed to working together to deliver a local system “where strong communities encourage individual citizens to live healthy lives and offer support when this is required for them to maintain their independence, with sustainable, aligned health and care services for local people”.

Our shared intent is to redesign services in order to improve patient and service user outcomes by delivering person-centred care, working together to support people to improve their wellbeing, maintain their independence and live longer in good health. By working in partnership across organisational boundaries, we will increase support for self-care, maximise the provision of care in community settings, and reduce demand for specialist care in acute hospital settings or in residential and nursing homes.

At a strategic level, the Integration and BCF plan intends to support the One Herefordshire alliance to achieving the following aims:

- * To improve the health and wellbeing of everyone in Herefordshire by enabling people to take greater control of their own health and the health of their families & helping people to remain independency within their own homes & communities;
- * To reduce inequalities in health (both physical and mental) across and within communities in Herefordshire, resulting in additional years of life for citizens with treatable mental and physical health conditions;
- * To improve the quality and safety of health and care services, thereby improving their positive contribution to improved wellbeing and enhancing the experience of service users;
- * To achieve greater efficiency, making better use of resources.

****Joint System Blueprint****

A joint system blueprint has been developed that demonstrates the adoption of the vision described above. Our philosophy is centred on the interconnected principles of information, prevention and enablement. The essence of this approach is that it is better if people are able to maintain a good level of wellbeing, drawing on their community, on an ongoing basis. Nonetheless, we recognise that people will at times experience situations where they are unable to cope on their own, even with the support of their local networks. Information and prevention are the central features here. In these circumstances, our joint philosophy is based on the belief that the best approach is to focus on helping people to regain as much control over their own lives, as quickly as possible. Ways of working that are grounded on the principle of enablement form the foundation of this.

Fundamental to delivering the prevention agenda and delivering the One Herefordshire vision to embed prevention into all our work Herefordshire is developing the following:

- Providing a ‘healthy environment’; linking with public sector and wider partners on policy and planning for housing, transport, education, economic regeneration etc to shape a ‘healthy place’
- Ensuring our locality/emerging primary care networks are focused on prevention, through proactive anticipatory care and a strengths based approach to support self-management, as well as targeted health improvement activities
- Re-energising ‘making every contact count’ (MECC), to systematically address lifestyle behaviours
- Integrating community resilience into our models, as well as working with the voluntary and community sector around key priorities

****Community Development and Talk Community****

The Local Authority is leading on community development and resilience as part of the Talk Community programme in Herefordshire. This is a partnership approach that links three fundamental elements to promote and maximise independence and wellbeing within Herefordshire’s communities. Talk Community focuses on the people that make up our communities; the place and space which those communities occupy; and the economy in which those communities work. At the heart of Talk Community is an ambition for innovation to make independence and wellbeing for Herefordshire citizens inevitable.

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

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Remaining Word Limit: 43

**** Herefordshire's Integrated Community and Primary Care Programme ****

The aim of Herefordshire's Integrated Community and Primary Care Programme is to right size our workforce and estate capacity and skills (including the voluntary sector) to help the population to help themselves and enable people to stay in their own homes for as long as possible. Herefordshire has agreed 6 outcomes of our service model with the public and with our staff. An Integrated Care Alliance Board is led by an independent lay chair providing leadership to our staff and systems to support them to deliver seamless care to patients, that reduces unnecessary duplication and enables people to control their care.

The PCN is at the heart of our system model and statutory services, including social care, are reorganising their operations to ensure that local integrated leadership through the locality management team can exercise autonomy and authority over the way resources are managed and deployed to reduce waste and maximise outcomes for people. This will be done within a clear accountability and governance framework that implements learning at pace across the system. Service delivery will be 'right sized' and developed iteratively so that the balance between supported self care, care at home and bed based care is fit for purpose and designed to provide best value for money for Herefordshire public service resources.

The key programmes of work are:

- * Programme 1: Integrated Governance and programme management
- * Programme 2: Community Resilience and Prevention - Talk Community
- * Programme 3: Integrated Service Delivery
 - Discharge 2 Assess pathways, End of Life care pathway, Frailty care, Dementia Care, Admission Prevention
 - Integrated Psychology Pathway Operational Teams (PCN and Locality development) Integrated Homefirst Team,
 - Integrated Out of Hours Team, First Contact Practitioners, Integrated Pharmacist Team.

Our One Herefordshire Integrated Care model is based on the practice of 'helping you to help yourself' We are committed to developing our primary and locality (community health mental health and social care services) networks and making best use of the resources to support people to live well as close to home as possible, on the principle that 'your own bed is best'.

****Alignment of services****

Herefordshire Council and Wye Valley Trust have developed an integrated discharge team and are currently providing a number of separate community services to support individuals to remain within their own home or to transfer home from hospital. These cover the county of Herefordshire and provide a range of therapeutic, nursing and domiciliary care, and a number of different stakeholders make referrals through a number of separate functions. During 2019-20 a full review has been completed with a clear set of objectives that will be achieved from an agreed integrated future model of delivery:

- o Support interventions to enable individuals to return or remain in their own bed;
- o Align capacity to provide a rapid community service for individuals in Herefordshire;
- o Streamline processes and pathways to reduce duplication and inappropriate transfers;
- o Explore trusted assessor models where appropriate, whilst ensuring statutory responsibility are met;

(ii) Your approach to integration with wider services (e.g. Housing), this should include:
- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the

[^^ Link back to top](#)

Remaining Word Limit:

149

The current Home Adaptations and Assistance Policy approved in March 2018 identifies the range of support that is currently available from the Promoting Independent Living Services Teams to meet identified areas of housing and support needs for people with disabilities and their carers. The support is available falls within a number of assistance areas namely:

1. Mandatory Disabled Facilities Grants
2. Professional and Technical advice
3. Emergency Repayable Grant
4. Discretionary Disabled Facilities Grant
5. Discretionary Fast Track Adaptations Scheme
6. Relocation Grant
7. Minor Adaptations & Handyperson Scheme
8. Technology Enabled Care Services

These areas of assistance aim to ensure that support with provision of adaptations to maximise independence, wellbeing and safety is available to those who are at need of either advice, practical support and/or financial assistance to procure these, and include options to provide essential housing repairs, or a move to more suitable housing where appropriate. This year the council is expecting to complete approximately 200 mandatory DFGs and approximately 20 discretionary DFGs or emergency grants.

The minor adaptations & handyperson scheme typically provides approximately 2,000 minor adaptations to the residents of Herefordshire, to maintain independence and safety at home, and in addition to facilitate a safe and timely discharge from hospital.

The inclusion of the Technology Enabled Care Services within the scope of this policy reflects the government aim to ensure that support to people to maintain their independence at home is maximised by making this available through a range of different means appropriate to their situation.

In addition to the current provision of standard alarms, environmental alerts and monitoring systems, this year the council will also be trialling a range of new technology systems that will enable people to maintain their independence, health and wellbeing in their own home for as long as possible; to remain independent at home and to minimise the need for long term care.

The vision is to deploy an integrated suite of technologies that will keep clients connected to family, friends, care and support providers, and healthcare professionals.

The proposal is to run 2 distinct but linked projects:

- 1) The 'Reablement & Assessment Pilot' which deploy technology in people's homes through Herefordshire's Home First service, which is a strength-based service, built upon an enabling ethos, to support people to regain skills and enable independence.
- 2) Personalised outcomes – increasing independence within Learning Disabilities

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans
- A brief description of joint governance arrangements for the BCF plan

[^^ Link back to top](#)

Remaining Word Limit: 403

The Herefordshire and Worcestershire STPs ambition is to develop towards an Integrated Care System (ICS) in the next 12-18 months. There are proposals to develop the operating model, governance and supporting infrastructure, to enable partnership working, integration and transformation. The key intention for the ICS is to make system working the default option, transitioning to a streamlined approach and removing duplication so that this way of working becomes 'business as usual'. Whilst boards and governing bodies are ready to work together, with greater joint ownership of system issues, they are still cognisant of statutory accountabilities; our proposed operating model recognises this and describes how the system will work collectively to discharge these.

Herefordshire and Worcestershire's plan is to be working as an ICS in shadow form by April 2020.

Throughout this journey our new integrated ways of working will remain focussed on the delivery of our STP wide objectives, providing genuinely joined up, personalised and anticipatory care, working collectively to:

- Improve health and wellbeing outcomes, and reduce health inequalities
- Improve quality and performance by better use of system capacity
- Return the system to financial balance

There is a strong Alliance governance which provide forums and a mechanism through which partners from health, social care, voluntary sector, housing and others meet on a monthly basis to review integrated working.

The Herefordshire and Worcestershire STP vision which is fully aligned to One Herefordshire and BCF vision is:

'Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people'.

The One Herefordshire is the place based integration plan across Herefordshire partners for a whole system plan on functional integration and integrating at the point of delivery, delivering shared efficiencies and not about shifting risk from one partner to another. Our vision is for Herefordshire to be a county of healthy individuals living within healthy communities:

- Herefordshire residents will be supported and enabled to keep themselves well at home.
- When needed they will have joined up care, underpinned by specialist expertise, delivered in the best place by the most appropriate people.
- Our services will be clinically and financially sustainable, working in partnership to make best use of the 'Herefordshire pound' within the Herefordshire and Worcestershire Integrated Care System (ICS).

The place based model is the delivery function for ICS's and key to implementing the PCN and integration at a local level. The aim of the place model is to embed prevention and population health management, improving outcomes and reducing inequalities, improved quality and performance and financial efficiency.

The Integration and BCF plan is the health and social care strategic and delivery plan for Herefordshire and is therefore fully aligned with the joint local vision for the county. The Integration and BCF plan has invested in a number of key integrated models that has supported the place based model and improved outcomes as well as improving performance in areas such as delayed transfers of care. The Integration and BCF plan is also aligned to a number of other key operations plans including the Herefordshire Public Health plan, Adults Wellbeing plan, Health and Wellbeing Strategy, Talk Community Plan

CCG Minimum Contribution	Contribution
NHS Herefordshire CCG	£12,942,862
Total Minimum CCG Contribution	£12,942,862

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	Yes
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Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
NHS Herefordshire CCG	£9,610,521	CHC Nursing Home Placements
Total Addition CCG Contribution	£9,610,521	
Total CCG Contribution	£22,553,383	

	2019/20
Total BCF Pooled Budget	£56,078,091

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board:

Herefordshire, County of

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£1,999,424	£1,999,424	£0
Minimum CCG Contribution	£12,942,862	£12,942,862	£0
IBCF	£5,702,807	£5,702,807	£0
Winter Pressures Grant	£880,614	£880,614	£0
Additional LA Contribution	£24,941,863	£24,941,863	£0
Additional CCG Contribution	£9,610,521	£9,610,521	£0
Total	£56,078,091	£56,078,091	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£3,677,994	£7,378,088	£0
Adult Social Care services spend from the minimum CCG allocations	£5,564,774	£5,564,774	£0

[Link to Scheme Type description](#)

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs		Metric Impact				Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
						Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA									
51	Community Resilience & Prevention	Falls First Response	Prevention / Early Intervention	Other	First responders to fallers			Medium	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£40,848	Existing
51	Community Resilience & Prevention	Falls First Response	Prevention / Early Intervention	Other	First responders to fallers			Medium	Not applicable	Not applicable	Not applicable	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£124,230	Existing
51	Community Resilience & Prevention	Community Development	Community Based Schemes					Medium	Low	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£431,846	New
51	Community Resilience & Prevention	WISH Service	Integrated Care Planning and Navigation	Other	Web-based information and signposting			Low	Low	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£93,432	New
52	Hospital Discharge Support	ICES Service	Assistive Technologies and Equipment	Community Based Equipment				Low	Medium	Low	Low	Social Care		LA			Private Sector	Minimum CCG Contribution	£200,000	Existing
52	Hospital Discharge Support	Integrated Discharge Lead	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Not applicable	High	Not applicable	Not applicable	Social Care		LA			NHS Acute Provider	Minimum CCG Contribution	£35,012	Existing
52	Hospital Discharge Support	Home First Service	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	Low	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,882,021	Existing
52	Hospital Discharge Support	Home First OT Service	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	Low	High	Social Care		LA			NHS Community Provider	Minimum CCG Contribution	£92,417	Existing
52	Hospital Discharge Support	Housing Hospital Discharge	Housing Related Schemes					Low	High	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£82,475	New
52	Hospital Discharge Support	Brokerage	HICM for Managing Transfer of Care	Chg 7. Focus on Choice				Not applicable	Medium	Low	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£234,392	Existing
52	Hospital Discharge Support	Social Care Urgent Care Team	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Not applicable	High	Low	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£744,583	Existing
52	Hospital Discharge Support	Discharge to Assess Beds	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Not applicable	High	Low	Medium	Community Health		CCG			Private Sector	Minimum CCG Contribution	£781,740	Existing
53	Integrated Services	Head of Partnerships & Integration	Enablers for Integration	Implementation & Change Mgt capacity				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£77,082	Existing
54	Social Care Services	DoLS / AMHPs	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£731,186	Existing

54	Social Care Services	Social Care Practice Lead	Enablers for Integration	Integrated workforce				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£45,283	Existing
54	Social Care Services	Social Care Specialist Services	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£393,021	Existing
57	Carers' Support	Support for Carers	Carers Services	Carer Advice and Support				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£250,000	Existing
52	Hospital Discharge Support	Rebalancing Community Services	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Low	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£231,176	New
57	Carers' Support	Acorns Children's Hospice	Carers Services	Respite Services				Not applicable	Not applicable	Not applicable	Not applicable	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£30,694	Existing
57	Carers' Support	St Michael's Hospice	Carers Services	Respite Services				Not applicable	Not applicable	Not applicable	Not applicable	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£249,470	Existing
60	Community Health Services	Integrated Community Care	Enablers for Integration	Integrated workforce				Medium	Medium	low	low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£6,191,954	Existing
151	Community Resilience & Prevention	Community Catalyst	Enablers for Integration	Market development (inc Vol sector)				Not applicable	Not applicable	Not applicable	Low	Other	Community Prevention	LA			Charity / Voluntary Sector	IBCF	£12,667	Existing
151	Community Resilience & Prevention	Talk Community	Prevention / Early Intervention	Social Prescribing				Not applicable	Not applicable	Not applicable	Low	Other	Community Prevention	LA			Local Authority	IBCF	£264,441	New
151	Community Resilience & Prevention	Care Navigator Frequent Fallers	Integrated Care Planning and Navigation	Care Coordination				High	Not applicable	Low	Not applicable	Other	Community Prevention	LA			Charity / Voluntary Sector	IBCF	£44,000	Existing
151	Community Resilience & Prevention	Community-based Resilience Planning	Prevention / Early Intervention	Risk Stratification				Low	Not applicable	Not applicable	low	Other	Community Resilience	LA			Charity / Voluntary Sector	IBCF	£47,904	Existing
151	Community Resilience & Prevention	Dementia Admiral Nurses	Prevention / Early Intervention	Other	Community Dementia Support			Not applicable	Low	Not applicable	Not applicable	Mental Health		LA			NHS Acute Provider	IBCF	£113,177	Existing
151	Community Resilience & Prevention	Community Brokers	Prevention / Early Intervention	Other	Community Resource Development			Not applicable	Not applicable	Not applicable	Not applicable	Other	Community Resilience	LA			Local Authority	IBCF	£246,466	Existing
152	Hospital Discharge Support	Trusted Assessors	HICM for Managing Transfer of Care	Chg 6. Trusted Assessors				Not applicable	High	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	IBCF	£98,748	Existing
152	Hospital Discharge Support	Discharge to Assess Beds additional costs	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Not applicable	High	Low	Medium	Community Health		CCG			Private Sector	IBCF	£195,000	Existing
153	Integrated Services	Digital Delivery Programme Manager	Enablers for Integration	Shared records and Interoperability				Not applicable	Not applicable	Not applicable	Not applicable	Other	CCG Staffing to deliver LDR	CCG			CCG	IBCF	£64,654	Existing
153	Integrated Services	Joint Strategic Finance Lead	Enablers for Integration	Integrated workforce				Not applicable	Not applicable	Not applicable	Not applicable	Other	Joint staff to deliver integration	LA			CCG	IBCF	£92,848	Existing
153	Integrated Services	Minor Investments Fund	Enablers for Integration	Implementation & Change Mgt capacity				Not applicable	Not applicable	Not applicable	Not applicable	Other	Promotion & Support of Integration	LA			Private Sector	IBCF	£15,000	Existing
153	Integrated Services	Integrated County Social Work Teams	Enablers for Integration	Integrated workforce				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£553,733	Existing
153	Integrated Services	Integrated Locality Social Work Teams	Enablers for Integration	Integrated workforce				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£3,222,924	Existing
154	Social Care Services	Specialist Assessments Contract	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£175,000	New
154	Social Care Services	Advocacy Service	Care Act Implementation Related Duties	Other	Independent Advocacy Services			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£149,450	New
156	Care Market Development	Care Workforce Development Programme	Enablers for Integration	Market development (inc Vol sector)				Not applicable	Not applicable	Not applicable	Not applicable	Other	Care Workforce Development	LA			Private Sector	IBCF	£15,559	New

156	Care Market Development	Enhancing Health In Care Homes (Project IQ)	HICM for Managing Transfer of Care	Chg 8. Enhancing Health in Care Homes				Medium	Not applicable	Not applicable	Not applicable	Community Health		LA			CCG	IBCF	£277,540	Existing
156	Care Market Development	Enhancing Health In Care Homes (Project IQ)	HICM for Managing Transfer of Care	Chg 8. Enhancing Health in Care Homes				Medium	Not applicable	Not applicable	Not applicable	Community Health		LA			NHS Community Provider	IBCF	£41,110	Existing
153	Integrated Services	Partnerships & Integration	Enablers for Integration	Implementation & Change Mgt capacity				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£72,586	New
258	Social Care Placements	Rural Home Care Fee Increase	Enablers for Integration	Fee increase to stabilise the care provider market				Not applicable	High	Not applicable	Not applicable	Social Care		LA			Private Sector	Winter Pressures Grant	£246,957	New
258	Social Care Placements	BUPA Nursing Home Beds	Residential Placements	Nursing Home		Placements	4.0	Not applicable	High	Not applicable	Not applicable	Social Care		LA			Private Sector	Winter Pressures Grant	£114,196	New
258	Social Care Placements	Radis Home Care Placements	Home Care or Domiciliary Care			Hours of Care	3,422.0	Not applicable	High	Not applicable	Not applicable	Social Care		LA			Private Sector	Winter Pressures Grant	£61,500	New
258	Social Care Placements	Katherine Harriot Home Care Placements	Home Care or Domiciliary Care			Placements	8.0	Not applicable	High	Not applicable	Not applicable	Social Care		LA			Private Sector	Winter Pressures Grant	£281,705	New
258	Social Care Placements	Respite Care	Residential Placements	Nursing Home		Placements	20.0	Low	High	Not applicable	Not applicable	Social Care		LA			Private Sector	Winter Pressures Grant	£176,256	New
33	Disabled Facilities Grant	DFG	DFG Related Schemes	Adaptations				Not applicable	Not applicable	Medium	Medium	Social Care		LA			Private Sector	DFG	£1,999,424	New
34	Care Home Market	CCG Care Home Placements	Residential Placements	Nursing Home		Placements	98.0	Not applicable	Not applicable	Not applicable	Not applicable	Continuing Care		CCG			Private Sector	Additional CCG Contribution	£9,610,521	New
34	Care Home Market	LA Care Home Placements	Residential Placements	Nursing Home		Placements	957.0	Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Private Sector	Additional LA Contribution	£8,391,943	New
34	Care Home Market	LA Care Home Placements	Residential Placements	Care Home		Placements	426.0	Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Private Sector	Additional LA Contribution	£16,549,920	New

Scheme Type	Description	Sub Type
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	Telecare Wellness Services Digital Participation Services Community Based Equipment Other
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	Deprivation of Liberty Safeguards (DoLS) Other
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	Carer Advice and Support Respite Services Other
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	Adaptations Other
Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	Chg 1. Early Discharge Planning Chg 2. Systems to Monitor Patient Flow Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams Chg 4. Home First / Discharge to Access Chg 5. Seven-Day Services Chg 6. Trusted Assessors Chg 7. Focus on Choice Chg 8. Enhancing Health in Care Homes Other - 'Red Bag' scheme Other approaches
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	

Integrated Care Planning and Navigation	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>	<p>Care Coordination</p> <p>Single Point of Access</p> <p>Care Planning, Assessment and Review</p> <p>Other</p>
Intermediate Care Services	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p>	<p>Bed Based - Step Up/Down</p> <p>Rapid / Crisis Response</p> <p>Reablement/Rehabilitation Services</p> <p>Other</p>
Personalised Budgeting and Commissioning	<p>Various person centred approaches to commissioning and budgeting.</p>	<p>Personal Health Budgets</p> <p>Integrated Personalised Commissioning</p> <p>Direct Payments</p> <p>Other</p>
Personalised Care at Home	<p>Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.</p>	
Prevention / Early Intervention	<p>Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.</p>	<p>Social Prescribing</p> <p>Risk Stratification</p> <p>Choice Policy</p> <p>Other</p>
Residential Placements	<p>Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.</p>	<p>Supported Living</p> <p>Learning Disability</p> <p>Extra Care</p> <p>Care Home</p> <p>Nursing Home</p> <p>Other</p>
Other	<p>Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.</p>	

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

Herefordshire, County of

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

Planned admissions have early discharge planning in place and this needs to be equitable with emergency admissions which includes EMIS roll out in A&E. Consistent and formalising the involvement of the voluntary sector in discharge planning. Trusted assessment to be in place for care homes to assess on weekends. To understand the demand and increased capacity needed for weekend working to improve flow. Strengths based assessment process and training to be developed for health and social care discharge staff and wards. Valuing patients time to be embedded across the hospital for discharge planning and audit to be undertaken on this process. Dementia discharge to assess model to be developed and scoped. Care homes to be embedded within the Primary Care Networks across the localities.

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Mature	Mature	
Chg 2	Systems to monitor patient flow	Established	Established	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature	Exemplary	
Chg 4	Home first / discharge to assess	Established	Mature	
Chg 5	Seven-day service	Established	Established	
Chg 6	Trusted assessors	Established	Established	
Chg 7	Focus on choice	Established	Mature	
Chg 8	Enhancing health in care homes	Mature	Mature	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

Herefordshire, County of

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	Partners are committed to working together to continue to provide community services which support individuals to remain in their own home and avoiding admission into an acute setting where possible. There is system recognition of enhancing clinical care to support care and treatment where people usually live. Proposals for enhanced clinical model are being actively explored. Investment into services to achieve this will continue throughout 2019-20, including the Falls Response Service, Home First, Hospital at Home and the Care Navigators Frequent Fallers Service. Herefordshire will continue to build on primary care network models and

Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Plans are yet to be finalised and signed-off so are subject to change; **for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM)** in the first instance or write in to the support inbox: ENGLAND.bettercaresupport@nhs.net

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	13.4	Achieving the ambitions set in relation to Delayed Transfers of Care (DToc) is a challenge to partners across the system, however significant improvements have been made to meet the ambition set. The integration developments in Herefordshire evidence the work being undertaken to improve the transfer of care position for the system through continued investments from both the BCF and iBCF, which include the Integrated Community Equipment Store, Home First service, brokerage function, social care urgent care teams, Integrated Discharge lead, Housing hospital discharge, Trusted Assessors and the Discharge to Assess scheme.

Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.

Please note that the plan figure for Greater Manchester has been combined, for HWBs in Greater Manchester please comment on individual HWBs rather than Greater Manchester as a whole. Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	551	550	Partners across the system are committed to supporting people to remain in their own home as long as possible. A number of community developments will be delivered throughout 2019-20 to enable this, as described above and previously in this template. The local authority has also developed and embedded a strengths based
	Numerator	257	260	
	Denominator	46,625	47,301	

Please set out the overall plan in the HWB area for **reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.**

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2016 based Sub-National Population Projections for Local Authorities in England;

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	80.0%	80.0%	The Home First Service, provided by Herefordshire Council, has made vast improvements and will continue to develop throughout 2019-20. Whilst the demand continues to be high, service improvements have been made. Transitioning to a new service structure with new staff during the past 12 months has meant that this
	Numerator	80	80	
	Denominator	100	100	

Please set out the overall plan in the HWB area for **increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.**

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Herefordshire, County of

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Do the governance arrangements described support collaboration and integrated care?</p> <p>Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?</p>	Yes			
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:</p> <ul style="list-style-type: none"> - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. <p>Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?</p>	Yes			
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home.</p> <p>In two tier areas, has:</p> <ul style="list-style-type: none"> - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils? 	Yes			
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes			
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	<p>Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?</p> <p>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?</p> <p>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?</p> <p>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?</p> <p>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?</p>	Yes			

Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box)</p> <p>Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter?</p> <p>Has funding for the following from the CCG contribution been identified for the area?</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? 	Yes			
	PR8	Indication of outputs for specified scheme types	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes			
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric?</p> <p>Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics?</p> <p>Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements?</p> <p>Have stretching metrics been agreed locally for:</p> <ul style="list-style-type: none"> - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement 	Yes			

CCG to Health and Well-Being Board Mapping for 2019/20

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.7%	87.4%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.9%	8.3%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.4%	0.6%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.5%	3.5%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.1%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.1%	92.1%
E09000003	Barnet	07P	NHS Brent CCG	2.0%	1.8%
E09000003	Barnet	07R	NHS Camden CCG	1.0%	0.7%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	3.0%	2.4%
E09000003	Barnet	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000003	Barnet	08D	NHS Haringey CCG	2.2%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.6%	98.1%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.5%	98.3%
E06000022	Bath and North East Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.9%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.7%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.4%	89.8%
E09000004	Bexley	07Q	NHS Bromley CCG	0.1%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwch CCG	7.2%	8.4%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	15E	NHS Birmingham and Solihull CCG	78.4%	81.7%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.1%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	39.2%	17.8%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	88.9%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.7%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.4%	97.6%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.1%	2.4%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.5%
E08000001	Bolton	00V	NHS Bury CCG	1.5%	1.0%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000058	Bournemouth, Christchurch and Poole	11J	NHS Dorset CCG	52.4%	99.7%
E06000058	Bournemouth, Christchurch and Poole	11A	NHS West Hampshire CCG	0.2%	0.3%
E06000036	Bracknell Forest	15A	NHS Berkshire West CCG	0.5%	2.0%
E06000036	Bracknell Forest	15D	NHS East Berkshire CCG	26.1%	96.9%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.0%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.2%	0.1%
E08000032	Bradford	02N	NHS Airedale, Wharfedale and Craven CCG	67.2%	18.4%
E08000032	Bradford	02W	NHS Bradford City CCG	98.9%	23.9%
E08000032	Bradford	02R	NHS Bradford Districts CCG	98.0%	56.3%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	15F	NHS Leeds CCG	0.9%	1.4%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.3%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.7%	86.4%
E09000005	Brent	07R	NHS Camden CCG	3.9%	2.8%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.3%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000005	Brent	08E	NHS Harrow CCG	5.9%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.3%	2.7%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.9%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	49.3%	100.0%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.6%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.2%	1.4%
E09000006	Bromley	08A	NHS Greenwich CCG	1.4%	1.2%
E09000006	Bromley	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.2%
E09000006	Bromley	08L	NHS Lewisham CCG	1.9%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%

E1000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E1000002	Buckinghamshire	14Y	NHS Buckinghamshire CCG	94.4%	94.9%
E1000002	Buckinghamshire	15D	NHS East Berkshire CCG	1.4%	1.2%
E1000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E1000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.7%	0.4%
E1000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E1000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E1000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E0800002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E0800002	Bury	00V	NHS Bury CCG	94.0%	94.3%
E0800002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E0800002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E0800002	Bury	14L	NHS Manchester CCG	0.6%	2.0%
E0800002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.6%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.4%	98.9%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E1000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E1000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	71.8%	96.7%
E1000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E1000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.3%	0.0%
E1000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E1000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.6%	0.4%
E1000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E0900007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E0900007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E0900007	Camden	07R	NHS Camden CCG	83.9%	88.9%
E0900007	Camden	09A	NHS Central London (Westminster) CCG	5.6%	4.8%
E0900007	Camden	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E0900007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E0900007	Camden	08H	NHS Islington CCG	3.2%	3.0%
E0900007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.6%	95.0%
E06000056	Central Bedfordshire	14Y	NHS Buckinghamshire CCG	0.8%	1.5%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.9%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E06000056	Central Bedfordshire	04F	NHS Milton Keynes CCG	0.1%	0.1%
E06000049	Cheshire East	15M	NHS Derby and Derbyshire CCG	0.1%	0.3%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.2%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.8%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.2%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.6%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%
E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.2%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.4%	29.5%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.1%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	7.0%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	2.5%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	70.4%
E09000001	City of London	08C	NHS Hammersmith and Fulham CCG	0.0%	1.2%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.6%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.0%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.2%
E06000052	Cornwall & Scilly	15N	NHS Devon CCG	0.3%	0.6%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.0%	52.4%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.7%	46.3%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.5%	99.8%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.4%	0.2%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.3%	93.2%
E09000008	Croydon	09L	NHS East Surrey CCG	2.9%	1.3%
E09000008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E09000008	Croydon	08K	NHS Lambeth CCG	3.0%	3.0%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.5%

E1000006	Cumbria	01K	NHS Morecambe Bay CCG	54.0%	36.6%
E1000006	Cumbria	01H	NHS North Cumbria CCG	99.9%	63.4%
E0600005	Darlington	00C	NHS Darlington CCG	98.2%	96.1%
E0600005	Darlington	00D	NHS Durham Dales, Easington and Sedgfield CCG	1.2%	3.2%
E0600005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.2%
E0600005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.6%
E0600015	Derby	15M	NHS Derby and Derbyshire CCG	26.5%	100.0%
E1000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E1000007	Derbyshire	15M	NHS Derby and Derbyshire CCG	70.9%	92.6%
E1000007	Derbyshire	05D	NHS East Staffordshire CCG	7.9%	1.4%
E1000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E1000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.1%	0.5%
E1000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E1000007	Derbyshire	04M	NHS Nottingham West CCG	5.1%	0.6%
E1000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E1000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E1000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	13.9%	4.3%
E1000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E1000008	Devon	15N	NHS Devon CCG	65.7%	99.2%
E1000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E1000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E1000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E0800017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E0800017	Doncaster	02Q	NHS Bassetlaw CCG	1.5%	0.6%
E0800017	Doncaster	02X	NHS Doncaster CCG	96.8%	97.8%
E0800017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E0800017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E0600059	Dorset	11J	NHS Dorset CCG	46.0%	95.6%
E0600059	Dorset	11X	NHS Somerset CCG	0.6%	0.9%
E0600059	Dorset	11A	NHS West Hampshire CCG	1.7%	2.5%
E0600059	Dorset	99N	NHS Wiltshire CCG	0.7%	1.0%
E0800027	Dudley	15E	NHS Birmingham and Solihull CCG	0.1%	0.6%
E0800027	Dudley	05C	NHS Dudley CCG	93.3%	90.7%
E0800027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E0800027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E0800027	Dudley	06D	NHS Wyre Forest CCG	0.8%	0.3%
E0900009	Ealing	07P	NHS Brent CCG	1.8%	1.6%
E0900009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E0900009	Ealing	07W	NHS Ealing CCG	86.9%	90.4%
E0900009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.5%	3.1%
E0900009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E0900009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E0900009	Ealing	07Y	NHS Hounslow CCG	4.7%	3.5%
E0900009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E0600011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.3%	85.1%
E0600011	East Riding of Yorkshire	03F	NHS Hull CCG	9.2%	7.9%
E0600011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E0600011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.6%	6.8%
E1000011	East Sussex	09D	NHS Brighton and Hove CCG	1.0%	0.6%
E1000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E1000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E1000011	East Sussex	09K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E1000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E1000011	East Sussex	09J	NHS West Kent CCG	0.8%	0.7%
E0900010	Enfield	07M	NHS Barnet CCG	1.0%	1.2%
E0900010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E0900010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E0900010	Enfield	07X	NHS Enfield CCG	95.2%	90.9%
E0900010	Enfield	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E0900010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E0900010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E0900010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E1000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E1000012	Essex	09E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E1000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E1000012	Essex	09F	NHS Castle Point and Rochford CCG	95.2%	11.5%
E1000012	Essex	06K	NHS East and North Hertfordshire CCG	1.6%	0.6%
E1000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E1000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E1000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.5%
E1000012	Essex	06T	NHS North East Essex CCG	98.6%	22.7%
E1000012	Essex	08N	NHS Redbridge CCG	2.9%	0.6%
E1000012	Essex	09G	NHS Southend CCG	3.3%	0.4%
E1000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E1000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E1000012	Essex	07H	NHS West Essex CCG	97.1%	19.8%
E1000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%

E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.5%	97.7%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.2%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E08000037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E10000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	89.2%	89.3%
E09000011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.4%	4.9%
E09000011	Greenwich	08Q	NHS Southwark CCG	0.1%	0.1%
E09000012	Hackney	07R	NHS Camden CCG	0.7%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.2%	93.8%
E09000012	Hackney	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E09000012	Hackney	08H	NHS Islington CCG	4.6%	3.7%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.6%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.7%	1.1%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.5%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	82.8%	87.6%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.2%	0.3%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.5%	7.2%
E10000014	Hampshire	15A	NHS Berkshire West CCG	1.7%	0.6%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.1%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.5%	14.3%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.5%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.6%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.1%	1.0%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E09000014	Haringey	07M	NHS Barnet CCG	1.0%	1.4%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.6%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.1%	3.2%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.0%
E09000014	Haringey	08H	NHS Islington CCG	2.5%	2.1%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.4%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	2.1%
E09000015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.1%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%

E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.6%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.4%	99.4%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.5%	2.9%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.2%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.2%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.1%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.5%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.7%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.8%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.1%	1.0%
E09000018	Hounslow	07W	NHS Ealing CCG	5.4%	7.4%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	0.9%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.7%	3.8%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.9%	5.4%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.5%
E09000019	Islington	07T	NHS City and Hackney CCG	3.4%	4.2%
E09000019	Islington	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000019	Islington	08D	NHS Haringey CCG	1.2%	1.5%
E09000019	Islington	08H	NHS Islington CCG	89.1%	87.9%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.3%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.2%	1.7%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.9%	92.5%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.3%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.2%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.1%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.8%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.1%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.8%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	86.9%	95.9%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.7%	1.2%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.7%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.4%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.6%	54.7%
E08000034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.3%

E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.1%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.2%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.5%	92.2%
E09000022	Lambeth	08R	NHS Merton CCG	1.0%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.9%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.5%	3.7%
E09000022	Lambeth	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E10000017	Lancashire	02N	NHS Airedale, Wharfedale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.6%	1.9%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.9%	13.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.6%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	44.1%	12.1%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.2%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	96.9%	8.7%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E08000035	Leeds	02N	NHS Airedale, Wharfedale and Craven CCG	0.1%	0.0%
E08000035	Leeds	02W	NHS Bradford City CCG	1.1%	0.2%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.5%	0.2%
E08000035	Leeds	15F	NHS Leeds CCG	97.7%	98.8%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.1%	1.8%
E06000016	Leicester	04C	NHS Leicester City CCG	92.8%	95.5%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.5%	0.0%
E10000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.5%	39.8%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.2%	4.1%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.4%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.5%	92.0%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.9%	3.9%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.1%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.6%	29.9%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	4.9%	1.1%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.1%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.6%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.7%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.0%	1.6%

E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	93.9%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.2%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000024	Merton	08J	NHS Kingston CCG	3.4%	2.9%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.7%
E09000024	Merton	08R	NHS Merton CCG	87.7%	80.9%
E09000024	Merton	08T	NHS Sutton CCG	3.3%	2.6%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.3%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.2%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.9%	95.2%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	5.9%	4.0%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.3%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.2%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.6%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	25.2%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	24.1%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.4%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.3%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	94.9%	96.9%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	21.8%	98.3%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.6%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.2%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfedale and Craven CCG	32.5%	8.3%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.3%	22.8%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.8%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.1%
E10000023	North Yorkshire	15F	NHS Leeds CCG	0.9%	1.3%
E10000023	North Yorkshire	01K	NHS Morecambe Bay CCG	1.9%	1.0%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.8%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.2%	9.8%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	2.0%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.1%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.1%	1.0%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.5%
E06000057	Northumberland	01H	NHS North Cumbria CCG	0.1%	0.1%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E06000057	Northumberland	00L	NHS Northumberland CCG	97.9%	98.7%

E06000018	Nottingham	04K	NHS Nottingham City CCG	89.9%	95.4%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.6%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.1%	1.1%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.1%	13.5%
E10000024	Nottinghamshire	15M	NHS Derby and Derbyshire CCG	1.5%	1.8%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	97.9%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.1%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.1%	17.2%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.8%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.3%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.5%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	15A	NHS Berkshire West CCG	0.5%	0.3%
E10000025	Oxfordshire	14Y	NHS Buckinghamshire CCG	2.4%	1.8%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.4%	96.5%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.7%	0.9%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	23.0%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	15N	NHS Devon CCG	22.1%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.5%	1.4%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.2%	0.2%
E06000038	Reading	15A	NHS Berkshire West CCG	35.3%	99.4%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	4.9%	3.3%
E09000026	Redbridge	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.4%	1.7%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.3%	89.4%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.3%	3.1%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.1%	1.1%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.3%	98.9%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.6%	1.5%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.3%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.4%	0.7%
E08000005	Rochdale	00V	NHS Bury CCG	0.7%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.3%	3.1%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.2%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.7%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E06000017	Rutland	03V	NHS Corby CCG	0.2%	0.5%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.9%	86.3%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.6%	11.5%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.4%
E08000006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	1.1%	2.5%
E08000006	Salford	01G	NHS Salford CCG	94.1%	94.6%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	15E	NHS Birmingham and Solihull CCG	1.9%	7.0%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	55.1%	88.6%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.0%	51.6%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.8%	41.9%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%

E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	15M	NHS Derby and Derbyshire CCG	0.2%	0.4%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.4%	0.2%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.5%	99.1%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.5%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.7%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.4%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	14Y	NHS Buckinghamshire CCG	1.8%	6.2%
E06000039	Slough	07W	NHS Ealing CCG	0.0%	0.1%
E06000039	Slough	15D	NHS East Berkshire CCG	33.8%	93.4%
E06000039	Slough	08G	NHS Hillingdon CCG	0.0%	0.1%
E06000039	Slough	07Y	NHS Hounslow CCG	0.0%	0.1%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E08000029	Solihull	15E	NHS Birmingham and Solihull CCG	17.0%	98.9%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.3%
E10000027	Somerset	15N	NHS Devon CCG	0.2%	0.5%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.1%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.8%	0.6%
E06000025	South Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	28.2%	97.5%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.9%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.8%	4.7%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.3%
E09000028	Southwark	07R	NHS Camden CCG	0.3%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.5%	1.6%
E09000028	Southwark	08C	NHS Hammersmith and Fulham CCG	0.7%	0.5%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.1%	2.0%
E09000028	Southwark	08Q	NHS Southwark CCG	94.1%	87.9%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.2%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.1%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	15E	NHS Birmingham and Solihull CCG	0.3%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	15M	NHS Derby and Derbyshire CCG	0.5%	0.5%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.1%	14.7%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.4%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.3%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.6%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.7%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.8%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.1%	0.2%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.6%	0.8%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	94.9%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.4%	0.6%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.4%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.7%

E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.3%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.2%	97.1%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.3%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.9%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.3%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.9%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	1.9%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.5%	0.3%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.0%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.3%	0.4%
E10000030	Surrey	15D	NHS East Berkshire CCG	3.4%	1.2%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.7%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.5%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.5%
E10000030	Surrey	08P	NHS Richmond CCG	0.7%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.4%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.5%	3.4%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.3%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.3%	1.9%
E09000029	Sutton	08T	NHS Sutton CCG	94.7%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.0%	98.2%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.5%
E08000008	Tameside	14L	NHS Manchester CCG	2.2%	5.8%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.9%
E08000008	Tameside	01W	NHS Stockport CCG	1.8%	2.3%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.2%	88.0%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.3%	0.3%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.4%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.5%	99.0%
E06000027	Torbay	15N	NHS Devon CCG	11.7%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08C	NHS Hammersmith and Fulham CCG	0.8%	0.5%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.2%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.2%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	96.9%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	7.0%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.7%	92.7%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	15F	NHS Leeds CCG	0.4%	1.0%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.0%
E08000030	Walsall	15E	NHS Birmingham and Solihull CCG	1.1%	4.8%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.1%
E08000030	Walsall	05Y	NHS Walsall CCG	92.8%	90.4%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.4%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.4%	0.4%
E09000031	Waltham Forest	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000031	Waltham Forest	08D	NHS Haringey CCG	0.1%	0.1%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.3%	1.7%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.1%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.2%	3.5%
E09000032	Wandsworth	08R	NHS Merton CCG	2.8%	1.6%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.7%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	92.6%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.2%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.6%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.7%	0.2%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.1%	45.8%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.7%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	15A	NHS Berkshire West CCG	30.0%	97.6%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.5%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	14.0%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.1%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.9%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	79.3%	71.3%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.6%	0.6%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.1%	22.6%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.1%
E08000010	Wigan	01G	NHS Salford CCG	0.8%	0.6%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.2%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.8%	1.0%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.7%
E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.9%	0.4%
E06000054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E06000054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.3%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E06000040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.1%
E06000040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	34.1%	96.9%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	15A	NHS Berkshire West CCG	31.5%	97.0%
E06000041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.6%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.5%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.8%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.5%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.4%
E10000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	0.9%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.8%	27.7%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.2%	49.3%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.3%	18.6%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.2%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

Produced by NHS England using data from National Health Applications and Infrastructure Services (NHAIS) as supplied by NHS Digital.



Department
of Health &
Social Care



Ministry of Housing,
Communities &
Local Government

2019-20 Better Care Fund

Policy Framework

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1. Introduction

Person-centred Integrated Care

- 1.1 The Government is committed to the aim of person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide better care. This type of integrated care is the key to strong, sustainable local health and care systems which prevent ill-health (where possible) and the need for care, and avoid unnecessary hospital admissions. It also ensures that people receive high-quality care and support in the community. For people who need both health and social care services, this means only having to tell their story once and getting a clear and comprehensive assessment of all their needs with plans put in place to support them. This means they get the right care, in the right place, at the right time.

Progress on the Better Care Fund and Integration

- 1.2 Since 2015, the Government's aims around integrating health, social care and housing, through the Better Care Fund (BCF), have played a key role in the journey towards person-centred integrated care. This is because these aims have provided a context in which the NHS and local authorities work together, as equal partners, with shared objectives. The plans produced are owned by Health and Wellbeing Boards, representing a single, local plan for the integration of health and social care in all parts of the country.
- 1.3 In every year of its operation, most local areas have agreed that the BCF has improved joint working and had a positive impact on integration. In [2017-18](#), for example, 93% of local areas agreed that delivery of the BCF had improved joint working between health and social care in their locality, whilst 91% agreed that delivery of BCF plans had a positive impact on the integration of health and social care. Additionally, since its inception, local areas have voluntarily pooled at least £1.5 billion above the minimum required, in each year, with approximately £2.1 billion planned in voluntary pooled funding in 2018-19.
- 1.4 There are signs of real progress in joining up care and wider integration:
- (a) The **New Care Model Vanguard**s have provided valuable lessons for Sustainability and Transformation Partnerships, which are now being taken to the next stage by the emerging Integrated Care Systems. The Vanguard's have seen a positive impact on emergency admissions, with community

models demonstrating the benefits of a more proactive approach that helps keep people independent for longer. Vanguard made progress in reducing the pressure on A&E. Emergency admissions in Vanguard on average grew by 0.9% in Multispecialty Community Providers and 2.6% in Primary and Acute Care Systems compared with 6.9% in the rest of the NHS. For Enhanced Health in Care Home Vanguard, emergency admissions from care residents flatlined compared with an increase of 9% for care homes that were not part of a Vanguard.

- (b) The **Integration Accelerator Sites**, building on the work previously conducted through the Integrated Personalised Commissioning programme, continue to make encouraging progress in empowering people to manage their healthcare, and the better integration of services across health, social care and the voluntary and community sector. Integrated personal budgets are one way of delivering more integrated and personalised care. Covering both health and social care, they have been developed based on the lessons learned through personal budgets, personal health budgets, and direct payments. NHS England has now published Universal Personalised Care: Implementing the Comprehensive Model - co-produced with partners in social care - which sets out the road map to deliver the Long Term Plan's objective to deliver the Comprehensive Model for Personalised Care to 2.5 million people by 2023-24.
- (c) We are committed to creating a technology infrastructure that allows systems to communicate securely, using open standards for data and interoperability. This will enable health and care professionals to have access to the information they need to provide care. We are encouraging local areas to ensure data is collected consistently and made available to support joined-up and safer patient care by investing in the development of [Local Health and Care Record Exemplars](#). This will enable data to be accessed as patients move between different parts of the NHS and social care. The first five Exemplars cover 23.5 million people and will each receive up to a total of £7.5 million over two years.
- (d) Both the NHS and social care have been working hard to **reduce delays and free up beds**. Since February 2017, more than 2,280 beds per day have been freed up nationally by reducing NHS and social care delays. This has been supported by the Better Care Fund and targeted funding from Government through the improved Better Care Fund (iBCF).

- 1.5 The [Shifting the Centre of Gravity](#) report on making person-centred, place-based integrated care a reality was published in October 2018, and produced by the Association of Directors of Adult Social Services, Association of Directors of Public Health NHS Confederation, NHS Clinical Commissioners, NHS Providers and the Local Government Association. The report noted that there are now many more examples of joined-up working across the country than there were at the time of the previous report, [Stepping up to the Place](#), in June 2016.
- 1.6 The NHS Long Term Plan outlines objectives for joined-up care across the system with commitments to increased investment in primary medical and community health services to support new service models including an urgent response standard for urgent community support; integrated multi-disciplinary teams; NHS support to people living in care homes; the NHS Personalised Care model; an integration index; reducing Delayed Transfers of Care; and supporting local approaches to blend health and social care budgets, amongst other initiatives.
- 1.7 The forthcoming Adult Social Care Green Paper will also build on the approach to joined-up, person-centred integrated care.

2. The Better Care Fund in 2019-20

What the BCF will look like in 2019-20

- 2.1 The BCF in 2019-20 will retain the same National Conditions as in 2017-19. Areas will be required to set out how the National Conditions will be met in jointly agreed BCF Plans signed off by Health and Wellbeing Boards. The Government will continue to require NHS England to put in place arrangements for CCGs to pool a mandated minimum amount of funding. The Government will also require local authorities to continue to pool grant funding from the improved Better Care Fund, Winter Pressures funding and the Disabled Facilities Grant.
- 2.2 2019-20 is to be a year of minimal change for the Better Care Fund. Any major changes from the BCF Review will be from 2020 onwards. The only notable changes for 2019-20 are that requirements for narrative plans have been simplified with areas not required to repeat information they previously provided in their 2017-19 plans, and for more meaningful information on the impact of the BCF to be collected through the planning process.
- 2.3 Further information on how this will work in practice will be set out in the Planning Requirements.

Funding and conditions of access for 2019-20

- 2.4 This Policy Framework covers 2019-20.
- 2.5 The mandate to NHS England and the annual remit for NHS Improvement for 2019-20 will include an expectation of a minimum CCG contribution of £3.84 billion to establish the BCF in 2019-20. The amended NHS Act 2006 gives NHS England the powers to attach conditions to the amount that is part of Clinical Commissioning Group allocations. NHS England will look to include conditions that allow the recovery of funding, in consultation with the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, where the National Conditions are not met. These powers do not apply to the amounts paid directly from Government to local authorities. The expectation remains that in any decisions around BCF Plans and funding, Ministers from both aforementioned departments will be consulted.

- 2.6 Allocations of improved Better Care Fund, Winter Pressures funding and Disabled Facilities Grant will be paid directly from Government to local authorities. Any future year's allocations will be decided through the 2019 Spending Review.
- 2.7 As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014. Funding previously earmarked for reablement (£300 million) and for the provision of carers' breaks (£130 million) also remains in the NHS contribution.
- 2.8 The local flexibility to pool more than the mandatory amount will remain.
- 2.9 Further details of the financial breakdown are set out in Table 1.

Table 1 – BCF funding contributions in 2019-20

BCF funding contribution	2019-20
Minimum NHS (Clinical Commissioning Groups) contribution	£3.840bn
Disabled Facilities Grant (capital funding for adaptations to houses)	£0.505bn
Grant allocation for adult social care (improved Better Care Fund). Combined amounts were announced at Spending Review 2015 and Spring Budget 2017.	£1.837bn
Winter Pressures grant funding	£0.240bn
Total	£6.422bn

Disabled Facilities Grant (DFG)

- 2.10 Funding for the DFG in 2019-20 will be £505 million. This will be paid to local government via a section 31 grant. The DFG capital grant must be spent in accordance with an approved joint BCF plan, developed in keeping with this Policy Framework and Planning Requirements that will follow.
- 2.11 In two-tier areas, decisions around the use of the DFG funding will need to be made with the direct involvement of both tiers working jointly to support integration ambitions. Full details will be set out in the DFG Grant Determination Letter.

Winter Pressures funding

- 2.12 This money will be paid to local government, via [a Local Government Act 2003 section 31 grant](#). Government will attach a set of conditions, requiring the funding

to be used to alleviate pressures on the NHS over winter, and to ensure it is pooled into the BCF. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care. The Grant Determination will be issued in April 2019. Reporting in relation to this funding will be managed through wider BCF reporting. Health and Wellbeing Boards will be required to confirm plans for the use of this funding in their BCF plans.

Improved Better Care Fund (iBCF) Funding

- 2.13 The iBCF grant will again be paid to local government, via a section 31 grant. The total allocation of the iBCF in 2019-20 will be £1.837 billion. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care.
- 2.14 The Government will attach a set of conditions to the section 31 grant to ensure it is pooled in the BCF at local level and spent on adult social care. The final conditions will be issued in April 2019. As part of our ambition to maintain continuity in 2019-20, the iBCF will not have any additional conditions of usage above what has previously been set out. The grant is to be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

National Conditions & Metrics for 2019-20

- 2.15 For 2019-20, there continue to be four National Conditions, in line with our vision for integrated care:
- (i) Plans to be jointly agreed**
 - (ii) NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution**
 - (iii) Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care**
 - (iv) Managing Transfers of Care:** A clear plan for improved integrated services at the interface between health and social care that reduces

Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care. As part of this all Health and Wellbeing Boards adopt the centrally-set expectations for reducing or maintaining rates of DToC during 2019-20 into their BCF plans.

- 2.16 Beyond this, areas have flexibility in how the Fund is spent over health, care and housing schemes or services, but need to agree how this spending will improve performance (for example by agreeing ambitious expectations across the metrics with plans setting out how the ambitions will be met) in the following four BCF 2019-20 metrics: **Delayed Transfers of Care; Non-elective admissions (General and Acute); Admissions to residential and care homes; and Effectiveness of reablement.**
- 2.17 Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital. This has required changes to the way that hospitals work but is also affected by what happens outside of acute hospital when patients are fit to go home. The BCF should continue to support the aim to reduce the number of patients who remain in acute hospitals for an extended period (21 days or more) by continuing ongoing work to implement and embed the High Impact Change Model for Managing Transfers of Care that support this ambition.
- 2.18 Across the country, areas have made strong progress in reducing Delayed Transfers of Care. From February 2017 to January 2019, there have been more than 2,280 fewer people delayed in an NHS bed per day. We believe that no-one should stay in a hospital bed longer than necessary as it removes people's dignity and can lead to poorer health and care outcomes. We want to continue to drive down Delayed Transfers of Care and for 2019-20 the national ambition will remain for no more than 4,000 delayed days per day (reported as 'DToC beds').

The assurance and approval of local Better Care Fund plans for 2019-20

- 2.19 Plans will be developed locally in each Health and Wellbeing Board area by the relevant local authority and CCG(s). In order to reduce planning burdens we will collect narrative elements and confirmation of agreements through a set template, rather than freeform narrative. Areas should look to align with, and not duplicate, other strategic documents such as plans set out for local Strategic Transformation Partnerships/Integrated Care Systems. BCF plans will need to set out priorities for embedding implementation of the High Impact Change Model (National Condition four), and update their local visions and approaches to integration - see paragraph 3.1. Areas will need to submit full planning templates, confirming that the HWB has signed them off, in order for the National Conditions to be assured. Plans will be

assured and moderated regionally in line with the operational planning assurance process set out in the Better Care Fund Planning Requirements. As in 2017-19, there will be one round of assurance, after which plans deemed compliant by assurers at regional level will be put forward for approval.

- 2.20 Final decisions on plan approval and permission to spend from the CCG ringfenced contribution will be made by NHS England (as the Accountable Body for the BCF) having consulted the respective Secretaries of State for Health and Social Care, and Housing, Communities and Local Government.

- 2.21 The NHS Act 2006 allows NHS England to direct the use of the CCG elements of the fund where an area fails to meet one (or more) of the BCF conditions. This includes the requirement to develop an approved plan. If a local plan cannot be agreed or other National Conditions are not met, any proposal to direct use of the CCG elements of the Fund will be discussed and agreed with Ministers.

- 2.22 Local authorities are legally obliged to comply with section 31 grant conditions.

3. The Better Care Fund, Housing and Wider Integration Initiatives

- 3.1 The BCF offers a good opportunity to support the delivery of wider objectives and strategies around health and social care. In particular, every health and care system in England has agreed a Sustainability and Transformation Plan (STP) and formed a delivery partnership, providing the system-level framework within which organisations in local health and care economies can plan effectively and deliver a sustainable, transformed and integrated health and care service. Local areas should ensure the financial planning and overall approach to integrated care within BCF plans and local STP plans are fully aligned.
- 3.2 The Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, along with NHS England, the Local Government Association, and the Association of Directors of Adult Social Services are currently reviewing the BCF beyond 2020. We intend to provide an update on the future of the BCF shortly.
- 3.3 STPs and Integrated Care Systems (ICSs) will be required to agree new plans during the first half of 2019-20. We expect every STP and ICS plan to cover their work on Integrated Care; and for Health & Wellbeing Boards, and STP/ICS colleagues to engage proactively in producing this. Where these collaborative strategies exist, we will allow them to form the basis of integration narratives in planning for the BCF (or alternative programme, depending on the review of the BCF) for the following years. Graduation as previously set out has not been possible to date. As part of our review, Government will consider the use of graduation.
- 3.4 The Long Term Plan also sets out proposals on integration including investing in models of care that strengthen links between primary care networks and local care homes, such as the roll-out of Enhanced Health in Care Homes. The Government will encourage and support the NHS to use this as an opportunity to involve local government in the implementation of the Long Term Plan.
- 3.5 Building on previous work, [a refreshed memorandum of understanding \(MoU\) 'Improving health and care through the home'](#) was published by Public Health England in March 2018. This MoU, signed by over 25 stakeholders, emphasises the importance of housing in supporting people's health and sets out a shared commitment to joint action across Government and health, social care, and housing sectors in England.

- 3.6 There is an increasing range of material available to support local systems with the practical development of joint integration strategies and integrated services. The NHS England Integrating Better project recently produced a practical guide based on learning from 16 areas, which is available to health and care practitioners as part of the [STP/ICS library of good practice \(access requires a login\)](#). The Local Government Association also provide a range of support, tools and case studies, such as through a recently published [evidence review and case studies of integrated care](#) or the support provided through its [Care and Health Improvement Programme](#).
- 3.7 Although the Disabled Facilities Grant (DFG) has been part of the BCF since 2015, it was last reviewed in 2008. Following calls from the sector and local authorities to ensure that it continues to provide help and meet users' needs as effectively as possible, the Government commissioned an independent review in February 2018. This was conducted by the University of the West of England in conjunction with several other partners, and both the main report and executive summary were [published](#) in December 2018. There are 45 recommendations and Government is carefully considering the detailed findings and will issue a response in due course.

Dated

2019

THE COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL
and
NHS HEREFORDSHIRE CLINICAL COMMISSIONING GROUP

**FRAMEWORK PARTNERSHIP AGREEMENT RELATING TO THE
COMMISSIONING OF HEALTH AND SOCIAL CARE SERVICES IN
CONNECTION WITH THE BETTER CARE FUND**

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2000 Act means the Freedom of Information Act 2000.

2006 Act means the National Health Service Act 2006.

2014 Act means the Care Act 2014

Affected Partner means, in the context of Clause 26, the Partner whose obligations under the Agreement have been affected by the occurrence of a Force Majeure Event

Agreement means this agreement including its Schedules and Appendices.

Approved Expenditure means any expenditure approved by the Partners in writing or as set out in a Scheme Specification in relation to a Service above any Contract Price, Permitted Budget, Third Party Costs and Performance Payments.

Authorised Officers means an officer of each Partner appointed to be that Partner's representative for the purpose of this Agreement.

Better Care Fund (BCF) means the Better Care Fund as described in NHS England Publications Gateway Ref. No.00314 and NHS England Publications Gateway Ref. No.00535 as relevant to the Partners.

BCF Partnership Group: means the Steering Group for the operational delivery of the BCF Plan. Members of the group take responsibility for delivery of the Individual Schemes and Services in accordance with the governance arrangements set out in Schedule 6.

Better Care Fund (BCF) Plan means the plan attached at Schedule 7 setting out the Partner's plan for the use of the Better Care Fund.

Better Care Fund Requirements means any and all requirements on the CCG and Council in relation to the Better Care Fund set out in Law and guidance published by the Department of Health.

Brexit means the UK ceasing to be a member state of the European Union, regardless of which countries comprise the UK at such date

CCG Statutory Duties means the Duties of the CCG pursuant to Sections 14P to 14Z2 of the 2006 Act

Change in Law means the coming into effect or repeal (without re-enactment or consolidation) in England of any Law, or any amendment or variation to any Law, or any judgment of a relevant court of law which changes binding precedent in England after the Commencement Date.

Chief Financial Officer means the Chief Financial Officer of the CCG

Commencement Date means 00:01 hrs on 1 April 2019

Confidential Information means information, data and/or material of any nature which any Partner may receive or obtain in connection with the operation of this Agreement and the Services and:

- (a) which comprises Personal Data or Special Category Personal Data or which relates to any patient or his treatment or medical history;
- (b) the release of which is likely to prejudice the commercial interests of a Partner or the interests of a Service User respectively; or
- (c) which is a trade secret.

Contract Price means any sum payable under a Service Contract as consideration for the provision of goods, equipment or services required as part of the Services and which, for the avoidance of doubt, does not include any Default Liability or Performance Payment.

Data Protection Legislation means all applicable privacy and data protection laws including the GDPR, the 2018 Act and any other applicable national implementing laws, regulations and secondary legislation in England and Wales relating to the processing of Personal Data and the privacy of electronic communications,

as amended, replaced or updated from time to time, including the Privacy and Electronic Communications Directive (2002/58/EC) and the Privacy and Electronic Communications (EC Directive) Regulations 2003 (SI 2003/2426).

Default Liability means any sum which is agreed or determined by Law or in accordance with the terms of a Services Contract to be payable by any Partner(s) as a consequence of (i) breach by any or all of the Partners of an obligation(s) in whole or in part or (ii) any act or omission of a third party for which any or all of the Partners are liable, under the terms of the relevant Services Contract.

Disabled Facilities Grant - The **disabled facilities grant** is a mandatory 'means-tested' financial **grant** to help meet the cost of adapting a property.

Financial Contributions means the financial contributions made by each Partner to a Pooled Fund or Non Pooled/Aligned Fund in any Financial Year.

Financial Year means each financial year running from 1 April in any year to 31 March in the following calendar year.

Force Majeure Event means one or more of the following:

- (a) war, civil war (whether declared or undeclared), riot or armed conflict;
- (b) acts of terrorism;
- (c) acts of God;
- (d) fire or flood;
- (e) industrial action;
- (f) prevention from or hindrance in obtaining raw materials, energy or other supplies;
- (g) any form of contamination or virus outbreak; and
- (h) any other event, in each case where such event is beyond the reasonable control of the Partner claiming relief

Functions means the NHS Functions and the Health Related Functions

GDPR means Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing directive 95/46/EC as updated, superseded or repealed from the time to time

Health and Wellbeing Board means the Health and Wellbeing Board established by the Council pursuant to Section 194 of the Health and Social Care Act 2012.

Health Related Functions means those of the health related functions of the Council, specified in Regulation 6 of the Regulations as relevant to the commissioning of the Services and which may be further described in the relevant Scheme Specification.

Host Partner means for each Pooled Fund the Partner that will host the Pooled Fund and for each Non Pooled/Aligned Fund the Partner that will host the Non Pooled/Aligned Fund

Indirect Losses means loss of profits, loss of use, loss of production, increased operating costs, loss of business, loss of business opportunity, loss of reputation or goodwill or any other consequential or indirect loss of any nature, whether arising in tort or on any other basis.

Individual Scheme means one of the schemes which is agreed by the Partners to be included within this Agreement using the powers under Section 75 of the 2006 Act as documented in a Scheme Specification.

Integrated Commissioning means arrangements by which both Partners commission Services in relation to an Individual Scheme on behalf of each other in exercise of both the NHS Functions and Health Related Functions through integrated structures.

Joint (Aligned) / Co-Commissioning means a mechanism by which the Partners jointly commission a Service. For the avoidance of doubt, a joint (aligned) / co-commissioning arrangement does not involve the delegation of any functions pursuant to Section 75 of the 2006 Act.

Joint Commissioning Board means the partnership board responsible for review of performance and oversight of this Agreement, the governance arrangements for which are as set out in Schedule 6.

Law means:

- (a) any statute or proclamation or any delegated or subordinate legislation;
- (b) any enforceable community right within the meaning of Section 2(1) European Communities Act 1972 until Brexit;
- (c) any guidance, direction or determination with which the Partner(s) or relevant third party (as applicable) are bound to comply to the extent that the same are published and publicly available or the existence or contents of them have been notified to the Partner(s) or relevant third party (as applicable); and
- (d) any judgment of a relevant court of law which is a binding precedent in England.

Lead Commissioning Arrangements means the arrangements by which one Partner commissions Services in relation to an Individual Scheme on behalf of the other Partner in exercise of both the NHS Functions and the Health Related Functions.

Lead Commissioner means the Partner responsible for commissioning a Service under a Scheme Specification.

Local Objectives means the local objectives to be met in Herefordshire as are more particularly set out in the Better Care Fund Plan

Losses means all damage, loss, liabilities, claims, actions, costs, expenses (including the cost of legal and/or professional services), proceedings, demands and charges whether arising under statute, contract or at common law but excluding Indirect Losses and "Loss" shall be interpreted accordingly.

Month means a calendar month.

National Conditions mean the national conditions as set out in the National Guidance as updated or amended from time to time.

National Guidance means any and all guidance in relation to the Better Care Fund as issued from time to time by NHS England, the Department of Communities and Local Government, the Department of Health, the Local Government Association either collectively or separately.

NHS Functions means those of the NHS functions listed in Regulation 5 of the Regulations as are exercisable by the CCG as are relevant to the commissioning of the Services and which may be further described in each Scheme Specification

Non Pooled/Aligned Fund means the budget detailing the financial contributions of the Partners which are not included in a Pooled Fund in respect of a particular Service as set out in the relevant Scheme Specification

Non-Recurrent Payments means funding provided by a Partner to a Pooled Fund in addition to the Financial Contributions pursuant to arrangements agreed in accordance with Clause 10.7.

Overspend means any expenditure from a Pooled Fund or Non Pooled/Aligned Fund in a Financial Year which exceeds the Financial Contributions for that Financial Year.

Partner means each of the CCG and the Council, and references to "**Partners**" shall be construed accordingly.

Partnership Arrangements means the arrangements made between the Partners for the pooling of funds and commissioning of Services in accordance with the Regulations and as further set out in this Agreement.

Performance Payment Arrangement means any arrangement agreed with a Provider and one of more Partners in relation to the provision of any Services on such terms as agreed in writing by all Partners.

Performance Payments means any sum over and above the relevant Contract Price which is payable to the Provider in accordance with a Performance Payment Arrangement.

Permitted Budget means in relation to a Service where the Council is the Provider, the budget that the Partners have set in relation to the particular Service.

Permitted Expenditure has the meaning given in Clause 7.2.

Personal Data has the meaning given to it in the Data Protection legislation..

Pooled Fund means any pooled fund established and maintained by the Partners as a pooled fund in accordance with the Regulations. The Pooled Funds agreed between the Parties at the Commencement Date are more particularly described in Schedule 3 to this Agreement

Pooled Fund Manager means such officer of the Host Partner which includes a Section 113 Officer (Local Government Act 1972) for the relevant Pooled Fund established under an Individual Scheme as is nominated by the Host Partner from time to time to manage the Pooled Fund in accordance with Clause 8.

Provider means a provider of any Services commissioned under the arrangements set out in this Agreement (including where the Council is acting as in house Provider of the Services) .

Public Health England means the SOSH trading as Public Health England.

Quarter means each of the following periods in a Financial Year:

1 April to 30 June

1 July to 30 September

1 October to 31 December

1 January to 31 March

And "**Quarterly**" shall be interpreted accordingly.

Regulations means the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 No 617 (as amended).

Representatives means in relation to a Partner, its employees, officers, representatives and advisors

Scheme Specification means a specification setting out the arrangements for an Individual Scheme agreed by the Partners to be commissioned under this Agreement.

Section 151 Officer means the Chief Financial Officer of the Council

Services means such health and social care services as agreed from time to time by the Partners as commissioned under the arrangements set out in this Agreement and more specifically defined in each Scheme Specification.

Services Contract means an agreement for the provision of Services entered into with a Provider by one or more of the Partners in accordance with the relevant Individual Scheme.

Service Users means those individuals for whom the Partners have a responsibility to commission the Services and/or who are eligible to receive the Services.

SOSH means the Secretary of State for Health.

Special Category Personal Data has the meaning given to it in the Data Protection Legislation

Staff means in relation to a Partner, all persons employed by the Partner together with the Partner's servants, officers, members, agents, suppliers and volunteers

Third Party Costs means all such third party costs (including legal and other professional fees) as agreed

by the Joint Commissioning Board on an Individual Scheme basis.

Underspend means any expenditure from a Pooled Fund or Non Pooled/Aligned Fund in a Financial Year which is below the Financial Contributions for that Financial Year.

Working Day means 8.00am to 6.00pm on any day except Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday (in England) under the Banking & Financial Dealings Act 1971.

- 1.2 In this Agreement, all references to any statute or statutory provision shall be deemed to include references to any statute or statutory provision which amends, extends, consolidates or replaces the same and shall include any orders, regulations, codes of practice, instruments or other subordinate legislation made thereunder and any conditions attaching thereto. Where relevant, references to English statutes and statutory provisions shall be construed as references also to equivalent statutes, statutory provisions and rules of law in other jurisdictions.
- 1.3 Any headings to Clauses, together with the front cover and the index are for convenience only and shall not affect the meaning of this Agreement. Unless the contrary is stated, references to Clauses and Schedules shall mean the clauses and schedules of this Agreement.
- 1.4 Any reference to the Partners shall include their respective statutory successors, employees and agents.
- 1.5 In the event of a conflict, the conditions set out in the Clauses to this Agreement shall take priority over the Schedules.
- 1.6 Where a term of this Agreement provides for a list of items following the word "including" or "includes", then such list is not to be interpreted as being an exhaustive list.
- 1.7 In this Agreement, words importing any particular gender include all other genders, and the term "person" includes any individual, partnership, firm, trust, body corporate, government, governmental body, trust, agency, unincorporated body of persons or association and a reference to a person includes a reference to that person's successors and permitted assigns.
- 1.8 In this Agreement, words importing the singular only shall include the plural and vice versa.
- 1.9 In this Agreement, "staff" and "employees" shall have the same meaning and shall include reference to any full or part time employee or officer, director, manager and agent.
- 1.10 Subject to the contrary being stated expressly or implied from the context in these terms and conditions, all communication between the Partners shall be in writing.
- 1.11 Unless expressly stated otherwise, all monetary amounts are expressed in pounds sterling but in the event that pounds sterling is replaced as legal tender in the United Kingdom by a different currency then all monetary amounts shall be converted into such other currency at the rate prevailing on the date such other currency first became legal tender in the United Kingdom.
- 1.12 All references to the Agreement include (subject to all relevant approvals) a reference to the Agreement as amended, supplemented, substituted, novated or assigned from time to time.

2 TERM

- 2.1 This Agreement shall come into force on the Commencement Date.
- 2.2 This Agreement shall continue until 31st March 2020 unless terminated earlier in accordance with Clause 24.
- 2.3 The duration of the arrangements for each Individual Scheme shall be as set out in the relevant Scheme Specification.

3 GENERAL PRINCIPLES

- 3.1 Nothing in this Agreement shall affect:
- 3.1.1 the liabilities of the Partners to each other or to any third parties for the exercise of their respective functions and obligations (including the Functions); or
 - 3.1.2 any power or duty to recover charges for the provision of any services (including the Services) in the exercise of any Council function.
- 3.2 The Partners agree to:
- 3.2.1 treat each other with respect and an equality of esteem;
 - 3.2.2 be open with information about the performance and financial status of each; and
 - 3.2.3 provide early information and notice about relevant problems.
- 3.3 For the avoidance of doubt, the aims and outcomes relating to an Individual Scheme may be set out in the relevant Scheme specification.
- 3.4 The purpose of this Agreement is to establish a framework through which the Partners can secure the provision of health and social care services in accordance with the terms of this Agreement.

4 PARTNERSHIP FLEXIBILITIES

- 4.1 This Agreement sets out the mechanisms through which the Partners have agreed that they may commission the Services and implement the Better Care Fund Plan. These are:
- 4.1.1 The establishment of one or more Pooled Funds;
 - 4.1.2 Lead Commissioning Arrangements;
 - 4.1.3 Joint (Aligned) /Co-Commissioning; and
 - 4.1.4 Integrated Commissioning.

As more particularly described in the Scheme Specifications and Schedule 1 (Financial Contributions and Financial Governance) in relation to Individual Schemes (the "**Flexibilities**")

- 4.2 At the Commencement Date, there are no Health Related Functions to be delegated by the Council for the CCG to exercise. In the event that, during the term of this Agreement, the Partners identify the need for the Council to delegate Health Related Functions to the CCG, and the CCG agrees to exercise those, to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS Functions, this delegation shall be preceded by:
- The identification of the Functions to be delegated;
 - The undertaking of any necessary consultation;
 - The seeking of legal advice;
 - The Council constitution and schemes of delegation being updated to reflect the changes required; and
 - A deed of variation being signed by the Partners to effect a variation of this Agreement.
- 4.3 The CCG delegates to the Council and the Council agrees to exercise on the CCG's behalf the NHS Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the Health Related Functions.
- 4.4 Where the powers of a Partner to delegate any of its statutory powers or functions are restricted, such limitations will automatically be deemed to apply to the relevant Scheme Specification. The

Partners shall agree arrangements designed to achieve delegation to the other Partner necessary for the purposes of this Agreement which is consistent with the statutory constraints.

5 FUNCTIONS

- 5.1 This Agreement shall include such Health Related and/or NHS Functions as shall be agreed from time to time by the Partners, having followed the governance processes required by each of their constitutions and in response to any recommendations made by the Joint Commissioning Board.
- 5.2 Where the Partners add a new Individual Scheme to this Agreement, that shall be by way of a variation to this Agreement in accordance with Clause 32, and a Scheme Specification for each Individual Scheme shall be completed and agreed between the Partners.
- 5.3 The Partners shall not enter into a Scheme Specification in respect of an Individual Scheme unless they are satisfied that the Individual Scheme in question will improve health and well-being in accordance with this Agreement.
- 5.4 The introduction of any Individual Scheme will be subject to business case approval by the Partners, following the governance processes required by each Partner's Constitution, on the recommendation of the Joint Commissioning Board.

6 COMMISSIONING ARRANGEMENTS

Integrated/Joint Aligned/Co- Commissioning

- 6.1 Where there are Integrated Commissioning arrangements in respect of an Individual Scheme, both Partners shall work in cooperation and shall endeavor to ensure that the NHS Functions and Health Related Functions are commissioned with all due skill, care and attention.
- 6.2 Without prejudice to the generality of Clause 6.1, where there are Integrated Commissioning or Lead Commissioning Arrangements in respect of an Individual Scheme then prior to any new Services Contract being entered into the Partners shall agree in writing:
 - 6.2.1 how the liability under each Services Contract shall be apportioned in the event of termination of the relevant Individual Scheme; and
 - 6.2.2 whether the Services Contract should give rights to third parties (and in particular if a Partner is not a party to the Services Contract to that Partner, the Partners shall consider whether or not the Partner that is not to be a party to the Services Contract should be afforded any rights to enforce any terms of the Services Contract under the Contracts (Rights of Third Parties) Act 1999.
- 6.2A If it is agreed by the Partners that the rights specified in Clause 6.2.2 should be afforded to the Partner who is not a party to the Services Contract then the Partner entering the Services Contract shall ensure as far as is reasonably possible that such rights that have been agreed are included in the Services Contract and the Partners shall establish how liability under the Services Contract shall be apportioned in the event of termination of the relevant Individual Scheme.)
- 6.3 The Partner or Partners acting as commissioner(s) of the relevant Service shall be responsible for ensuring the making of payments to the Provider under the relevant Services Contract. Both Partners will work together to ensure that the commissioning Partner(s) is/are able to comply with the obligations held by them under Services Contracts with Providers. Where Integrated Commissioning Arrangements are put in place, the Partners will agree which Partner(s) shall make payments to the relevant Provider(s).
- 6.4 Both Partners shall work in cooperation and endeavor to ensure that the relevant Services as set out in each Scheme Specification are commissioned within each Partner's Financial Contribution in respect of that Individual Scheme in each Financial Year.
- 6.5 The Partners shall comply with the arrangements in respect of the Joint (Aligned) / Co-commissioning as set out in the relevant Scheme Specification.

- 6.6 Each Partner shall keep the other Partners and the Joint Commissioning Board regularly informed of the effectiveness of the arrangements including the Better Care Fund and any Overspend or Underspend in a Pooled Fund or Non Pooled/Aligned Fund.
- 6.7 The Joint Commissioning Board will report back to the Health and Wellbeing Board as required by its Terms of Reference.

Appointment of a Lead Commissioner

- 6.8 Where there are Lead Commissioning Arrangements in respect of an Individual Scheme the Lead Commissioner shall:
 - 6.8.1 exercise the NHS Functions in conjunction with the Health Related Functions as identified in the relevant Scheme Specification;
 - 6.8.2 endeavor to ensure that the NHS Functions and the Health Related Functions are funded within the parameters of the Financial Contributions of each Partner in relation to each particular Service in each Financial Year;
 - 6.8.3 commission Services for individuals who meet the eligibility criteria set out in the relevant Scheme Specification;
 - 6.8.4 contract with Provider(s) for the provision of the Services on terms agreed with the other Partners;
 - 6.8.5 comply with all relevant legal duties and guidance of both Partners in relation to the Services being commissioned;
 - 6.8.6 where Services are commissioned using the NHS Standard Form Contract, perform the obligations of the “Commissioner” and “Co-ordinating Commissioner” with all due skill, care and attention and where Services are commissioned using any other form of contract to perform its obligations with all due skill and attention;
 - 6.8.7 undertake performance management and contract monitoring including any enforcement action required of all Service Contracts;
 - 6.8.8 make payment of all sums due to a Provider pursuant to the terms of any Services Contract.
 - 6.8.9 keep the other Partner and the Joint Commissioning Board regularly informed in writing of the effectiveness of the arrangements including the Better Care Fund and as soon as reasonably practicable after becoming aware of any projected Overspend or Underspend in a Pooled Fund or Non Pooled/Aligned Fund.
- 6.9 Detailed commissioning obligations where Lead Commissioning Arrangements apply are set out in Schedule 5.

7 ESTABLISHMENT OF A POOLED FUND

- 7.1 At the Commencement Date and in exercise of their respective powers under Section 75 of the 2006 Act, the Partners have agreed to establish and maintain the Pooled Funds that are described in Schedule 3 and to utilise those Pooled Funds in connection with the Individual Schemes in the manner set out in Part 1 of Schedule 1 and in the Scheme Specifications. For the avoidance of doubt, the Partners may agree variations to the Pooled Funds and may add additional Pooled Funds during the term of this Agreement which will be recorded using the variation template (Schedule 9). Each Pooled Fund shall be managed and maintained in accordance with the terms of this Agreement and Regulation 7 of the Regulations.
- 7.2 It is agreed that the monies held in a Pooled Fund may only be expended on the following “Permitted Expenditure”:
 - 7.2.1 the Contract Price;

- 7.2.2 the Permitted Budget where the Council is to be the Provider;
 - 7.2.3 Performance Payments;
 - 7.2.4 Third Party Costs; and
 - 7.2.5 Approved Expenditure.
- 7.3 The Partners may only depart from the definition of Permitted Expenditure to include or exclude other revenue expenditure with the express written agreement of each Partner and for the avoidance of doubt there is no obligation on either Partner to agree to any such expenditure not constituting Permitted Expenditure. Management overheads, accommodation costs and other administrative support costs shall not constitute Approved Expenditure unless otherwise agreed by the Partners in writing.
- 7.4 Monies held in the Pooled Fund may not be expended on Default Liabilities unless this is agreed by all Partners.
- 7.5 At the Commencement Date, the Partners have agreed to appoint the Council as Host Partner for the Pooled Funds. The Host Partner shall be the Partner responsible for:
- 7.5.1 Reporting on / holding all monies contributed to the Pooled Fund on behalf of itself and the other Partners;
 - 7.5.2 providing the financial administrative systems for the Pooled Fund;
 - 7.5.3 appointing the Pooled Fund Manager; and
 - 7.5.4 ensuring that the Pooled Fund Manager complies with its obligations under this Agreement as detailed in Clause 8
- 7.6 The minimum fund capital expenditure for the BCF which is constituted by the Disabled Facilities Grant will be included within the Scheme Specifications in so far as it is required to be allocated to a Pooled Fund, but will be devolved to the Council for administration. The Council will report to the Joint Commissioning Board, details of capital expenditure made from the Pooled Fund, including in respect Disabled Facilities Grant.

8 POOLED FUND MANAGEMENT

- 8.1 When introducing a Pooled Fund in respect of an Individual Scheme, the Partners shall agree:
- 8.1.1 which of the Partners shall act as Host Partner for the purposes of Regulations 7(4) and 7(5) and shall provide the financial administrative systems for the Pooled Fund; and
 - 8.1.2 which officer of the Host Partner shall act as the Pooled Fund Manager for the purposes of Regulation 7(4) of the Regulations.
- 8.2 The Pooled Fund Manager shall have the following duties and responsibilities:
- 8.2.1 To develop and implement an overarching Commissioning Project Plan for the BCF, to maximize Joint (Aligned)/Co commissioning and Integrated Commissioning opportunities allied to the Pooled Fund working in conjunction with the lead officers of each Partner organisation.
 - 8.2.2 To lead on the delivery of the joint procurement and management of the Residential and Nursing Care Home Market to ensure effectiveness and efficiency of such procurements across health and social care.
 - 8.2.3 To support the development of Joint (Aligned) Co-commissioning/Integrated Commissioning strategies for Learning Disability and Mental Health.
 - 8.2.4 To embed the governance structure set out in Schedules 1,4 and 6 of this Agreement within both organisations and to develop and deliver a work plan for the BCF for 2019/20.
 - 8.2.5 Oversee the performance management arrangements for the BCF.

- 8.2.6 To oversee the day to day operation and management of the Pooled Funds established pursuant to this Agreement
- 8.2.7 Reporting and ensuring action is taken to manage any projected Underspends or Overspends in accordance with this Agreement.
- 8.2.8 Preparing and submitting to the Joint Commissioning Board monthly summary reports, full Quarterly reports and an annual return regarding the income and expenditure from the Pooled Funds in accordance with the Partners instructions and in the format set out in Schedule 6. Such reports to include any other information as may be required by the Partners and the Joint Commissioning Board to monitor the effectiveness of the delivery of the Services and the operation of the Pooled Funds and to enable the Partners to complete their own financial accounts and returns. The Partners agree to provide all necessary information to the Pooled Fund Manager in time for the reporting requirements to be met including (without limitation) comply with any reporting requirements as may be required by relevant National Guidance;
- 8.2.9 To liaise with the Commissioning Lead for each Individual Scheme to ensure that Quarterly reports are submitted to the Health and Wellbeing Board.
- 8.3 In carrying out their responsibilities as provided under Clause 8.2 the Pooled Fund Manager shall have regard to the recommendations of the Joint Commissioning Board and National Guidance and shall be accountable to the Partners.
- 8.4 The Pooled Fund(s) will be managed and operated in accordance with the Finance Protocol set out in Part 1 of Schedule 1 and in accordance with the Management Arrangements set out in Schedule 6.
- 8.5 The Joint Commissioning Board may agree to the viring of financial contributions between Pooled Funds and Individual Schemes (subject to presentation and approval of a business case by the Partners), in so far as it is permitted to do so and not restricted by any ring fencing or specific conditions which apply to Financial Contributions under consideration for virement. For the avoidance of doubt any proposed virements must be compliant with the virement rules of the Partner organisations.
- 8.6 In the event that the Partners are unable to agree how the funds included in a Pooled Fund are to be allocated to the Individual Schemes, the dispute shall be resolved as follows:
 - 8.6.1 the dispute shall be referred to the Authorised Officers for resolution as between the Partners;
 - 8.6.2 either Authorised Officer may refer the dispute up to the Partners' respective Chief Executives /Chief Accountable Officers or their nominees who shall meet in good faith for the purpose of resolving the dispute;

If the Partners are unable to resolve the dispute, then each Partner agrees that the funds subject to the dispute shall not be spent and shall be returned to each of the Partners in the proportion that they contributed to the Pooled Fund.

9 NON POOLED/ALIGNED FUNDS

- 9.1 Any Financial Contributions agreed to be held within a Non Pooled/Aligned Fund will be notionally held in a fund established for the purpose of commissioning that Service as set out in the relevant Scheme Specification. For the avoidance of doubt, a Non Pooled/Aligned Fund does not constitute a pooled fund for the purposes of Regulation 7 of the Partnership Regulations.
- 9.2 When introducing a Non Pooled/Aligned Fund in respect of an Individual Scheme, the Partners shall agree:
 - 9.2.1 which Partner if any shall host the Non-Pooled Fund; and

9.2.2 how and when Financial Contributions shall be made to the Non-Pooled Fund.

9.3 The Host Partner will be responsible for establishing the financial and administrative support necessary to enable the effective and efficient management of the Non-Pooled Fund, meeting all required accounting and auditing obligations.

9.4 Both Partners shall ensure that in the event that any Services are commissioned using a Non Pooled /Aligned Fund these Non Pooled/Aligned Funds will be commissioned solely in accordance with the relevant Scheme Specification and following joint written agreement of both Partners and agreed through the Joint Commissioning Board.

9.5 Where there are Joint (Aligned) Co-Commissioning arrangements, both Partners shall work in cooperation and shall endeavour to ensure that:

9.5.1 the NHS Functions funded from a Non-Pooled/Aligned Fund are carried out within the CCG Financial Contribution to the Non- Pooled/Aligned Fund for the relevant Service in each Financial Year; and

9.5.2 the Health Related Functions funded from a Non-Pooled/Aligned Fund are carried out within the Council's Financial Contribution to the Non-Pooled/Aligned Fund for the relevant Service in each Financial Year.

10 FINANCIAL CONTRIBUTIONS

10.1 The Financial Contribution of the CCG and the Council to any Pooled Fund or Non-Pooled/Aligned Fund for the first Financial Year of operation shall be as set out in Schedule 1. ..

10.2 In subsequent Financial Years, the BCF Partnership Group shall commence discussions in September of each Financial Year in order to make recommendations which will be presented to the Joint Commissioning Board to enable it to agree the Financial Contributions to be made by each Partner to Individual Schemes in the following Financial Year. The Partners shall endeavor to reach agreement on such Financial Contributions via the Joint Commissioning Board by no later than 31st December in the relevant Financial Year in order to enable the Partners to include and reflect their financial commitments, budget adjustments and delivery plans for the Better Care Fund in their annual budget setting process for the following Financial Year.

10.3 The Financial Contributions from the Partners required for each Individual Scheme in each Financial Year will be assumed to be based upon the expenditure incurred by them in relation to those Individual Schemes during the previous Financial Year.

10.4 In the event that the Joint Commissioning Board is unable to agree the contributions to the Individual Schemes and the Pooled Funds in any Financial Year, the matter will be escalated to the Authorised Officers for resolution as between the Partners. If the Partners are unable to agree the Financial Contributions, the dispute resolution procedures in Clause 25 shall be applied.

10.5 The creation of the Better Care Fund Pooled Fund does not remove the statutory duties of the Council's Section 151 Officer and the CCG's Chief Financial Officer to retain accountability and responsibility for their organisation's use of financial resources, including those Financial Contributions made to the Pooled Fund. Apart from Pooled Funds where agreed, health and social care funding will be held by the relevant Partner organisation and may be managed in an aligned way between the Partners in order to facilitate joint approaches by them.

10.6 Financial Contributions will be paid as set out in Schedule 1 and each Scheme Specification.

10.7 With the exception of Clause 13, no provision of this Agreement shall preclude the Partners from making additional contributions of Non-Recurrent Payments to the Pooled Fund from time to time by mutual agreement. Any such additional contributions of Non-Recurrent Payments shall be explicitly recorded in Joint Commissioning Board minutes and recorded in the budget statement as a separate item.

10.8 Each Partner shall bear its own costs of the establishment of the Partnership Arrangements under this Agreement.

11 NON FINANCIAL CONTRIBUTIONS

- 11.1 Unless otherwise detailed in a Scheme Specification non-financial contributions which include, but are not necessarily limited to, staff (including the Pooled Fund Manager), premises, IT support and other non-financial resources necessary to perform a Partner's obligations pursuant to this Agreement (including, but not limited to, the management of Service contracts and the hosting of a Pooled Fund) will be funded by and remain in the ownership of the contributing Partner. .

12 RISK SHARE ARRANGEMENTS, OVERSPENDS AND UNDERSPENDS

Risk share arrangements

- 12.1 The Partners have agreed risk share arrangements as set out in Schedule 4 (Memorandum of Understanding Risk Share) which provides for financial, operational, reputational and quality risks arising in connection with the commissioning of Services from the Pooled Funds.

Overspends in Pooled Fund

- 12.2 Subject to Clause 12.3, the Host Partner for the relevant Pooled Fund shall manage expenditure from a Pooled Fund within the Financial Contributions and shall ensure that the expenditure is limited to Permitted Expenditure.
- 12.3 The Host Partner shall not be in breach of its obligations under this Agreement if an Overspend occurs PROVIDED THAT the only expenditure from a Pooled Fund has been in accordance with Permitted Expenditure and it has informed the Joint Commissioning Board in accordance with Clause 12.4.
- 12.4 In the event that the Pooled Fund Manager identifies an actual or projected Overspend the Pooled Fund Manager must ensure that the Joint Commissioning Board, the Section 151 Officer and Chief Financial Officer, are informed as soon as reasonably possible and the provisions of Part 1 of Schedule 1 "Financial Protocol" and Schedule 3 shall apply.

Overspends in Non Pooled/Aligned Funds

- 12.5 Where in Joint (aligned) / Co-commissioning Arrangements either Partner forecasts an Overspend in relation to a Partner's Financial Contribution to a Non-Pooled/Aligned Fund that Partner shall as soon as reasonably practicable inform the other Partner and the Joint Commissioning Board. The Lead Officers, listed in Schedule 2, shall also have responsibility for ensuring that any such predicted Overspends are notified to the Accountable Officer of the CCG and the Section 151 Officer for the Council as soon as they are identified in order that each Partner's governing bodies are informed of the position.
- 12.6 Where there is a Lead Commissioning Arrangement the Lead Commissioner is responsible for the management of the Non-Pooled / Aligned Fund. If the Lead Commissioner forecasts an Overspend in relation to a Non-Pooled / Aligned Fund, they shall as soon as reasonably practicable inform the other Partner and the Joint Commissioning Board.

Underspend

- 12.7 In the event that expenditure from any Pooled Fund or Non Pooled/Aligned Fund in any Financial Year is less than the aggregate value of the Financial Contributions made for that Financial Year the Partners shall agree, by means of proposals approved by the Joint Commissioning Board, in accordance with the Financial Governance arrangements at Schedule 1 and the Risk Share arrangements set out in Schedule 4, how the surplus monies shall be spent, carried forward and/or returned to the Partners. Such arrangements shall be subject to the Law and the Standing Orders and Standing Financial Instructions (or equivalent) of the Partners.

13 CAPITAL EXPENDITURE

- 13.1 Neither Pooled Funds nor Non Pooled/Aligned Funds shall normally be applied towards any one-off expenditure on goods and/or services, which will provide continuing benefit to a Partner and which would historically have been funded from the capital budgets of one of the Partners. If a need for

additional capital expenditure is identified this must be agreed by the Partners as being a capital cost in accordance with the generally accepted accounting principles of the Partners, and be subject to the same business case justification as for revenue proposals in accordance with the governance procedures set out in this Agreement.

- 13.2 The Partners agree that capital expenditure may be made from Pooled Funds where this is in accordance with National Guidance.

14 VAT

- 14.1 The Partners shall agree the treatment of the Pooled Fund for VAT purposes and the Host Partner shall ensure the treatment is in accordance with any relevant guidance from HM Customs and Excise.

- 14.2 The Partners shall agree that subject to clause 14.1 and where appropriate:

- i) In considering the VAT regime to be applied to the Pooled Fund they will seek to maximise the recovery of tax incurred; and
- ii) They will jointly endeavour to minimise the complexity of VAT and other taxation that applies to the Services or management of Financial Contributions under this Agreement.

15 AUDIT AND RIGHT OF ACCESS

- 15.1 All Partners shall promote a culture of probity and sound financial discipline and control. The Host Partner(s) shall arrange for the audit of the accounts of the relevant Pooled Fund(s) and make arrangements to certify an annual return of those accounts The Accounts and Audit Regulations 2014.

- 15.2 All internal and external auditors and all other persons authorised by the Partners will be given the right of access by them to any document, information or explanation they require from any employee, member of the Partner in order to carry out their duties. This right is not limited to financial information or accounting records and applies equally to premises or equipment used in connection with this Agreement. Access may be at any time without notice, provided there is good cause for access without notice.

- 15.3 The Partners shall comply with relevant NHS finance and accounting obligations as required by relevant Law and/or National Guidance.

16 LIABILITIES AND INSURANCE AND INDEMNITY

- 16.1 Subject to Clause 16.2, and 16.3, if a Partner ("Indemnified Partner") incurs a Loss arising out of or in connection with this Agreement or a Services Contract as a consequence of any act or omission of another Partner ("Indemnifying Partner") which constitutes negligence, fraud or a breach of contract in relation to this Agreement or a Services Contract then the Indemnifying Partner shall be liable to the Indemnified Partner for that Loss and shall indemnify the Indemnified Partner accordingly.

- 16.2 Clause 16.1 shall only apply to the extent that the acts or omissions of the Indemnifying Partner or its Representatives contributed to the relevant Loss. Furthermore, it shall not apply if such act or omission occurred as a consequence of the Indemnifying Partner acting in accordance with the instructions or requests of the Indemnified Partner or the Joint Commissioning Board.

- 16.3 If any third party makes a claim or intimates an intention to make a claim against either Partner, which may reasonably be considered as likely to give rise to liability under this Clause 16, the Indemnified Partner that may claim against the Indemnifying Partner will:

16.3.1 as soon as reasonably practicable give written notice of that matter to the Indemnifying Partner specifying in reasonable detail the nature of the relevant claim;

16.3.2 not make any admission of liability, agreement or compromise in relation to the relevant claim without the prior written consent of the Indemnifying Partner (such consent not to be unreasonably conditioned, withheld or delayed);

16.3.3 give the Indemnifying Partner and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents and records

within its power or control so as to enable the Indemnifying Partner and its professional advisers to examine such premises, assets, accounts, documents and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim.

16.4 Each Partner shall:

16.4.1 ensure that they maintain policies of insurance (or equivalent arrangements through schemes operated by the National Health Service Litigation Authority) in respect of all potential liabilities arising from this Agreement and in the event of Losses shall seek to recover such Loss through the relevant policy of insurance (or equivalent arrangement); and

16.4.2 where it is the commissioner of Services, use its reasonable endeavours to ensure that Service Contracts contain:

(a) appropriate insurance obligations which as a minimum require the relevant Service provider to obtain and maintain in force, for an appropriate period, policies of insurance which reflect the Service provider's risks under the Services Contract; and

(b) indemnities from the Service provider which provide appropriate protection for the Partner commissioning the Services Contract

16.5 Each Partner shall at all times take all reasonable steps to minimise and mitigate any Loss for which one party is entitled to bring a claim against the other pursuant to this Agreement.

Conduct of Claims

16.6 In respect of the indemnities given in this Clause 16:

16.6.1 the Indemnified Partner shall give written notice to the Indemnifying Partner as soon as is practicable of the details of any claim or proceedings brought or threatened against it in respect of which a claim will or may be made under the relevant indemnity;

16.6.2 the Indemnifying Partner shall at its own expense have the exclusive right to defend conduct and/or settle all claims and proceedings to the extent that such claims or proceedings may be covered by the relevant indemnity provided that where there is an impact upon the Indemnified Partner, the Indemnifying Partner shall consult with the Indemnified Partner about the conduct and/or settlement of such claims and proceedings and shall at all times keep the Indemnified Partner informed of all material matters;

16.6.3 the Indemnifying Partner and Indemnified Partner shall each give to the other all such cooperation as may reasonably be required in connection with any threatened or actual claim or proceedings which are or may be covered by the relevant indemnity.

17 STANDARDS OF CONDUCT AND SERVICE

17.1 The Partners will at all times comply with Law and ensure good corporate governance in respect of each Partner (including the Partners respective Standing Orders and Standing Financial Instructions).

17.2 The Council is subject to the duty of Best Value under the Local Government Act 1999. This Agreement and the operation of the Pooled Fund is therefore subject to the Council's obligations for Best Value and the other Partners will co-operate with all reasonable requests from the Council which the Council considers necessary in order to fulfil its Best Value obligations.

17.3 The CCG is subject to the CCG Statutory Duties and these incorporate a duty of clinical governance, which is a framework through which they are accountable for continuously improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This Agreement and the operation of the Pooled Funds are therefore subject to ensuring compliance with the CCG Statutory Duties and clinical governance obligations.

17.4 The Partners are committed to an approach to equality and equal opportunities as represented in

their respective policies. The Partners will maintain and develop these policies as applied to service provision, with the aim of developing a joint strategy for all elements of the service.

- 17.5 The Partners will make arrangements via the Joint Commissioning Board to ensure that all Service Users are safeguarded and their welfare is promoted in accordance with the respective Partners' legal obligations. The Partners will lead and support the organisation and development of the Herefordshire Safeguarding Children Board and the Herefordshire Safeguarding Adults Board. They will ensure services commissioned have clear safeguarding policies with policies/procedures agreed by the Herefordshire Safeguarding Children Board and the Herefordshire Safeguarding Adults Board.
- 17.6 Partners will ensure services commissioned adhere to safeguarding policies, and procedures which will be made clear in all Services Contracts. These will be monitored by the Joint Commissioning Board and action will be taken where breaches occur.
- 17.7 The Partners will endeavour to ensure when commissioning and/or providing the Services and where required by Law, that they have:
- 17.7.1 Clear priorities for early intervention, safeguarding and promoting the welfare of children, young people and vulnerable adults in their strategic plans.
- 17.7.2 A clear commitment by senior managers to the importance of early intervention, safeguarding and promoting children, young peoples and vulnerable adult's welfare and the need to work across organisations to be effective in safeguarding the public.
- 17.7.3 responsibilities to safeguarding and promoting the welfare of children, young people and adults are integral to each member of staff's work and are integrated into corporate plans.
- 17.7.4 A culture of listening to and engaging dialogue with children, young peoples and vulnerable adults seeking their views in ways appropriate to their age and competency and taking account of these in individual decisions and the establishment or development and improvement of services
- 17.7.5 Clear plans (whether corporate or for individual Service Users) which demonstrate that personalised care is central to all clinical or social interventions
- 17.7.6 Clear lines of accountability and governance across the organisation for the provision of services which take account of early intervention, safeguarding and promoting children, young peoples and vulnerable adult's welfare
- 17.7.7 Arrangements to work effectively across organisations including clear policies and protocols regarding sharing information to enable staff to safeguarding and promoting the welfare of children, young people and vulnerable adults
- 17.7.8 Clear policies to safeguard and promote the welfare of children, young people and vulnerable adults including effective complaints policies, whistle blowing policies and procedures for dealing with allegations against a member of Staff which members of Staff are made aware of.
- 17.7.9 clear care pathways and care plans for times of transitions for children/young people and adults who receive treatment both within and outside Herefordshire.
- 17.7.10 Arrangements to ensure all Staff receive the appropriate training (and refresher training) to equip them to carry out their responsibilities with regard to safeguarding effectively.
- 17.7.11 an effective complaints process in place and available to all Staff and Service Users.
- 17.7.12 a process for recording incidents, concerns and referrals in relation to children, young people and vulnerable adults and the actions that result from these

- 18.1 The Partners shall comply with the agreed policies for their respective organisations for identifying and managing conflicts of interest as set out in Schedule 8 through the Joint Commissioning Board. Any such conflicts of interest identified will be recorded and referenced in any decision report, and registered within the Partner organisations in accordance with each Partner's governance regulations.

19 GOVERNANCE

- 19.1 Overall strategic oversight of partnership working between the Partners is vested in the Health and Wellbeing Board, which for these purposes shall make recommendations to the Partners as to any action it considers necessary.
- 19.2 Governance and oversight in relation to the subject matter of this Agreement will be undertaken by the Joint Commissioning Board which is based on a joint working group structure. Each member of the Joint Commissioning Board shall be an officer of one of the Partners and will have individual delegated responsibility from the Partner employing them to make decisions which enable the Joint Commissioning Board to carry out its objects, roles, duties and functions as set out in this Clause 19 and Schedule 6.
- 19.3 This Agreement requires Partners to comply with best practice principles in relation to, including but not limited to, decision making, information access, data protection, accountability, transparency and openness.
- 19.4 The terms of reference of the Joint Commissioning Board shall be as set out in Schedule 6.
- 19.5 Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.
- 19.6 The Joint Commissioning Board following consultation with the Health and Wellbeing Board (where required) shall be responsible for the overall approval of the Individual Schemes, ensuring compliance with the Better Care Fund Plan and the strategic direction of the Better Care Fund and approval of new Individual Schemes.
- 19.7 Each Scheme Specification shall confirm the governance arrangements in respect of the Individual Scheme and how that Individual Scheme is reported to the Joint Commissioning Board and Health and Wellbeing Board.

20 REVIEW

- 20.1 The Partners shall produce a BCF Quarterly Report which shall be provided to the Health and Wellbeing Board in such form and setting out such information as required by National Guidance and any additional information required by the Health and Wellbeing Board or Joint Commissioning Board
- 20.2 Save where the Health and Wellbeing Board agree alternative arrangements (including alternative frequencies) the Partners shall undertake an annual review ("**Annual Review**") of the operation of this Agreement, any Pooled Fund and Non Pooled/Aligned Fund and the provision of the Services within three (3) Months of the end of each Financial Year. Subject to any variations to this process required by the Joint Commissioning Board, Annual Reviews shall be conducted in good faith and, where applicable, in accordance with the governance arrangements set out in Schedule 6.
- 20.3 The Partners shall within 20 Working Days of the Annual Review prepare a joint annual report documenting the matters referred to in Clause 20.2 and information as required by National Guidance. A copy of this report shall be provided to the Joint Commissioning Board and made available to the Health and Wellbeing Board..
- 20.4 In the event that the Partners fail to meet the requirements of the Better Care Fund Plan and NHS England the Partners shall provide full co-operation with NHS England to agree a recovery plan.

21 COMPLAINTS

- 21.1 Partners agree that they shall apply their own complaints procedures to complaints which they receive in respect of matters which are the subject of this Agreement, however they agree that they shall

consult with and assist one another where required in the management of such complaints including those arising from the provision of the Services or the commissioning thereof.

- 21.2 Complaints will be handled as follows:
- 21.2.1 where a complaint wholly relates to one or more of the Council's Health Related Functions it shall be dealt with in accordance with the statutory complaints procedure of the Council;
 - 21.2.2 where a complaint wholly relates to one or more of the CCG's NHS Functions, it shall be dealt with in accordance with the statutory complaints procedure of the CCG;
 - 21.2.3 in the event that one Partner receives a complaint about a Service provided by the other Partner through an Individual Scheme included within this Agreement it will raise this with the other Partner for resolution through the other Partner's complaints procedure until such time as a joint complaints system has been put in place;
 - 21.2.4 where a complaint relates partly to one or more of the Council's Health Related Functions and partly to one or more of the CCG's NHS Functions then a joint response will be made to the complaint by the Council and the CCG, in line with local joint protocol which shall be jointly developed by the Partners; and
 - 21.2.5 where a complaint cannot be handled in any way described above or relates to the operation of the arrangements made pursuant to this Agreement or the content of this Agreement, and then the Joint Commissioning Board will set up a complaints subgroup to examine the complaint and recommend remedies to the Partners.
 - 21.2.6 complaints received by the Partners in connection with this Agreement and the Services shall be reported to the Joint Commissioning Board.
- 21.3 The Partners shall each, and shall use their reasonable endeavours to ensure any Provider shall, fully comply with any investigation undertaken by any properly appointed Ombudsman ("the Ombudsman"), including providing access to Information and making staff available for interview.

22 HEALTHWATCH

- 22.1 The Partners shall co-operate with each other to enable each Partner to comply with its duties under Part 14 of the Local Government and Public Involvement in Health Act 2007 as amended ("2007 Act"). Such co-operation shall include, but shall not be limited to the following:
- i. allowing Healthwatch organisations to view and observe the carrying-on of activities on premises within the relevant Partners' control from which the Services are provided;
 - ii. assisting one another with responding to requests for information made by Healthwatch organisations and making requested information available;
 - iii. promoting and facilitating the involvement of Service Users, carers and members of the public in decision-making concerning the Partnership Arrangements as may be required by Healthwatch organisations; and .
 - iv. ensuring that contracts for Services require the relevant Service Provider to co-operate with Health Watch organisations as required.

23 SCRUTINY

- 23.1 The Partners shall co-operate fully with the Health and Social Care Overview and Scrutiny Committee and shall comply with any reasonable requests for information and reports which are requested by the Committee in fulfilment of their role.
- 23.2 The Partners acknowledge that the Partnership Arrangements and Services shall be monitored and reviewed by the Health and Wellbeing Board, as well as any properly authorised regulator.

- 23.3 The Partners will make senior officers available, where reasonably required and subject to reasonable notice having been received, to attend each other's committees and boards with responsibility for the development of policy and the scrutiny of commissioning decisions taken in relation to the Services.
- 23.4 The Partners will also supply monitoring information for consideration by such committees and boards, and will also comply with any other reasonable request for information from those committees and boards.
- 23.5 The Partners shall maintain and comply with their own separate whistleblowing policies in regard to this Agreement.

24 TERMINATION & DEFAULT

- 24.1 This Agreement may be terminated by any Partner giving not less than six 6 Months' notice in writing to terminate this Agreement provided that such termination shall not take effect prior to the termination or expiry of all Individual Schemes
- 24.2 Each Individual Scheme may be terminated in accordance with the terms set out in the relevant Scheme Specification provided that the Partners ensure that the Better Care Fund Requirements continue to be met.
- 24.3 If any Partner ("Relevant Partner") fails to meet any of its obligations under this Agreement, the other Partner may by notice require the Relevant Partner to take such reasonable action within a reasonable timescale as the other Partner may specify to rectify such failure. Should the Relevant Partner fail to rectify such failure within such reasonable timescale, the matter shall be dealt with in accordance with Clause 25.
- 24.4 Termination of this Agreement (whether by effluxion of time or otherwise) shall be without prejudice to the Partners' rights in respect of any antecedent breach and the provisions of Clauses 16.1.
- 24.5 In the event of termination of this Agreement, the Partners agree to cooperate to ensure an orderly wind down of their joint activities and to use their reasonable endeavors to minimise disruption to the health and social care which is provided to the Service Users.
- 24.6 Upon termination of this Agreement for any reason whatsoever the following shall apply:
 - 24.6.1 the Partners agree that they will work together and co-operate to ensure that the winding down and disaggregation of the integrated and joint activities to the separate responsibilities of the Partners is carried out smoothly and with as little disruption as possible to service users, employees, the Partners and third parties, so as to minimise costs and liabilities of each Partner in doing so;
 - 24.6.2 where either Partner has entered into a Service Contract which continues after the termination of this Agreement, both Partners shall continue to contribute to the Contract Price in accordance with the agreed contribution for that Service prior to termination and will enter into all appropriate legal documentation required in respect of this;
 - 24.6.3 the Lead Commissioner shall make reasonable endeavours to amend or terminate a Service Contract (which shall for the avoidance of doubt not include any act or omission that would place the Lead Commissioner in breach of the Service Contract) where the other Partner requests the same in writing provided that the Lead Commissioner shall not be required to make any payments to the Provider for such amendment or termination unless the Partners shall have agreed in advance who shall be responsible for any such payment;
 - 24.6.4 where a Service Contract held by a Lead Commissioner relates all or partially to services which relate to the other Partner's Functions then provided that the Service Contract allows the other Partner may request that the Lead Commissioner assigns the Service Contract in whole or part upon the same terms mutatis mutandis as the original contract.
 - 24.6.5 the Joint Commissioning Board shall continue to operate for the purposes of functions

associated with this Agreement for the remainder of any contracts and commitments relating to this Agreement; and

24.6.6 Termination of this Agreement shall have no effect on the liability of any rights or remedies of either Partner already accrued, prior to the date upon which such termination takes effect.

24.7 In the event of termination in relation to an Individual Scheme the provisions of Clause 24.6 shall apply mutatis mutandis in relation to the Individual Scheme (as though references as to this Agreement were to that Individual Scheme).

24.8 The duration and exit strategy in relation to any Individual Scheme will be noted within the Scheme Specification

25 DISPUTE RESOLUTION

25.1 In the event of a dispute between the Partners arising out of this Agreement, either Partner may serve written notice of the dispute on the other Partner, setting out full details of the dispute.

25.2 The Authorised Officers of both Partners shall meet in good faith as soon as possible and in any event within seven (7) days of notice of the dispute being served pursuant to Clause 25.1, at a meeting convened for the purpose of resolving the dispute.

25.3 If the dispute remains after the meeting detailed in Clause 25.2 has taken place, the Partners' respective Chief Executives /Chief Accountable Officers or their nominees shall meet in good faith as soon as possible after the relevant meeting and in any event with fourteen (14) days of the date of the meeting, for the purpose of resolving the dispute.

25.4 If the dispute remains after the meeting detailed in Clause 25.3 has taken place, then the Partners will attempt to settle such dispute by mediation in accordance with the CEDR Model Mediation Procedure or any other model mediation procedure as agreed by the Partners. To initiate a mediation, either Partner may give notice in writing (a "**Mediation Notice**") to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the Partners asking them to nominate a mediator. The mediation shall commence within twenty (20) Working Days of the Mediation Notice being served. Neither Partner will terminate such mediation until each of them has made its opening presentation and the mediator has met each of them separately for at least one (1) hour. Thereafter, paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the Partners). The Partners will co-operate with any person appointed as mediator, providing him with such information and other assistance as he shall require and will pay his costs as he shall determine or in the absence of such determination such costs will be shared equally.

25.5 Nothing in the procedure set out in this Clause 25 shall in any way affect either Partner's right to terminate this Agreement in accordance with any of its terms or take immediate legal action.

26 FORCE MAJEURE

26.1 Neither Partner shall be entitled to bring a claim for a breach of obligations under this Agreement by the other Partner or incur any liability to the other Partner for any losses or damages incurred by that Partner to the extent that a Force Majeure Event occurs and it is prevented from carrying out its obligations by that Force Majeure Event.

26.2 On the occurrence of a Force Majeure Event, the Affected Partner shall notify the other Partner as soon as practicable. Such notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the Affected Partner and any action proposed to mitigate its effect.

26.3 As soon as practicable, following notification as detailed in Clause 26.2, the Partners shall consult with each other in good faith and use all best endeavours to agree appropriate terms to mitigate the effects of the Force Majeure Event and, subject to Clause 26.4, facilitate the continued performance of the Agreement.

- 26.4 If the Force Majeure Event continues for a period of more than sixty (60) days, either Partner shall have the right to terminate the Agreement by giving fourteen (14) days written notice of termination to the other Partner. For the avoidance of doubt, no compensation shall be payable by either Partner as a direct consequence of this Agreement being terminated in accordance with this Clause.

27 CONFIDENTIALITY

- 27.1 In respect of any Confidential Information a Partner receives from another Partner (the "**Discloser**") and subject always to the remainder of this Clause 27, each Partner (the "**Recipient**") undertakes to keep secret and strictly confidential and shall not disclose any such Confidential Information to any third party, without the Discloser's prior written consent provided that:
- 27.1.1 the Recipient shall not be prevented from using any general knowledge, experience or skills which were in its possession prior to the Commencement Date; and
 - 27.1.2 the provisions of this Clause 27 shall not apply to any Confidential Information which:
 - (a) is in or enters the public domain other than by breach of the Agreement or other act or omission of the Recipient; or
 - (b) is obtained by a third party who is lawfully authorised to disclose such information.
- 27.2 Nothing in this Clause 27 shall prevent the Recipient from disclosing Confidential Information where it is required to do so in fulfilment of statutory obligations or by judicial, administrative, governmental or regulatory process in connection with any action, suit, proceedings or claim or otherwise by applicable Law.
- 27.3 Each Partner:
- 27.3.1 may only disclose Confidential Information to its employees and professional advisors to the extent strictly necessary for such employees to carry out their duties under the Agreement; and
 - 27.3.2 will ensure that, where Confidential Information is disclosed in accordance with Clause 27.3.1, the recipient(s) of that information is made subject to a duty of confidentiality equivalent to that contained in this Clause 27;
 - 27.3.3 shall not use Confidential Information other than strictly for the performance of its obligations under this Agreement.

28 FREEDOM OF INFORMATION AND ENVIRONMENTAL INFORMATION REGULATIONS

- 28.1 The Partners agree that they will each cooperate with each other to enable any Partner receiving a request for information under the 2000 Act or the 2004 Regulations to respond to a request promptly and within the statutory timescales. This cooperation shall include but not be limited to finding, retrieving and supplying information held, directing requests to other Partners as appropriate and responding to any requests by the Partner receiving a request for comments or other assistance.
- 28.2 Any and all agreements between the Partners as to confidentiality shall be subject to their duties under the 2000 Act and 2004 Regulations. No Partner shall be in breach of Clause 27 if it makes disclosures of information in accordance with the 2000 Act and/or 2004 Regulations.

29 OMBUDSMEN

- 29.1 The Partners will co-operate with any investigation undertaken by the Health Service Commissioner for England or the Local Government Commissioner for England (or both of them) in connection with this Agreement.

30 INFORMATION SHARING (DATA PROTECTION ACT)

- 30.1 The Partners will follow the Information Governance Protocol set out in schedule 9, and in so doing will ensure that the operation of this Agreement complies with Law, in particular the Data Protection Legislation.

31 NOTICES

31.1 Any notice to be given under this Agreement shall either be delivered personally or sent by facsimile or sent by first class post or electronic mail. The address for service of each Partner shall be as set out in Clause 31.3 or such other address as each Partner may previously have notified to the other Partner in writing. A notice shall be deemed to have been served if:

31.1.1 personally delivered, at the time of delivery;

31.1.2 sent by facsimile, at the time of transmission;

31.1.3 posted, at the expiration of forty eight (48) hours after the envelope containing the same was delivered into the custody of the postal authorities; and

31.1.4 sent by electronic mail, at the time of transmission and a telephone call must be made to the recipient warning the recipient that an electronic mail message has been sent to him (as evidenced by a contemporaneous note of the Partner sending the notice) and a hard copy of such notice is also sent by first class recorded delivery post (airmail if overseas) on the same day as that on which the electronic mail is sent.

31.2 In proving such service, it shall be sufficient to prove that personal delivery was made, or that the envelope containing such notice was properly addressed and delivered into the custody of the postal authority as prepaid first class or airmail letter (as appropriate), or that the facsimile was transmitted on a tested line or that the correct transmission report was received from the facsimile machine sending the notice, or that the electronic mail was properly addressed and no message was received informing the sender that it had not been received by the recipient (as the case may be).

31.3 The address for service of notices as referred to in Clause 31.1 shall be as follows unless otherwise notified to the other Partner in writing:

31.3.1 if to the Council, addressed to the Director for Adults and Wellbeing

Tel: 01432 260339

Email: awbcommissioning@herefordshire.gov.uk

and

31.3.2 if to the CCG, addressed to The Accountable Officer; Tel:

01432 383308

Email: enquiries@herefordshireccg.nhs.uk

32 VARIATION

32.1 No variations to this Agreement will be valid unless they have been agreed in accordance with the governance process of each Partners' constitution and are then recorded in writing and signed for and on behalf of each of the Partners. A variation template is set out in Schedule 10, and having followed any required governance process of each Partner's Constitution.

33 CHANGE IN LAW

33.1 The Partners shall ascertain, observe, perform and comply with all relevant Laws, and shall do and execute or cause to be done and executed all acts required to be done under or by virtue of any Laws.

33.2 On the occurrence of any Change in Law, the Partners shall agree in good faith any amendment required to this Agreement as a result of the Change in Law subject to the Partners using all reasonable endeavours to mitigate the adverse effects of such Change in Law and taking all reasonable steps to minimise any increase in costs arising from such Change in Law.

33.3 In the event of failure by the Partners to agree the relevant amendments to the Agreement (as appropriate), the Clause 25 (Dispute Resolution) shall apply.

34 WAIVER

34.1 No failure or delay by any Partner to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same or of some other right to remedy.

35 SEVERANCE

35.1 If any provision of this Agreement, not being of a fundamental nature, shall be held to be illegal or unenforceable, the enforceability of the remainder of this Agreement shall not thereby be affected.

36 ASSIGNMENT AND SUB CONTRACTING

36.1 The Partners shall not sub contract, assign or transfer the whole or any part of this Agreement, without the prior written consent of the other Partners, which shall not be unreasonably withheld or delayed. This shall not apply to any assignment to a statutory successor of all or part of a Partner's statutory functions.

37 EXCLUSION OF PARTNERSHIP AND AGENCY

37.1 Nothing in this Agreement shall create or be deemed to create a partnership under the Partnership Act 1890 or the Limited Partnership Act 1907, a joint venture or the relationship of employer and employee between the Partners or render either Partner directly liable to any third party for the debts, liabilities or obligations of the other.

37.2 Except as expressly provided otherwise in this Agreement or where the context or any statutory provision otherwise necessarily requires, neither Partner will have authority to, or hold itself out as having authority to:

37.2.1 act as an agent of the other;

37.2.2 make any representations or give any warranties to third parties on behalf of or in respect of the other; or

37.2.3 bind the other in any way.

38 THIRD PARTY RIGHTS

38.1 Unless the right of enforcement is expressly provided, no third party shall have the right to pursue any right under this Contract pursuant to the Contracts (Rights of Third Parties) Act 1999 or otherwise.

39 ENTIRE AGREEMENT

39.1 The terms herein contained together with the contents of the Schedules constitute the complete agreement between the Partners with respect to the subject matter hereof and supersede all previous communications representations understandings and agreement and any representation promise or condition not incorporated herein shall not be binding on any Partner.

39.2 No agreement or understanding varying or extending or pursuant to any of the terms or provisions hereof shall be binding upon any Partner unless in writing and signed by a duly authorised officer or representative of the parties.

40 COUNTERPARTS

40.1 This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Partners shall constitute a full original of this Agreement for all purposes.

41 GOVERNING LAW AND JURISDICTION

41.1 This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales.

41.2 Subject to Clause 25 (Dispute Resolution), the Partners irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute or claim, which may arise out of, or in connection with, this Agreement, its subject matter or formation (including non-contractual disputes or claims).

42 PUBLICITY

42.1 The Partners shall consult one another before making any press announcements concerning the Services or the discharge of either Partner's functions under this Agreement.

43 FAIR DEALINGS

43.1 The Partners recognise that it is impracticable to make provision for every contingency which may arise during the life of this Agreement and they declare it to be their intention to carry out their obligations pursuant to this Agreement in good faith and where possible, without detriment to the interests of either of them. If in the course of the performance of this Agreement, unfairness to either Partner does or may arise then the other Partner shall use its reasonable endeavours, where practicable, to agree upon such action as may be necessary to remove or reduce the cause or causes of such unfairness.

44 INTERNAL APPROVALS

44.1 This Agreement will be ratified on behalf of the CCG by the CCG's Governing Body and on behalf of the Council by Cabinet in accordance with the constitution, standing orders and schemes of delegation in the Partner organisations.

45 RISK AND BENEFIT SHARE ARRANGEMENTS

45.1 The risk share arrangements which apply to the Financial Contributions are detailed in the memorandum of understanding / risk share agreement set out in Schedule 4.

46 REGULATORY REQUIREMENTS

46.1 In the event that there are any specific regulatory requirements in relation to any Individual Scheme these will be noted within the Scheme Specification.

IN WITNESS WHEREOF this Agreement has been executed by the Partners on the date of this Agreement

Signed for on behalf of **THE COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL**

PRINT NAME:.....

JOB TITLE:.....

DATE:.....

Signed for on behalf of **HEREFORDSHIRE CLINICAL COMMISSIONING GROUP**

PRINT NAME:.....

JOB TITLE:.....

DATE:.....

SCHEDULES

- SCHEDULE 1 FINANCIAL CONTRIBUTIONS AND FINANCIAL GOVERNANCE**
- SCHEDULE 2 NON-FINANCIAL RESOURCES**
- SCHEDULE 3 SCHEME TEMPLATE AND SCHEDULES**
- SCHEDULE 4 RISK SHARE**
- SCHEDULE 5 JOINT WORKING OBLIGATIONS**
- SCHEDULE 6 PERFORMANCE ARRANGEMENTS**
- SCHEDULE 7 BETTER CARE FUND PLAN 2019/20**
- SCHEDULE 8 POLICY FOR THE MANAGEMENT OF CONFLICTS OF INTEREST**
- SCHEDULE 9 INFORMATION GOVERNANCE PROTOCOL**
- SCHEDULE 10 VARIATION TEMPLATE**

DRAFT



Meeting:	Cabinet
Meeting date:	Wednesday 27 November 2019
Title of report:	Herefordshire and Worcestershire Living Well with Dementia Strategy
Report by:	Cabinet member health and adult wellbeing

Classification

Open

Decision type

Non-key

Wards affected

(All Wards);

Purpose and summary

To approve and support the contents of the Herefordshire and Worcestershire Living Well with Dementia Strategy (HWLWD) and approve the high level actions set out for 2019-2024.

Over the last five years the delivery of dementia care in Herefordshire and Worcestershire has evolved into a multi-agency approach with each county having separate strategies.

As strong as our foundations are, we know that we have more to do to ensure we provide timely diagnosis and that people with dementia and their carers get the right support whatever their individual circumstances.

We must continue to strive towards becoming more dementia friendly as a wider community. Our ambition is to ensure that people at whatever stage of their condition are given the best opportunity to live well, remain active, feel valued and connected within their family and community.

The 2019-2024 strategy sets out a shared vision for a collaborative approach across both counties It will build upon the successes of our local dementia partnerships delivered by a wide range of local stakeholders who are key to supporting people living with dementia, their family, friends and communities.

Recommendation(s)

THAT: Cabinet review and approve the Herefordshire and Worcestershire Living Well with Dementia Strategy 2019-2024 (at appendix 1) the content and recommendations of which were supported by the Health and Wellbeing Board on 14 October 2019.

Alternative options

1. There are no alternative options, this is an STP pledge to work together to improve the health and wellbeing of people affected by dementia and is a shared priority health outcome area for both counties. The STP partners are committed to working together to achieve the strategy aims and encourage colleagues to join us in meeting this challenge by understanding our strategy and working with us to deliver it over the next five years.

Key considerations

STP

2. This is the first STP footprint strategy which is underpinned by the NHS England Well Pathway for Dementia Model and endorses continuation of the collaborative approach that exists in our counties to build dementia friendly communities. By both, continuing to work on improving dementia care from diagnosis to end of life, while at the same time developing more dementia aware and supportive communities, we aim to improve the lives of people with dementia and their carers.
3. A fundamental challenge is to address local stigma and negative image of dementia which is creating fear and a sense of hopelessness within our aging population
4. A new element of the strategy is a focus on preventing well. Opportunities will be created to raise public awareness of the link between vascular health and dementia risk and how adopting a healthy lifestyle can also have a positive impact on the brain helping to prevent some types of dementia.
5. The strategy reflects key messages we have heard from people affected by dementia via engagement events and surveys undertaken by the STP and partners such as Healthwatch.
6. The scale of the challenge is significant with an estimated 12,456 people currently living with dementia in Herefordshire and Worcestershire including more than 592 people with young onset dementia. We must respond to the growing number of people who are developing dementia later in life whilst still needing to work and many of whom often have another significant chronic condition.

Community impact

7. Dementia is a priority public health area identified by Herefordshire and Worcestershire Health and Wellbeing Boards. The joint dementia strategy sets out a clear vision and commitment to take action on the key areas to be addressed to embed the Well Model across communities in both counties

8. The strategy has a key deliverable of improving the Herefordshire current rate of diagnosis (58%) to the nationally targeted rate of (67%)

Equality duty

9. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows: A public authority must, in the exercise of its functions, have due regard to the need to -
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
10. The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.
11. An Equality Relevance Screening has previously been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.
12. The CCGs undertook EIA QIA as part of the response to an NHS England review which identified the need for development of joint strategy and establishing partnership group. It was identified that a joint EIA /QIA would be more helpful to be undertaken as part of dementia strategy implementation process.
13. In the strategy PREVENTING WELL action 2.3 commits that a joint EIA and QIA will be undertaken by CCG and council partners to support the strategy implementation
14. The dementia strategy supports all communities across the two counties helping to reduce inequalities and reach and support the most vulnerable within our society. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity race, religion or belief, sex and sexual orientation.

Resource implications

15. There are no specific resource implications to the recommendations outside of business as usual and all actions associated with the strategy will be resourced from existing budgets.

Legal implications

16. There are no specific legal implications at this stage but all stakeholders must clearly comply with all relevant statutory duties that are placed on them. Consideration should also be given to the report functions of the board and any implications/compliance with requirements arising in the NHS constitution.

Risk management

Further information on the subject of this report is available from
Paul Smith, Tel: 01432 261693, email: Paul.Smith@herefordshire.gov.uk

17. The risks associated with not approving and delivering the strategy are an increasing number of residents living with dementia without an early, formal diagnosis and without support networks or responses to enable them to live as full lives as possible within the two counties.

Consultees

18. This strategy has built upon local engagement work led by the Herefordshire and Worcestershire Dementia Partnership Boards, which has been further strengthened by partnership events and public surveys.
19. In terms of organisations, in addition to those that attend the local Dementia Partnership Board such as the Council/ CCG / Herefordshire Carers, the events had attendance from care homes, e.g. Stretton Nursing Home, domiciliary care agencies, e.g. Radfield / Sure, VCS, e.g. Age UK H&W, Onside, Healthwatch and NHS providers e.g. 2g, WVT.

Appendices

Appendix 1 – Herefordshire and Worcester Living Well with Dementia Strategy 2019-2024 v11

Background papers

None identified

Herefordshire and Worcestershire's Living Well with Dementia Strategy 2019-2024



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Produced by:

NHS Herefordshire Clinical Commissioning Group | NHS Redditch and Bromsgrove Clinical Commissioning Group | NHS South Worcestershire Clinical Commissioning Group | NHS Wyre Forest Clinical Commissioning Group in partnership with Herefordshire Council and Worcestershire County Council

1. Introduction

Early diagnosis and access to support for those living with dementia and their carers remains a priority for Herefordshire and Worcestershire. Our Strategy sets out the Herefordshire and Worcestershire ambition to support people to live well with dementia.

It reflects the national strategic direction outlined in The Prime Minister’s Challenge on Dementia which details ambitious reforms to be achieved by 2020.

The Strategy is informed by what people have told us about their experiences either as a person living with dementia or as a carer and is written for those people; specifically those with memory concerns, those with a dementia diagnosis, their families and carers, communities and organisations supporting them.



1. Introduction continued

Hereford and Worcestershire's Living Well with Dementia Strategy 2019-2024 has been developed in partnership with local health, social care and the voluntary and community sector. An important focus of our strategy is to move towards delivery of personalised and integrated care.

We have used the NHS England Well Pathway for Dementia to give us a framework that puts the individual and their carer at the centre of service development and implementation across health and social care. As a partnership, we are committed to minimising the impact of dementia whilst transforming dementia care and support within the communities of Herefordshire and Worcestershire, not only for the person with dementia but also for the individuals who support and care for someone with dementia.

We want the well-being and quality of life for every person with dementia to be uppermost in the minds of our health and social care professionals.

<https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>



2. What is dementia?

‘Dementia describes a set of symptoms that include loss of concentration and memory problems, mood and behaviour changes and problems with communicating and reasoning. These symptoms occur when the brain is damaged by certain diseases, such as Alzheimer’s disease, a series of small strokes or other neurological conditions such as Parkinson’s disease’ **‘Prime Minister’s Challenge on Dementia 2020’**

Prime Minister’s Challenge on Dementia 2020

Dementia is most common in people over the age of 65 but there are also a smaller cohort of people who develop ‘young onset’ or ‘working age’ dementia from as young as 35.

For most people the cause is unknown but there are some known causes or risk factors such as:

- Diseases and infections that affect the brain e.g. Alzheimer’s disease or meningitis
- Pressure on the brain e.g. brain tumour
- Lack of blood and oxygen supply to the brain e.g. stroke and head injuries
- Cardiovascular insufficiencies.

There is clear evidence that the earlier into the disease that dementia is diagnosed the better the outcomes for those with the illness and their informal carers, it will help with decision making and preparing the individual and their family for choices they will need to make in the future.



Links to further information about the different types of dementia are provided at the end.

3. Vision, guiding principles and aims

This strategy has been guided by principles developed by NHS England in their transformation framework. This 'Well Pathway for Dementia' is based on NICE guidelines, the Organisation for Economic Co-operation and Development framework for Dementia and the Dementia We-statements from The National Dementia Declaration.

Our vision is that in Herefordshire and Worcestershire people with dementia can live well through the following guiding principles:



Our new strategy focuses on people and patients so that every person with dementia, their carers and families have access to and receive compassionate care and support not only before diagnosis but after diagnosis and through to end of life.

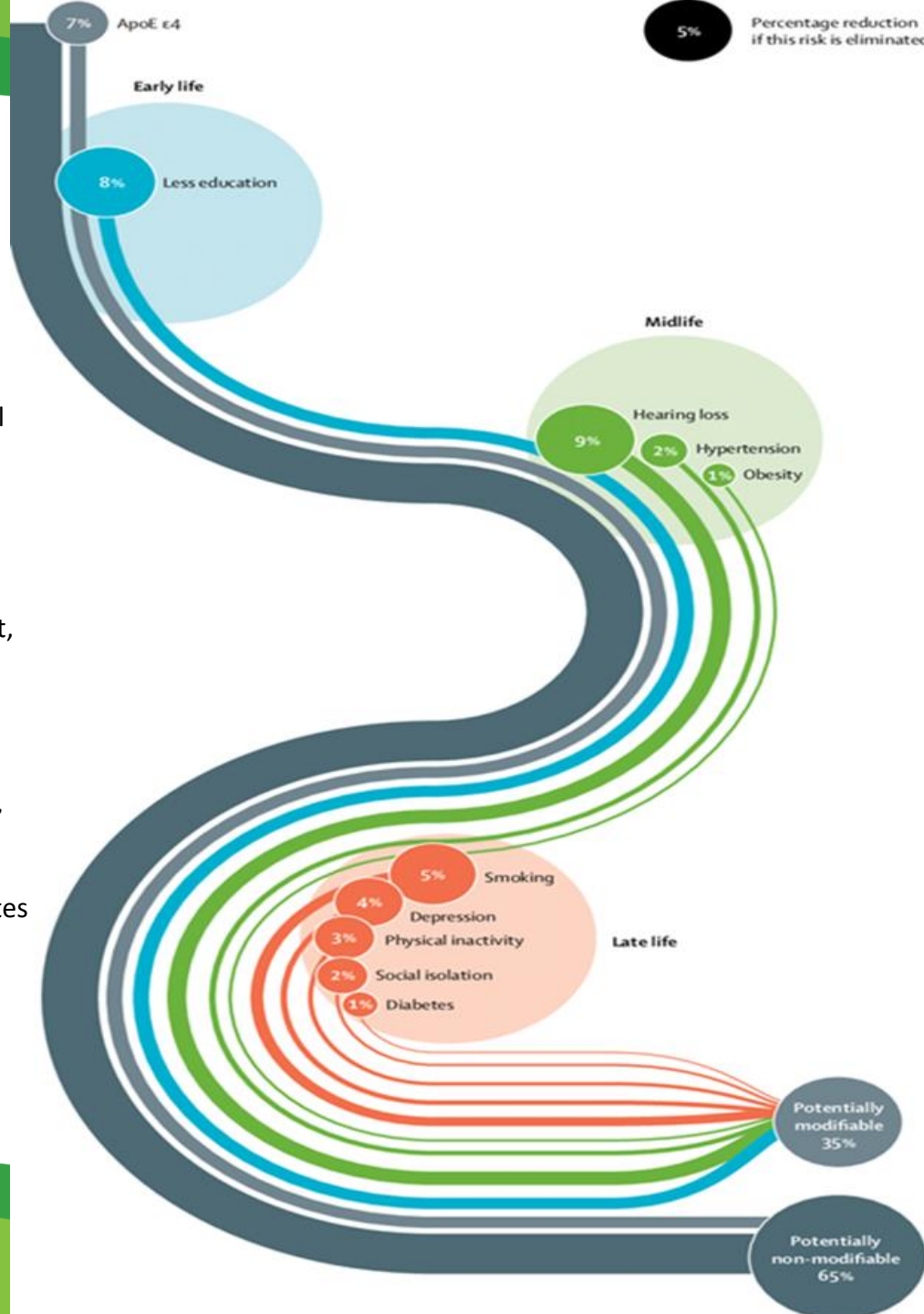
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3.1 Preventing Well: Risk Factors to Dementia

- Age is the biggest risk factor but lifestyle, from childhood through mid-life and later life, has a considerable impact.
- A major study¹ estimated 35% of cases of dementia are attributable to a combination of modifiable risk factors: education to age 11–12 years, midlife hypertension, midlife obesity, hearing loss, later-life depression, diabetes, physical inactivity, smoking and social isolation (see Figure). Other factors could also be important, and further add to the preventable fraction. Recent data² supports the impact of higher alcohol consumption (>14 units/week) in increasing dementia risk. Other risk factors have biological plausibility but not yet conclusive evidence, including visual impairment, depression, sleep, living close to major road (air pollution) and dietary factors.
- Incidence could therefore be decreased by reducing risk factors.^{1,3} Supporting increasing healthy behaviours (stop smoking, be more active, reduce their alcohol consumption, improve their diet), loss of weight/maintaining a healthy weight, maintaining social engagement and managing hypertension in middle age, hearing loss, depression, diabetes and obesity all have potential to delay and prevent onset of dementia.

¹ Livingston et al, Lancet 2017. ² Sabia et al, BMJ 2018. ³ NICE guideline NG16, 2015



4. National context and background

There are a number of national drivers that shape and influence the way the UK should address dementia as a condition

Prime Minister's Challenge on Dementia 2020

In February 2015, the Department of Health published a document detailing why dementia remains a priority and outlined the challenges the UK continues to face in relation to dementia.

The priorities identified within this are:

- 1) To improve health and care
- 2) To promote awareness and understanding
- 3) Research

Legislation

Care Act 2014

Equality Act 2010



Context

Living Well with Dementia
2009

Dementia 2015

NHS & Adult Social Care
Outcomes Frameworks and
NICE Guidelines

Fix Dementia Care 2016

National picture

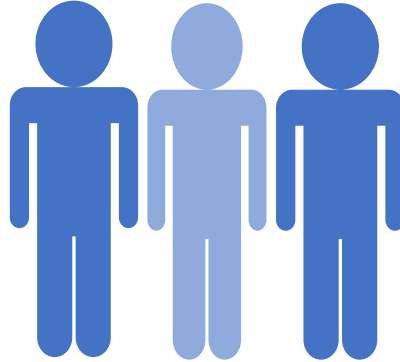
There are currently 850,000 people living with dementia in the UK. 42,325 of these have early onset dementia.

The number of people with dementia is forecast to increase to 1,142,677 by 2025 – an increase of 40%.

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1 in every 14 of the population over 65 years has dementia

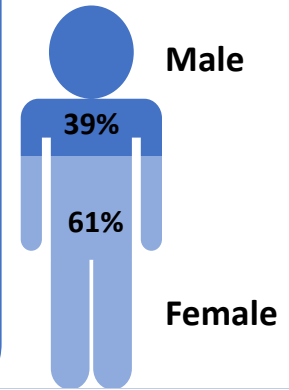
It is estimated that 700,000 (1 in 3) people in the UK will care for someone with dementia in their lifetime



1 in 3 people who die over the age of 65 years have dementia. Dementia now accounts for 11.6% of all recorded deaths in the UK.

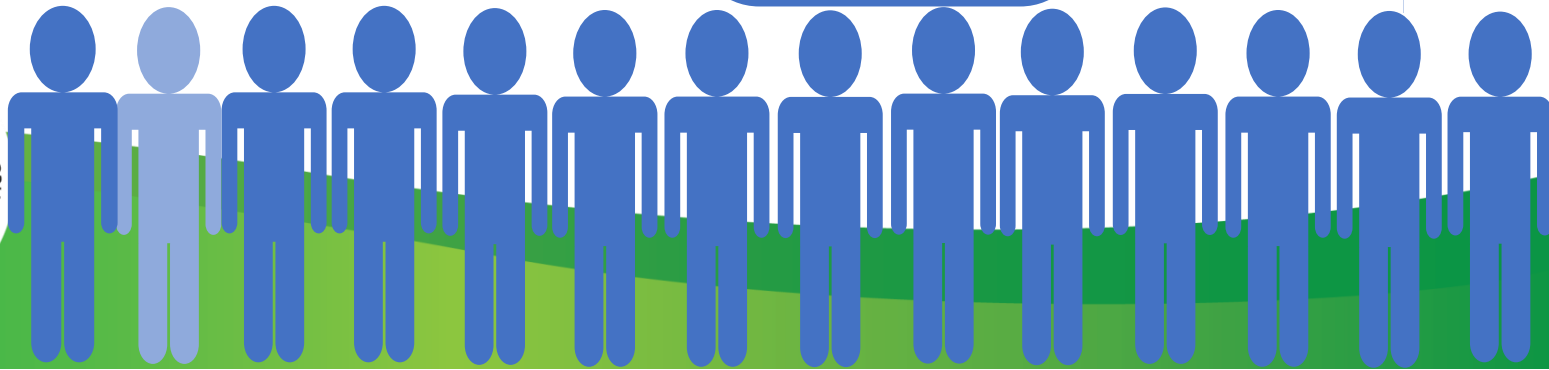
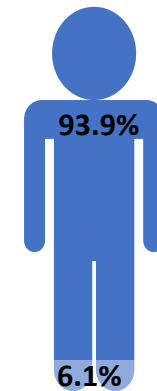
In the UK 61% of people with dementia are female and 39% are male. There are a higher proportion of women with dementia as women tend to live longer, however, this does reverse when considering the data for people with early-onset dementia.

Gender



It is estimated that there are 11,392 people from black and minority ethnic (BME) communities who have dementia in the UK. 6.1% of all those are early onset, compared with only 2.2% for the UK population as a whole, reflecting the younger age profile of BME communities.

Dementia and Ethnicity



Herefordshire and Worcestershire Living Well with Dementia Programme 2019-2024

National Outcomes

- 169
- PM's Dementia Challenge 2020 Visit**
 - Reducing Risk
 - Improved Health + Social Care
 - Awareness + Social Action
 - Research
 - NHSE Well Framework/Pathway**
 - Prevent well
 - Diagnose well
 - Support well
 - Live well
 - Dying well

H & W Outcomes

- Driving STP wide culture change** through raising awareness and understanding
- Early Dementia Diagnosis** and access to support
- Supporting people** affected by dementia ensuring they have choice and control in decisions affecting their care and support
- End of Life** Ensure person living with dementia dies with dignity and their families/carers experience compassionate support

Key Influencers

- Priorities:**
- Increase Dementia Diagnosis Rates (DDR)
 - Integrated Community Dementia Pathway via Neighbourhood/locality teams
 - Dementia Awareness & Support

- NHSE**
- Ambition DDR 67%
 - 6 week referral to treatment by 2020
 - Improved post diagnostic support
 - Reduced inequalities
 - Increased Advanced Care Plans (ACP)
 - Proactive case finding
 - NICE 2018

Dementia Strategy and Programme 2019–2024

- 5 Core outcomes:
- Prevent well
 - Diagnose Well
 - Supporting Well
 - Living Well
 - Dying Well

Supporting Initiatives

Increase DDR

- Pro-active case finding
- Improve coding in primary care (Data Quality Toolkit 2017)
- Harmonisation of GP register and specialist mental health
- DiADeM and DeAR GP Tools

Care Homes

- Collaborative approach to support Care Homes

Neighbourhood Locality Teams

- Place based approach
- Integrated community team

Communication and Engagement

- Shared vision and Campaigns

Education and Workforce Development

- Education Strategy to build dementia friendly practice across pathway delivery including Advanced Care Planning and End of Life care

DDR

- DDR Recovery Plan
- IST findings/action plan

Referral

- MAS pathway review to improve patient flow
- Steps to diagnosis
- Diagnosis of dementia (care homes)

Learning Disability (LD)

- Increase awareness & inclusion of LD in dementia services
- Align with LD strategy

Mild cognitive Impairment (MCI)

- Pathway in collaboration with WMSCN
- Pilot (locality)

Shared Care protocol to support medicines prescribing

Joint delivery plan across all partners

Workforce Development

Align with Frailty (ICOPE)

Dementia friendly Community

- Dementia Action Alliance
- Dementia Partnership
- Community resilience and capacity; Meeting Centre; Singing for The Brain, Dementia Cafés, Carers Support, Dementia Voices, young on-set
- Dementia Friends
- Dementia Connect and WISH
- IST Work Programme



5. Local context and background

The Sustainability and Transformation Partnership (STP) in H&W is a partnership committed to improving health and social care to enable us to plan and be responsive to the needs of the whole population. This includes a dementia work stream to deliver the Well Pathway for Dementia



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Local Dementia Delivery Plans reflect the key findings and recommendations of a dementia review undertaken by NHSE Intensive Support Team 2017
A further review was undertaken Oct 2018

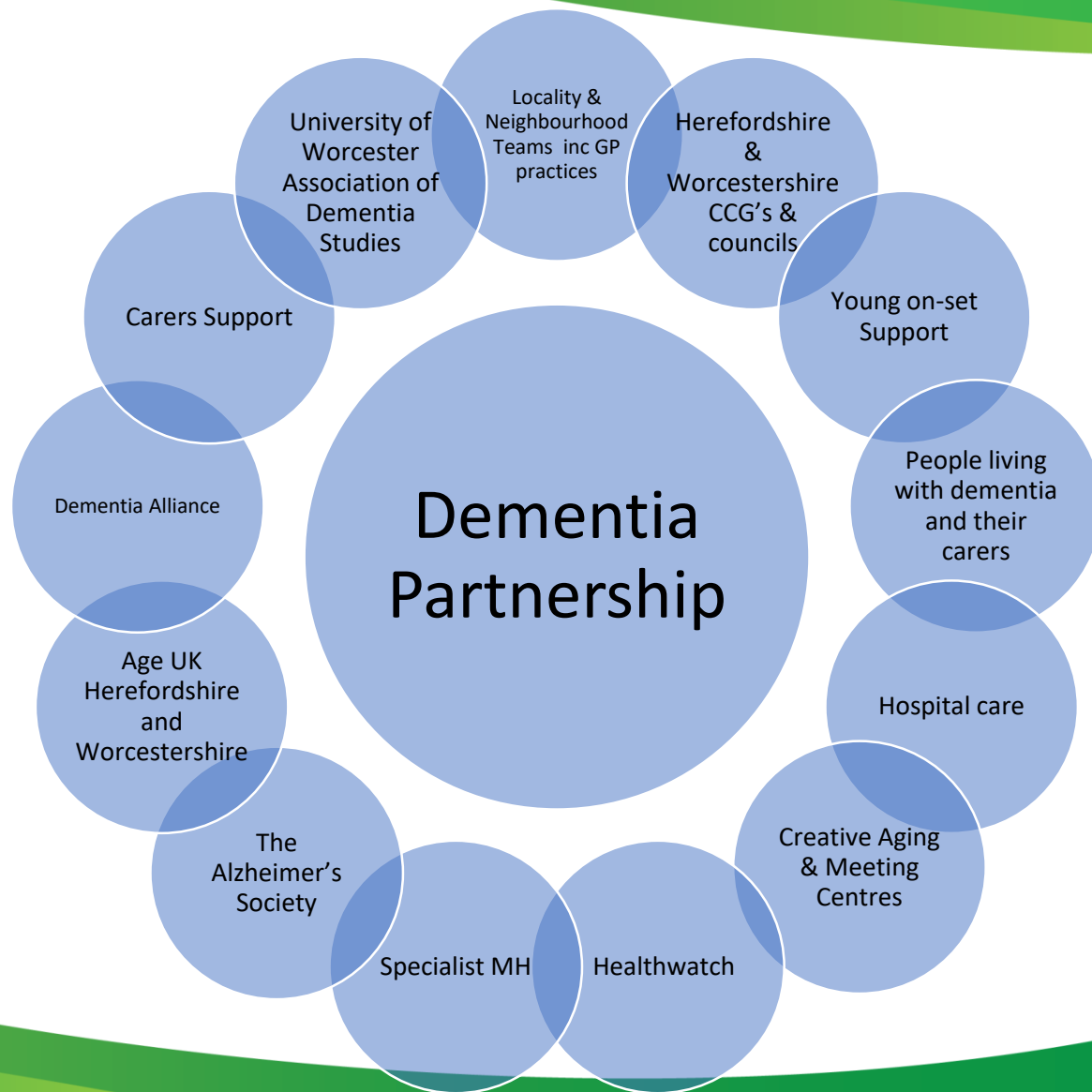


5. Local context and background

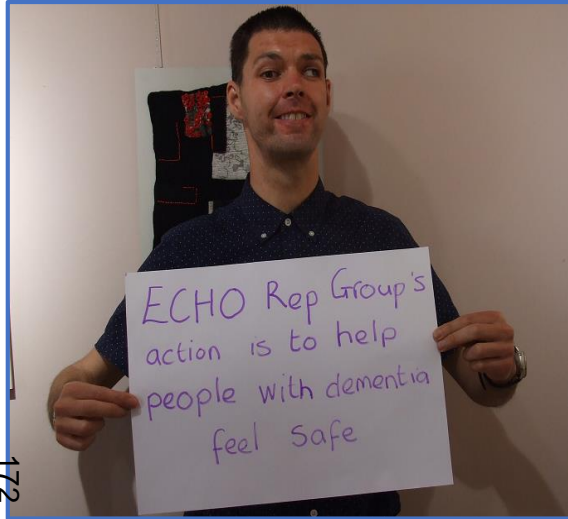
Each county has a Dementia Partnership Programme Board overseeing the development of a refreshed strategy and high-level delivery plan. The multi- agency partnership works to ensure that interdependencies are identified including but not limited to:

- Integrated locality Neighbourhood teams
- Carers Support
- Primary care
- Community and voluntary organisations
- Secondary Care
- Urgent and emergency care
- Planned care
- Mental health
- Prevention
- Medicines Management
- Learning disabilities
- End of life
- Continuing health care and personal budgets
- Information and support- WISH, ART

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5. Local context and background



“Having contact with the Dementia Adviser Service has helped me to continue to be part of my community by enabling me to participate in the Focus on Dementia Network” (a local service user).

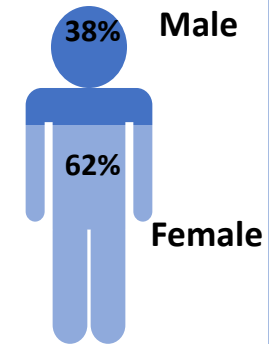


Local Picture

There are currently 12,456 people living with dementia across Herefordshire and Worcestershire (this number is set to increase to 18,669 by 2035).
592 of these people have early onset dementia.

Across H&W 62% of people with dementia are female and 38% are male. This reflects the national trend.

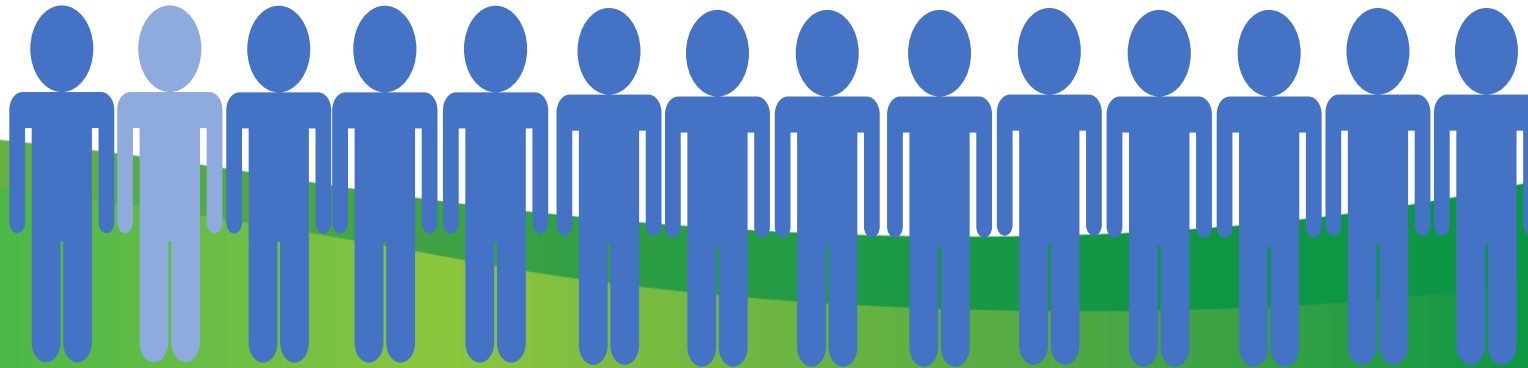
Gender



It is estimated that there are 84,985 carers across H&W.
For further information relating to carers, see the draft H&W Carers Strategy.

1 in every 15 of the population of H&W over 65 years has dementia, reflective of the national trend

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Local Picture

The dementia diagnosis indicator compares the number of people thought to have dementia with the number of people diagnosed with dementia. The target set by NHS England is for at least two thirds of people with dementia to be diagnosed (67%). The national prevalence of dementia is 1.3% of the entire UK population equating to approximately 850,000 individuals.

Local NHS Diagnosis Rates (people over 65 years)

Herefordshire

South Worcs CCG

Redditch & Bromsgrove CCG

Wyre Forest CCG

58.9%

56.4%

64.6%

58.9%

(Percentages represent the proportion of people living with dementia that have a formal diagnosis as of Aug 2019)

Herefordshire

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- Total Population 187,878
- 3116 individuals thought to be living with dementia
- 2966 of these are 65 years or over
- 150 individuals living with Young Onset Dementia
- The total population of people aged 65 years or over is 46,102 which equates to 6.43% of this cohort of the population living with dementia

Worcestershire

- Total Population 607,971
- 8,748 individuals thought to be living with dementia
- 8306 of these are 65 years or over
- 442 individuals living with Young Onset Dementia
- The total population of people aged 65 years or over is 127,811 which equates to 6.5% of this cohort of the population living with dementia



Local Picture - What people tell us

The well-being and quality of life for every person with dementia to be uppermost in the minds of all health and social care professionals



Local Picture

"Having support from a DA has reduced my anxiety and made me feel that I am not so dreadfully alone"

"memory clinic referral went smoothly along with appointment was an overview of what to expect .. experience was good, ongoing support excellent we have a remarkable CDN"

Person attending a Memory Morning Drop In
"It was a friendly setting where I was able to talk freely about my concerns without family members talking for me."

"Thank you so much for all the help you have given over the years. We would have been lost without you."



"As always your support and advice is very much appreciated. You are such a help for people like us as individuals, and for the community as a whole"

"People really like the meeting centre as it runs for a good amount of time. For one gentleman, it gave his wife (carer) a break and he wishes there was more things like it where he could go on other days of the week."

Family carer of person with LD
"There is a definite change where my learning disabled daughter lives. I observe the person who has learning disability and dementia now listening to music through headphones, and the environment is dementia friendly. The rugs and patterns are all gone; the carers have really embraced the learning. The impact on other people who have a learning disability who live there is that they are more relaxed. They have stopped telling her to be quiet."

Person with LD and dementia
"I do like the signs and I want to put my photo on my bedroom door."

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Local Picture

Don't forget that those with a diagnosis of dementia may have other health issues, pathways must accommodate this as risk of overshadowing can occur without proper integration

"We need more drops-ins". Lots of groups in the area but not enough coordination between them, for example, everything seems to happen at the same time/day.

You will need to train your workforce to attune to the needs of younger, physically fitter people being diagnosed with dementia. How will they wish to be supported by you? People will expect to stay active, working and engaged in their community

Support staff to develop knowledge skills and confidence in advanced care planning at an appropriate time for the person and their carer, and managing end of life when the time comes

We need to keep talking about dementia and all risk factors associated with it ...
Knowledge is Power

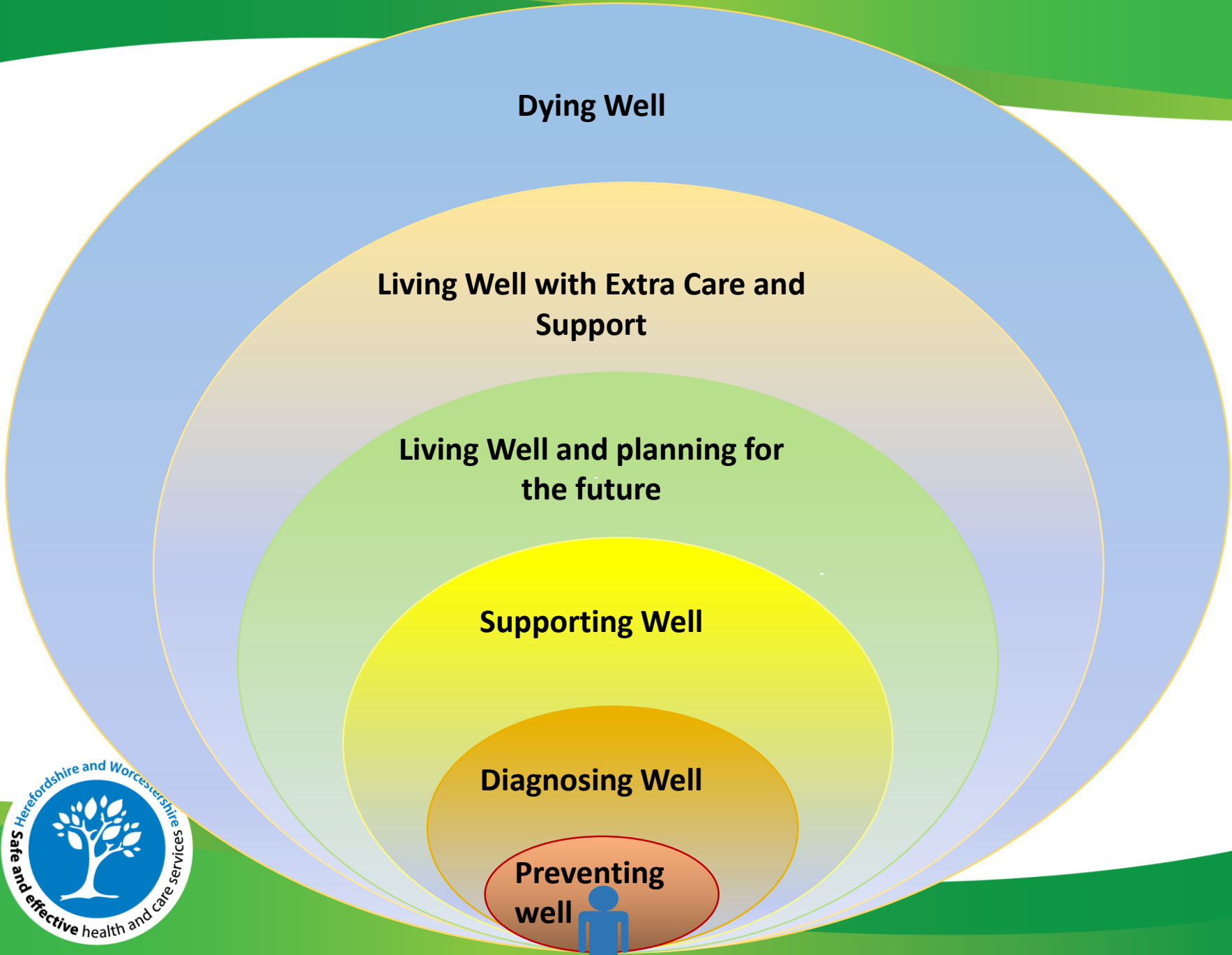


(Carer) "Professionals need to understand dementia can make people intolerant of waiting; noisy places but few have taken this on board"

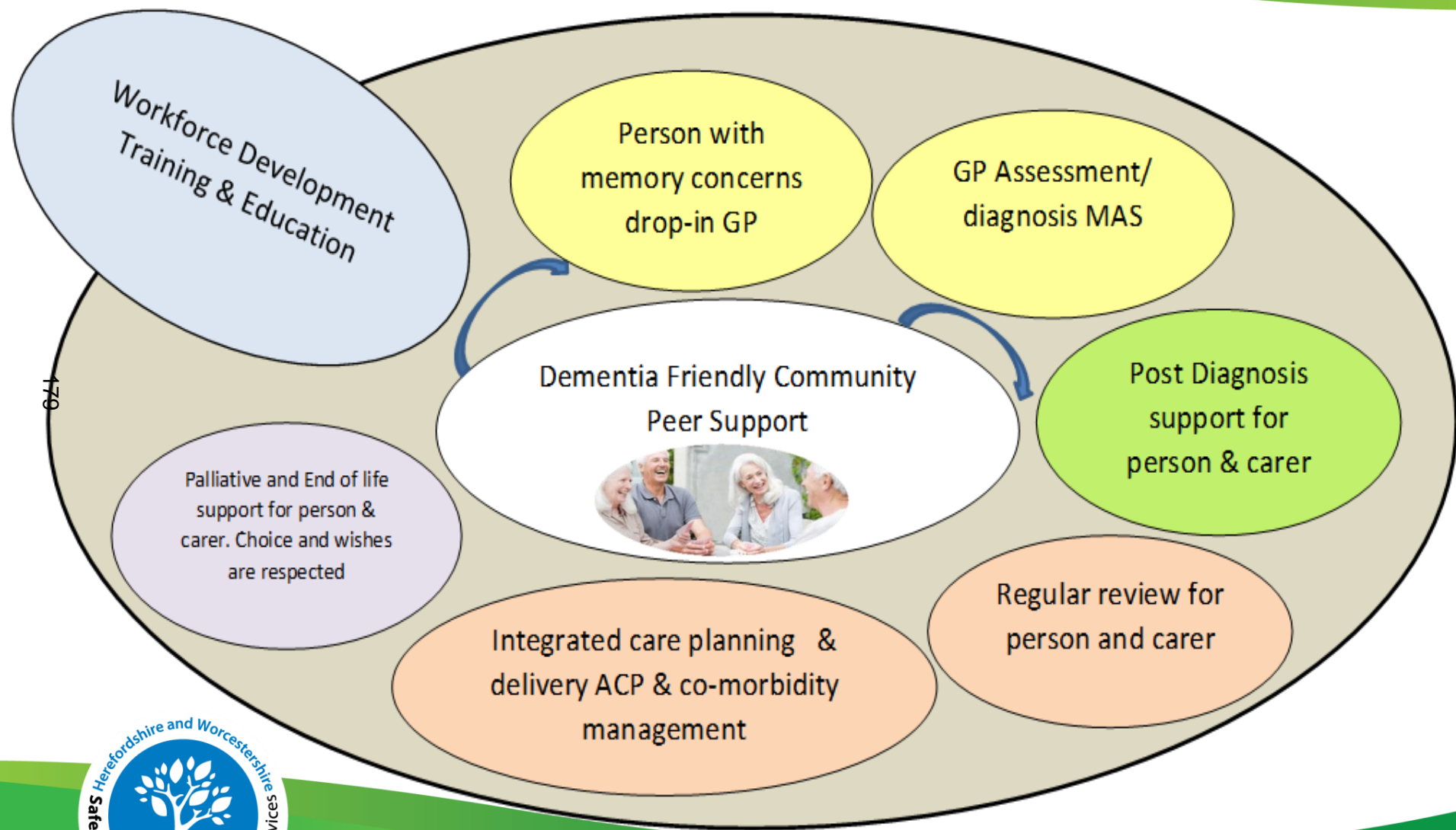
Dementia can be a very lonely place, encourage open discussion and easier access to help available so that people are not scared of diagnosis and feel confident to make the necessary adjustments to live well

Reach out to communities to address their negative attitudes towards living next door to someone with dementia & how they can support them – its not all about the staff/professionals. We all have a role to play in addressing stigma

"Hard to find affordable, short-term, ad hoc respite – mother is settled at home and it would be better if someone could come to the home even if it was just for a few hours." - Family member

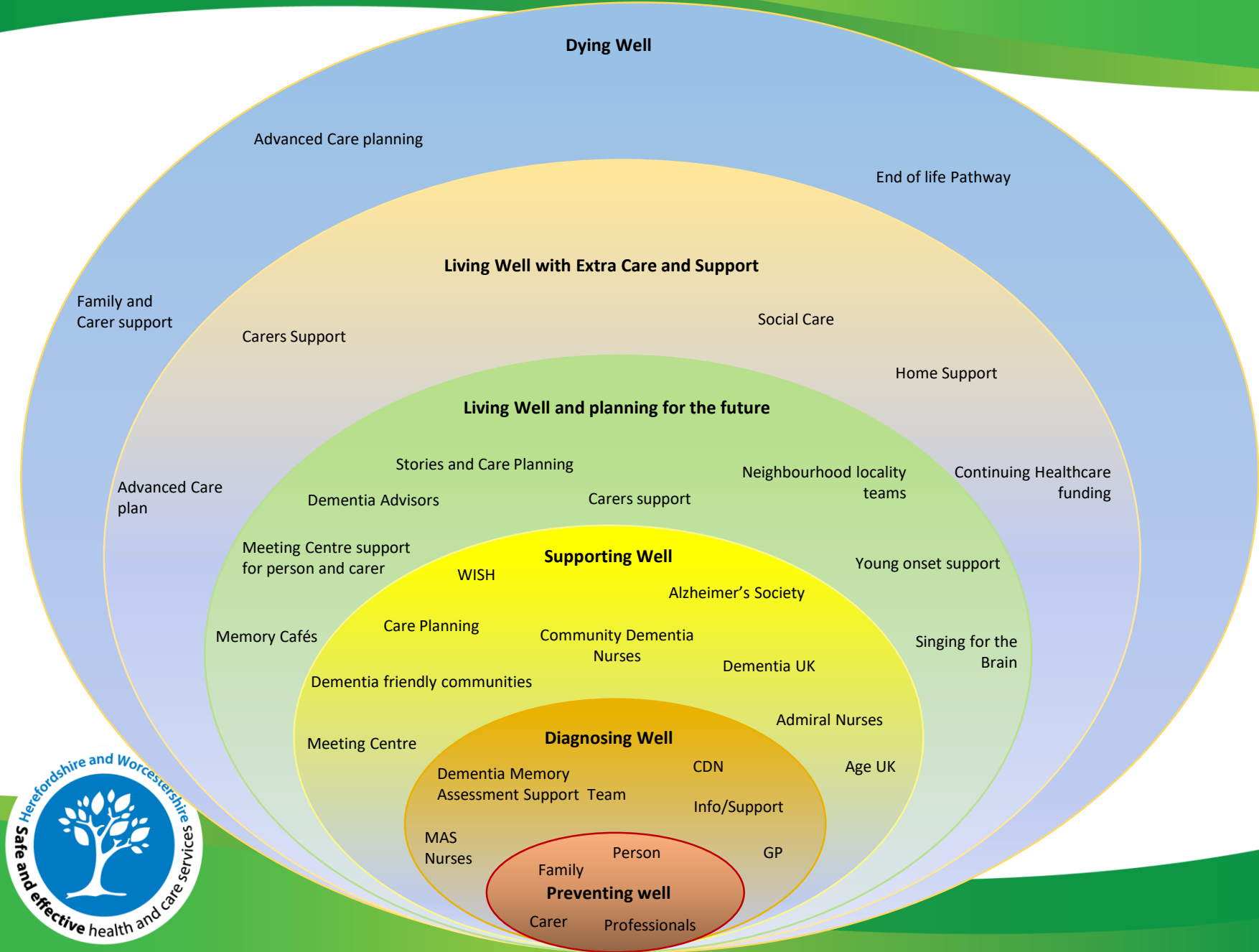


A persons journey living with dementia



Herefordshire's and Worcestershire's Vision For Dementia

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7. Achievements of the previous Worcestershire Strategy 2009-2016

GP's have been supported to understand and promote key preventative messages as well as developing health checks and a dementia focused GP toolkit.

The memory pathway is well embedded across the area with good connections from primary care, an award winning memory clinic, post diagnostic support services through the voluntary and community sector and adult social care.

There has been a modernisation of the older adult mental health services to ensure that key objectives are met and to ensure that specialist services can complement the more generic development of health and social care services across the county. A new community and hospital based Dementia Pathway has been developed with a single point of access for people with dementia, carers and professionals

Worcestershire has a fully integrated personalised approach to dementia support, including an Admiral Nurses who have specialist dementia nursing expertise

Models of Peer Support have been developed to increase access to services.

Engagement with people living with dementia and their carers has been undertaken across the area to understand their experiences of the health and social care system to inform future work

Awareness raising has been undertaken by the Voluntary and Community Sector in the form of pop up road shows, GP training.



7. Achievements of the previous Worcestershire Strategy 2009-2016

Carers are supported through specific services, including advice, information, training and respite

Worcestershire has many Dementia Action Alliances and a number of dementia friendly practices.

The Johns Campaign has been adopted by all hospital trusts in all hospital settings

The Dementia CQUIN for assessment has been embedded in all hospital settings

A bespoke group has been set up specifically for people with Young Onset Dementia for PWD carers their family and professionals to meet

A Dementia training programme for Care Homes, Domiciliary Care and the wider community has been completed.

8. Achievements of the previous Herefordshire Strategy

Herefordshire Dementia Integrated Care Pathway promotes a person centred approach and is well embedded across the county with effective team working across GP practices, Memory Assessment Service and community dementia support offering post diagnostic support in collaboration with voluntary and community sector and adult social care.

Herefordshire continues to strive towards the 67% national target in relation to diagnosis rates with appropriate referrals being made to memory assessment services, underpinned by a shared care agreement

A review of our strategic approach helping to facilitate effective participation and involvement across programme board; partnership and alliances to maximise impact and productivity

There has been extensive work to improve clinical coding (DQT), data reconciliation across stakeholders within the pathway helping to improve communication and information sharing and ensure people have access to and receive timely diagnosis, information and support.

Expert voice of people living with dementia raising awareness of Living Well with dementia contributing to society and changing perceptions.

Auditing public services and spaces suggesting improvements which have been implemented Old Market, Cathedral.
Working on GP audit tools; participating in service improvement audits; staff development days & Co-facilitating dementia friends sessions

Carers are supported through specific services, including advice, information, training and respite care. Carers attend cafes and Singing for the Brain along with the person who has dementia. Dementia Advisors support the partnership of carer and cared for.



8. Achievements of the previous Herefordshire Strategy

Significant Awareness raising has been undertaken via Dementia Partnership and Dementia Alliances and Dementia Friendly communities who work diligently to help build a dementia friendly Herefordshire. Herefordshire Dementia Action Alliance achieved Dementia Friendly Status in January 2017.

Meeting Centre at Leominster and Ross on Wye offering a membership model where carers and people with dementia are enabled to be actively involved and included in their community

Partnership working has enabled the roll out and buy in to Dementia Friends at strategic level with people living with dementia actively involved in the delivery. There are over 5,000 dementia friends across the county helping to promote awareness and support communities and businesses to take actions towards a dementia friendly Herefordshire. A number of GP practices are already working to become dementia friendly practices

A partnership commitment to building awareness has led to a county wide communication network approach which continues to promote events; news; opportunities and strengthening links between WISH and Alzheimer's Society Dementia Information and Support web pages

Listening to people living with dementia and their carers to understand their experiences of the health and social care system to inform future work. Engagement with rural communities and older people via Healthwatch continues to help inform our delivery plan

8. Achievements of the previous Herefordshire Strategy

A bespoke support group has been set up specifically for people with Young Onset Dementia for people with dementia; carers; family and professionals to meet

Reaching into Under-participating groups: Learning disability and dementia a project led by Alzheimer's Society has helped build awareness and understanding across stakeholders and actions to improve experience of people living with LD and dementia and their ability to live well for longer

Memory Mornings – reaching into rural communities where people worried about their memory can talk access support in a non-clinical setting.

Building resources and continuous shaping of support for people affected by dementia. Admiral nurses are a new resource for Autumn 2018. A Dementia training programme for Care Homes, Domiciliary Care and the wider community has been completed along with clinical updates for various professional groups of staff.

Launch of supportive assessment tools to support diagnosis (DiaDem) and care planning (ReSPECT) to ensure we establish early diagnosis and plan care more effectively in partnership with person and care/ family

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9. H&W Dementia Strategy Delivery Plan 2019 – 2024

To monitor achievements an annual dementia dashboard and highlights report will be produced for the Health and Wellbeing Board

The most important outcome of Herefordshire and Worcestershire Dementia Strategy is to ensure more people with dementia are able to live safely and with as good a quality of life as possible at home or in a homely setting for as long as they and their family wish.

To achieve this we have a key over-arching actions to ensure there is good information, advice and support for people living with dementia and for their carers and families so that people are more confident that they can live well and independently with dementia and have access to appropriate support and services when required

Overarching

	High Level Actions	Lead	Outcomes	Measure
1.1	Priority 1 Strengthen leadership and accountability for delivery of the strategy	Clinical and Organisational Lead roles both counties. Dementia Partnership Programme. Programme Board	Dementia partnership programme board includes clinical and executive level leadership and accountability from across the system Clinical and Organisational Leadership roles are well established, promoted and recognised across partners Awareness of Dementia and the link with physical and mental health is clearly articulated within relevant strategies (including CYP; older people, LD LTC strategies (ICOPE/frailty/ageing well). An Annual dementia recognition awards recognises contributions to the following: <ol style="list-style-type: none"> 1. Communication 2. Leadership and management 3. Learning and Improvement 4. Special Achievement 	Evidence of refreshed TOR and Meeting Notes Annual review of strategies via programme board Innovation and Achievements are recognised and rewarded
1.2	Priority 2 Develop pro-active dementia support model within Locality and neighbourhood teams	Locality /neighbourhood teams (GP clinical leads; clinical/care leads across partner organisations)	Locality and neighbourhood teams have received dementia friends training and have access to tools and approaches to be pro-active in recognising dementia and providing care and support to people affected by dementia Training to support use of and increased use of contingency & ACP planning in care plans to include ReSPECT tool ReSPECT form content shared with family members where appropriate Shared care pathway in place Increased uptake and use of assistive technology	% of dementia friendly practices & no. teams with dementia friends Training Dialogue has occurred between health and social care professionals and/or advanced care plan in place No. of people using assistive technology at home



	High Level Actions	Lead	Outcomes	Measure
1.3	<p>Priority 3</p> <p>Maintain effective engagement processes with people living with dementia and their carers</p>	Dementia Partnership Programme Board	<p>There is an established model which partners follow to support patient and carer involvement and participation in pathway design and service improvement processes</p> <p>Patient and carer feedback are utilised to inform service improvement and enhance patient/carer experience</p> <p>Partners collaborate creating shared opportunities facilitating patient and carer involvement and participation</p> <p>Patients and carers participate in the dementia partnerships.</p>	<p>Evidence of Patient and carer satisfaction and working with people affected by dementia through:</p> <p>Task and finish groups</p> <ul style="list-style-type: none"> • 1:1 meeting • Surveys • DPB • Working with community & voluntary organisations • Healthwatch
1.4	<p>Partner organisations ensure their wider policies, strategies and specifications are dementia friendly, i.e. support preventing, diagnosing and living well with dementia; and all partners are aware of their safeguarding responsibilities</p>	CCG's, Public Health, Herefordshire Council, Worcestershire County Council & Dementia Partnership Dementia Programme Board	<p>Health and wellbeing of people affected by dementia are central to the decision-making of partner organisations</p> <p>All partners are aware of potential safeguarding and risk of harm for people affected by dementia and are clear on their roles and responsibilities and are familiar with local procedures to follow where there are concerns.</p>	Evidence of dementia focus within key strategy, policies and specifications
1.5	<p>Promote opportunities to participate in research to people living with dementia and their carers throughout the entire dementia pathway</p> <p>Implement Join Dementia Research (JDR) NHS toolkit NHS JDR Toolkit</p>	Dementia Programme Board	<p>Contracts with providers include a commitment to facilitate access to research opportunities</p> <p>People with dementia and their carers participate in national and local research opportunities</p> <p>Research Opportunities are discussed and promoted at Partnership meetings</p>	Number of research opportunities available in the county
1.6	<p>Undertake forward planning to ensure diagnosis and post-diagnostic support is designed to meet growth in dementia prevalence in over 65s and aligns with relevant strategies (Housing Frailty and EoL Strategy) PHE Fingertips Data and Rightcare and CCG data packs</p>	CCG's, Herefordshire Council, Worcestershire County Council and Partnership	There is a regular programme of joint strategic needs assessment between LA and CCG commissioners which is used by all partners to inform local dementia service planning.	Timetable is a regular agenda item for programme board With task and finish as required



	High Level Actions	Lead	Outcomes	Measure	Timeframe
2.1	<p>Priority 1</p> <p>Ensure lifestyle interventions (e.g. MECC, NHS Health Checks, workplace initiatives) and communication campaigns maximise the opportunity to reduce risk factors and raise the prevention message around dementia (e.g. using Public Health Dementia Risk Reduction Toolkit messages)</p>	CCG's, Public Health, Herefordshire Council and Worcestershire County Council	<p>Increase in healthy behaviours that reduce the risk of dementia</p> <p>Increased awareness and understanding of risk factors for dementia across the life course.</p> <p>Increased awareness of Dementia and the link with Physical and mental health</p> <p>An ongoing local coordinated campaign across health and social care economy, led by Public Health, informing the public about;</p> <ul style="list-style-type: none"> • Dementia risk reduction • Signs/symptoms of dementia (leading to timely diagnosis) • Benefits of early diagnosis • Preventative actions e.g. NHS HC uptake; physical activity <p>Reducing modifiable risk factors e.g. smoking in key populations; alcohol consumption, early hearing loss detection and utilisation of hearing aids to improve independence and prevent cognitive decline. Behavioural Insights methodology is used to engage, understand and change behaviours (e.g. lifestyles or seeking diagnosis) in key at risk communities</p>	<p>Awareness of Dementia and the link with physical and mental health is clearly articulated within relevant strategies (including CYP; older people, LD LTC strategies (ICOPE/frailty/ageing well). All healthy living messages with reference dementia alongside heart disease and cancer.</p> <p>MECC is widely embedded Number of people trained in MECC; and where available, records of MECC healthy conversations on risk behaviours</p> <p>Evidence of close monitoring via increased uptake of NHS HC and effective follow-up and management of core dementia risk factors diabetes, blood pressure, obesity, high groups including Parkinson's, Stroke, smoking, embedded in Primary Care.</p> <p>Public Health have a lead role in the Dementia Partnership & Programme Boards</p>	<p>A time table for annual review of relevant strategies via programme board by Dec 2019 Dec 2019</p> <p>Public Health Data/ Monitoring in place by Dec 2019</p> <p>Sept 2019</p>
2.2	<p>Priority 2</p> <p>Use of insights and intelligence to understand the current picture across the Strategy areas and to target insights to understand and change behaviours.</p>	Public Health and CCG's	<p>Locality/Neighbourhood teams have access to and are acting upon data on dementia prevalence and expected prevalence and performance (Dementia Dashboard).</p>	<p>JSNA provides up to date intelligence at a local and STP wide scale, including data for forward planning.</p> <p>Dementia, and risk factors, are included in Locality /Neighbourhood team profiles For local action</p>	<p>Current timeframes may require review to align future JSNA at county & STP level</p> <p>Sept 2019</p>

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	High Level Actions	Lead	Outcomes	Measure	Timeframe
2.3	<p>Priority 3 Reduce inequalities: Addressing inequalities around accessing a dementia diagnosis and services is a key strand of our pathway work and fundamental to early diagnosis and support</p> <p>A joint Equality Impact Assessment and Quality Impact Assessment will be undertaken by CCG's and Council partners to support strategy implementation.</p> <p>Work with partners to continue to ensure clearly signposted, robust culturally competent and locally informed services and post-diagnostic support pathways</p>	<p>CCG's, Public Health, Herefordshire Council, Worcestershire County Council & Dementia Partnership</p> <p>Dementia Programme Board</p> <p>NHS England (Prison Health)</p>	<p>Identify the key inequalities in dementia diagnosis.</p> <p>Targeted initiatives to promote prevention and increase early diagnosis, and tailored support for people living with dementia, identified through intelligence. This may include;</p> <ul style="list-style-type: none"> • People with Learning Disabilities • People from BAME communities • Rural and farming communities • Prisoners • Other seldom heard groups 	<p>Campaign/Programme of initiatives agreed</p> <p>i) targeted activity to address the inequalities</p> <p>ii) reduction in inequalities (where feasible within time period)</p>	<p>Programme outline in place for Dec 2019</p> <p>Targets agreed from April 2020</p>

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	High Level Actions	Lead	Outcomes	Measure	Timeframe
3.1	<p>Priority 1 <i>Find, treat and support:</i> further reduce the diagnosis gap and inequalities in diagnosis by</p> <p>Delivering a timely diagnosis in line with national ambition and patient wishes</p> <p>Promoting memory pathway and use of supportive diagnostic tools</p> <p>Ensuring care home residents with dementia are included on dementia registers and by working with professionals looking after patients with vascular related conditions to identify memory problems earlier</p> <p>Proactively targeting hard to reach or seldom heard groups</p> <p>Maintain a high standard of data recording and completeness across dementia diagnosis and care pathways</p>	<p>Dementia Programme Partnership</p> <p>Primary Care, CCG's, MH Trusts, Admiral Nurses & CCG Quality Care Home Team, Health and social care partners</p>	<p>An established proactive case-finding culture across services and a referral pathway between MAS and Long-term condition services (diabetes, heart failure, Parkinson's disease, MCI, stroke service, Learning Disability and expert patient programmes) is in place to support seamless transition into the dementia pathway.</p> <p>DeAR GP tool is used to support care home staff and enhance communication between care homes and GP practices.</p> <p>DiADeM Tool is widely used to support diagnosis in the community.</p>	<p>Dementia Diagnosis rates in Herefordshire and Worcestershire are in line with national ambition (NHSE) including for people with LD. There is evidence of robust data recording and reporting processes across partner organisations and a rolling programme of data harmonisation and peer reviews in place across all pathways.</p> <p>DDR work programme continues each county in line with Deep Dive self -assessment 2018</p> <p>Monthly meetings with NHSE</p> <p>Plan and process agreed and implemented.</p>	<p>Sept 2019</p> <p>Monthly DDR monitoring /reporting Ongoing</p> <p>End Sept 2019</p> <p>End of Sept 2019</p>
3.2	<p>Priority 2 Address local stigma and negative image of dementia which is creating fear and a sense of hopelessness within our aging population</p>	<p>Public Health, CCG & Dementia Partnership and Programme Boards, Herefordshire Council and Worcestershire County Council</p>	<p>Communities are empowered to champion the benefits of early diagnosis</p> <p>Neighbourhood/Locality support is available for people who are reluctant to be assessed and receive diagnosis</p>	<p>All partnership/programme board members are dementia friends</p> <p>Communication and engagement strategy established to achieve consistent language used to describe dementia and the promote the benefits of early diagnosis.</p> <p>Local Media are partners in dementia communication and engagement delivery.</p> <p>Patients and carers participate in promoting positive messages about living with dementia. Herefordshire and Worcestershire are working towards becoming dementia friendly counties with local supportive communities</p>	<p>Sept 2019</p> <p>Dec 2019</p> <p>Dec 2019</p> <p>Ongoing</p> <p>Sept 2019</p>



	High Level Actions	Lead	Outcomes	Measure	Timeframe
3.3	<p>Priority 3</p> <p>Review local Pathways to include Mild Cognitive Impairment Frailty and Ageing Well</p>	<p>CCG and providers, Memory Assessment Services Community Dementia Service Primary Care CCG/Specialist MH provider</p>	<p>A recognised and fully supported pathway in place to;</p> <ul style="list-style-type: none"> Identify, code and review patients with MCI. People with MCI and their carers have access to drop ins at locality/neighbourhood level which provide information and support about self-care and when to seek further help. The Rockwood clinical score is used to identify patients with frailty to support early intervention. The diagnosis pathway includes access to appropriate IAPT services for people living with dementia and those with a non-dementia diagnosis (MCI) and their carers IAPT workforce and services are trained and skilled to provide interventions which support people with dementia and MCI and their carers 	<p>Process and pathway agreed for implementation</p> <p>In place</p> <p>In place</p> <p>In place</p> <p>In place</p>	<p>May 2020</p> <p>Sept 2019</p> <p>Sept 2019</p> <p>Sept 2019</p> <p>Sept 2019</p>
3.4	<p>Priority 4</p> <p>Expansion of memory drop-ins across both counties, delivered collaboratively by dementia professionals and volunteers in partnership with people with dementia.</p>	<p>Dementia Partnership and Specialist community dementia team (CDN/DA) Alzheimer's Society/Age UK/ Admiral Nurses</p>	<p>Support is available, reaching into and tailored to rural and BME communities, offering support for those pre-diagnosis and the worried well.</p>	<p>Review of current provision in progress to determine future provision</p>	<p>Dec 2019</p>

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	High Level Actions	Lead	Outcomes	Measure	Timeframe
4.1	<p>Priority 1 Workforce Development Education and Competency Development A co-ordinated approach to ensure the principle of personalised dementia care is embedded and we achieve high levels of expertise throughout the dementia pathway</p> <p>Increased training and support for informal carers to support them in their carer's role and to facilitate improved health and wellbeing for carers</p> <p>Consider ways in which the Dementia Core Skills Education and Training Framework (including tiers 1, 2 and 3) can be utilised</p> <p>Dementia Training Standards Framework</p>	STP One Herefordshire Education/Workforce Development Dementia Partnership Carers Support Advocacy Providers	Education and training review across all partners Improved and increased education, training and opportunities for skills development for all (including informal carers) who are involved in the care and support for people affected by dementia Training opportunities are available and aligned to the different stages of dementia progression. Care Home and Domiciliary Care staff at all levels have access to specialist level dementia education to enhance knowledge, skills and competencies enabling them to identify people with symptoms of dementia and deliver person centred care Dementia skills training is embedded within all contracts with Care Home and Domiciliary Care Providers Carers programme offering specific support for people caring for someone with dementia All partners deliver assessment, management and support for people living with dementia and their carers in accordance with NICE Guidelines (NG97) Increased awareness and utilisation of advocacy services amongst health professionals to signpost people with dementia and their carers.	Establish baseline Training programme in place Contracts Audit (annual) Number of referrals to advocacy from all areas in the dementia pathway	Dec 2019 2019 and on-going April 2020 Commence March 2020 Monitoring of referrals in place from April 2019
4.2	<p>Priority 2 Review and promote dementia information and support to ensure it includes the well pathway stages with appropriate signposting to local community support opportunities /groups.</p> <p>Develop Information and advice resources to be made available for people attending peer support groups (e.g. drops-ins; Meeting Centres)</p> <p>Ensure information and advice resources are accessible to and accessed by people with additional needs or challenges to reduce health inequalities</p>	CCG, Memory Assessment and community dementia teams with Dementia Partnership	There is an established consistent approach to ensure everybody affected by dementia has timely access to information advice and support People living with dementia and their carers have access to a range of trusted information – (including digital and non-electronic options). A single point of access (SPA) and road map signposts people to local dementia information, care and support MAS and Hospital and provider services use standardised information packs for people who are newly diagnosed and carers packs for their family/friends Standardised welcome/Information packs are also issued at community support including cafes, drop ins and meeting centres Visible local media campaigns are part of an on-going programme of communication and engagement	All partners are signed up to local communication strategy to achieve consistent approach	2019 commencement and aim to achieve within 12 months



	High Level Actions	Lead	Outcomes	Measure	Timeframe
4.3	<p>Priority 3</p> <p>Putting Technology Enabled Living at the heart of dementia care</p> <p>Commission Ensure Technology Enabled Living services (TELS) to provide appropriate responses and support for dementia –and train staff and voluntary groups in the potential for technology to support people with dementia and their carers.</p> <p>Commission TELS to make best use of Assistive Technology Opportunities within Dementia and by doing so move from Reactive to Proactive support models, including:</p> <ul style="list-style-type: none"> Prompts/reminders – supporting activities of daily living Passive monitoring of activity and trends Social Isolation – encouraging connectivity Prompts/reminders – reminiscence robotics 	<p>Herefordshire Council & CCG Commissioning</p> <p>Herefordshire Council Adults & Communities</p> <p>WVT Operational Delivery STP</p>	<p>Progressing to a proactive, personalised and predictive approach to technology enabled integrated health & care services</p> <p>Condition-specific management providing services tailored to the unique needs of each patient, improving safety and user experience</p> <p>Monitoring and responsive moving from reactive provision to personalised, proactive and predictive care.</p> <p>Social engagement keeping users engaged in their community, fostering social inclusion and its associated benefits.</p> <p>Selfcare & wellness supporting users to take an active role in their wellbeing with positive lifestyle choices.</p> <p>Care planning & administration reducing waste, automating common tasks and co-ordinating to maximise efficient use of resources.</p> <p>Activities of Daily Living reassuring friends and family and supporting greater independence for longer.</p>	<p>This will be measured through a robust outcome-based quality monitoring programme.</p>	<p>Commission from 2020 and on-going</p>
4.4	<p>Improve knowledge of and access to risk reduction lifestyle activities for people with a diagnosis of dementia through signposting and referral pathways as appropriate (e.g. leisure and informal physical activity, healthy lifestyle service, community brokers) from health care professionals, including primary care and MAS.</p>	<p>Public Health/Memory Service/Community Dementia /Primary care</p>	<p>Increased uptake of healthy lifestyle activities by people with dementia (especially vascular dementia) and people diagnosed with MCI</p> <p>Information sharing on community activities and other services implemented as part of drop-ins and post diagnosis support groups (link with Talk Communities)</p>		<p>Commence 2019 and review annually</p>
4.5	<p>Improve provision of care and support at home and residential care for people living with advanced or complex dementia workforce access Dementia Care Training Standards Framework</p>	<p>CCG's, Herefordshire Council and Worcestershire County Council</p>	<p>People living with advanced or complex dementia have access to a range of local care options including access to personal health budgets in line with CHC criteria.</p>	<p>Maintain current assessment framework and processes</p> <p>Personalisation and meaningful day initiatives</p>	<p>Ongoing</p> <p>Review in accordance with national guidance</p> <p>Annual Quality Assurance visits</p>



	High Level Actions	Lead	Outcomes	Measure	Timeframe
4.6	<p>Continue to create responsive community services which promote reablement and effectively manage crises for people affected with dementia either at home or in a care home</p> <p>Review and implement Enhanced Health in Care Homes Vanguard Learning Guide</p>	<p>Locality Teams</p> <p>In-reach team; CCG quality nursing team; Dementia Wellbeing Service (AGE UK HW)</p> <p>Admiral palliative care team</p>	<p>Neighbourhood and Locality teams have access to</p> <ul style="list-style-type: none"> • Hospital avoidance service (out-reach support) • Specialist advice and support when managing a crisis • Responsive home care services to help dementia patients maintain independence and reduce social isolation <p>A network of support for care homes facilitates advanced dementia care planning including implementing palliative care and End of Life care pathways.</p> <p>Non-clinical community support is key to enabling people to remain at home within their communities. Wide promotion of the Community Dementia Service and Dementia Wellbeing Service (including easy access through the Wellbeing Hubs).</p>	<p>Evidence of increased access/utilisation of these services via wellbeing hubs</p>	<p>Agree process for monitoring by end of Dec 2019 with view to annual review</p>
4.7	<p>Continue to focus on improving the in-patient experience and hospital discharge pathways</p> <p>194</p>	<p>Acute & community trusts, CCG's, locality teams, Herefordshire Council, Worcestershire County Council</p>	<p>Hospital wards and departments are dementia friendly environments and are signed up to NDAA Dementia Friendly Hospital Charter</p> <p>Dementia Champions are identified and work collaboratively to increase dementia awareness</p> <p>Patient experience questionnaires confirm patient choice and control is respected</p> <p>Patients with deteriorating dementia are identified earlier for additional support during the discharge process</p> <p>Carers are supported and encouraged to participate in care and discharge planning.</p>	<p>Discharge pathways reviewed and changed where appropriate</p> <p>Dementia is reflected in discharge plans including care home capacity</p>	<p>Sept 2020</p>
4.8	<p>Continue to develop integrated dementia palliative and end of life care delivered at locality and neighbourhood team level so that planning for last days of life is seen as a crucial element of good dementia care.</p> <p>Alignment with Ageing Well/ Frailty/ Palliative and EoL programme of education about a range of topics on recognising and supporting people in the advanced stages of dementia (GP master class/sessions)</p>	<p>CCG/ all dementia providers and partners</p> <p>community dementia services</p>	<p>A skilled multi-professional neighbourhood/locality team supported by dementia end of life specialist and care home liaison teams working together to identify, register and support people in the community and in care-homes who need palliative and EoL care.</p> <p>Local professionals feel confident in having conversations about:</p> <ul style="list-style-type: none"> • death and dying; • completing advanced care plans and ReSPECT forms. discussions & conversations about death and dying; • encouraging people to complete living Wills and lasting powers of attorney so that personal end of life wishes is recorded and respected <p>Carers and families receive emotional support when the person they are caring for is in the last days of life.</p> <p>Monitoring and review of care home residents with dementia includes palliative and advance care planning and this is accurately recorded on EMIS.</p>	<p>No of people on locality teams EoL registers</p> <p>Locality Team (MDT) meetings</p> <p>Evidence of representation where applicable</p>	<p>Agree process for monitoring by end of Dec 2019 with view to annual review</p>



	High Level Actions	Lead	Outcomes	Measure	Timeframe
5.1	<p>Priority 1 CARERS - Develop joint working with Carers across the two counties, to ensure they are recognised as partners in care and fully involved in and supported for all elements of the process</p>	<p>CCGs & Dementia Partnership</p> <p>All Providers</p>	<p>Carers are included in decisions made about the person with dementia who they care for.</p> <p>Carer feels listened to and information about the cared for person is appropriately shared</p> <p>Carers are valued and supported in their role and their own needs are recognised.</p> <p>Carers have access to information, advice and support to assist them in their caring role, enabling them to look after their own health and wellbeing, including support with form filling and education sessions for carers.</p>	<p>This will be measured through a robust outcome-based quality monitoring programme including;</p> <ul style="list-style-type: none"> a survey of family carers, to assess the extent to which they feel recognised as partners in care, involved valued and supported and have access to information and advice flexible and aligned to their needs. 	from 2020 and on-going
5.2	<p>Priority 2 Continue to build and extend dementia friendly communities through the contribution of community and partnership working</p> <p>http://www.dementiafriendly.org.uk</p> <p>http://www.dementiafriendly.org.uk</p> <p>http://www.dementiafriendly.org.uk</p> <p>http://www.dementiafriendly.org.uk</p>	<p>LA Education Dementia Partnership</p> <p>CCGs & Dementia Partnership</p> <p>All Providers</p> <p>Dementia Action Alliance Locality /neighbourhood teams (GP clinical leads; clinical/care leads across partner organisations)</p>	<p>An established protocol to support organisations to become dementia friendly</p> <p>There is greater awareness and involvement by the community in local drop-ins</p> <p>A Dementia Friendly Housing Charter and guidance toolkit in place with all housing partners signed up</p> <p>Dementia friendly local environments (e.g. Hairdressers) to support people to remain connected to their local community</p> <p>Schools/Colleges are participating in dementia friends training and intergenerational activities promote dementia awareness and understanding</p> <p>A network of dementia friendly community pharmacists, podiatrist, dentists, opticians supporting people with dementia linking in with drop-ins to help with sign-posting and earlier identification for diagnosis and support.</p> <p>Primary Care Networks promote dementia friendly opportunities. Locality and neighbourhood teams have received dementia friends training and have access to tools and approaches to be pro-active in providing care and support to people affected by dementia. GP's with special interests in each locality routinely share best practice</p> <p>Increased use of contingency & ACP planning in care plans</p> <p>ReSPECT Tool implemented to guide ACP process across professionals and teams</p> <p>Shared care pathway</p> <p>Increased update and use of assistive technology (DOLS)</p>	<p>This will be measured through a robust outcome-based quality monitoring programme including;</p> <ul style="list-style-type: none"> a survey of groups including people with dementia, family carers, service providers, religious organisations to assess the extent to which the counties are dementia friendly and the action needed. A review of the establishment of local alliances to implement dementia friendly communities involving people with dementia and family carers. <p>The Dementia Action Alliances provide a co-ordinated approach in delivery of priorities</p> <p>An increase in the number of organisations, businesses, Council departments and community groups signed up to the local Dementia Action Alliance working together to achieve dementia friendly status.</p>	from 2020 and on-going



	High Level Actions	Lead	Outcomes	Measure	Timeframe
5.3	<p>Priority 3 Work collaboratively to achieve a co-ordinated patient-centred pathway across partners</p>	<p>CCG's, Herefordshire Council, Worcestershire County Council and Dementia Partnership</p> <p>All Providers</p>	<p>Patients and carers are partners in care planning Partners collaborate to achieve a seamless pathway which promotes and respects patient and carer choice and control The Red Bag Initiative is adopted</p>	<p>A clear pathway and process exists enabling adaptations in the home and access to assistive technology to support independent living</p>	<p>from 2020 and on-going</p>
5.4	<p>Priority 4 Ensure commissioned carer support services are evidence based and service monitoring captures delivered activity including; provision and uptake of community respite care, respite beds and a range of options.</p>	<p>CCG's, Herefordshire Council, Worcestershire County Council</p>	<p>Respite care is available when needed to support carers in their carer role</p> <p>A range of responsive and flexible respite options available in localities and neighbourhoods.</p>	<p>Maintain current assessment framework and processes Evidence of personalised and responsive respite initiatives</p>	<p>Ongoing Review in accordance with national guidance Annual Quality Assurance visits</p>



	High Level Actions	Lead	Outcomes	Measure	Timeframe
6.1	<p>Priority 1 Continue to develop integrated dementia palliative and end of life so that planning for last days of life is seen as a crucial element of good dementia care.</p> <p>Alignment with Frailty/ Palliative and EoL programme of education about a range of topics on recognising and supporting people in the advanced stages of dementia Strengthen links with carers support, frailty and End of Life work streams (including the introduction of ReSPECT and EoL integrated pathway development).</p>	CCG/ all dementia providers and partners community dementia services	<p>A skilled multi-professional neighbourhood/locality team supported by dementia end of life specialist and care home liaison teams working together to identify, register and support people in the community and in care-homes who need palliative and EoL care.</p> <p>Staff supported with Advanced Communication Skills as a key competence. My future wishes advance care planning for people with dementia Professionals feel confident in having conversations about:</p> <ul style="list-style-type: none"> • Death and dying • Advance care planning and completing the ReSPECT tool • encouraging people to complete living wills and lasting powers of attorney so that personal end of life wishes are recorded and respected. <p>Carers/Families have access to GP services during OOH for support with crisis management (behavioural, psychological symptoms of dementia)</p> <p>Monitoring and review of care home residents with dementia includes palliative and advance care planning and this is accurately recorded on EMIS.</p> <p>Carers and families receive emotional support when the person they are caring for is in the last days of life and have access to bereavement support.</p> <p>The provision of responsive services is comparable with those for people with terminal physical health conditions with hospice standard care.</p>	<p>Evidence of representation where applicable</p> <p>Increased numbers of patients receive ACP</p>	2019 Commencement and work in tandem with Palliative Care and End of Life work programmes
6.2	<p>Priority 2 People with dementia are supported to die in their preferred place of death, taking account of their expressed wishes end of life care plan.</p>	Herefordshire & Worcestershire palliative care team network/forum, CCG and GP leads	<p>Established baseline for the proportion of people with dementia who die in their preferred place of death, or other end of life care planning discussions. An audit processes is in place to monitor;</p> <p>a) Number of people living with dementia with a recorded preference of place of death b) Number of people with dementia who are supported to die in their preferred place of death c) An audit has been undertaken to confirm; discussions to support planning of last days of life are undertaken and appropriately acted upon.</p> <p><i>This could benefit from working with the wider Herefordshire & Worcestershire palliative care teams networks/forums</i></p>	<p>Established Baseline and audit process</p> <p>Service Specifications are designed to facilitate an improvement in these figures.</p>	2019 Commencement and work in tandem with Palliative Care and End of Life work programmes Ongoing into 2020



10. Useful websites and Supporting Documents

Context

NHS England Well Pathway for Dementia: england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf

Further information about the different types of dementia: nhs.uk/conditions/dementia-guide/Pages/dementia-choices.aspx and alzheimers.org.uk/info/20007/types_of_dementia

Prime Ministers Challenge on Dementia: gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020

Living Well with Dementia: gov.uk/government/uploads/system/uploads/attachment_data/file/168221/dh_094052.pdf

Dementia 2015 – Aiming Higher to Transform Lives (report by the Alzheimer’s Society): alzheimers.org.uk/info/20093/reports/253/dementia_2015

NHS Outcomes Framework & Adult Social Care Outcomes Framework Nice Guidelines

<http://www.nice.org.uk/guidance/ng97> <http://www.nice.org.uk/guidance/ng16><http://www.nice.org.uk/guidance/ta217>

<http://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>

<http://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions>

Fix Dementia Care 2016: <https://www.alzheimers.org.uk/our-campaigns/fix-dementia-care>

NHS Digital Patients Registered at GP Practice (as of 1st November 2018): <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/november-2018>

Application of prevalence rates from Dementia UK 2014 Update: <https://www.alzheimers.org.uk/about-us/policy-and-influencing/dementia-uk-report>

RCGP and Marie Curie Daffodil Standards UK General Practice Core Standards for Advanced Serious Illness and End of Life Care
<https://www.eolc.co.uk/uploads/20180423-Daffodil-briefing-v3.pdf>

A guide to the support people should get from local services in England if they or someone they know have been diagnosed with dementia
<https://www.gov.uk/government/publications/after-a-diagnosis-of-dementia-what-to-expect-from-health-and-care-services>

Hidden No More APPG Report Dementia and Disability <https://www.alzheimers.org.uk/about-us/policy-and-influencing/2019-appg-report>

Assistive Technology https://www.wmahsn.org/what-we-do/Digital_Health



10. Useful websites and Supporting Documents

Legislation

Care Act 2014: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Equality Act 2010: <https://www.gov.uk/guidance/equality-act-2010-guidance>

Local Policy

Herefordshire Council Health and Wellbeing Strategy 2015-2019: https://www.herefordshire.gov.uk/download/downloads/id/3677/health_and_wellbeing_strategy.pdf

Worcestershire County Council Health and Wellbeing Strategy 2016-2021 <http://worcestershire.moderngov.co.uk/documents/s8318/Health%20and%20Well-being%20Strategy.pdf>

Herefordshire Carers Strategy: https://www.herefordshire.gov.uk/directory_record/3416/carers_strategy

Worcestershire Carers Strategy: <http://worcestershire.moderngov.co.uk/documents/s5437/6b%20Carers%20Strategy%20Draft%20Final%20DRAFT%2030%204%202015.pdf>

Herefordshire Housing Strategy:

199 https://www.herefordshire.gov.uk/download/downloads/id/8436/interim_housing_strategy_2016-2020.pdf

https://www.herefordshire.gov.uk/directory_record/4808/homelessness_review_and_prevention_strategy

Herefordshire Learning Disability Strategy: <http://councillors.herefordshire.gov.uk/ieDecisionDetails.aspx?ID=5164>

Herefordshire JSNA: <https://factsandfigures.herefordshire.gov.uk/understanding-herefordshire>

Worcestershire JSNA: http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment

Alzheimer's Society Local Dementia Profile Herefordshire: https://www.alzheimers.org.uk/sites/default/files/2019-07/ldp_herefordshire.pdf

Alzheimer's Society Local Dementia Profile Worcestershire: https://www.alzheimers.org.uk/sites/default/files/2019-07/ldp_worcestershire.pdf





Meeting:	Cabinet
Meeting date:	Wednesday 27 November 2019
Title of report:	To approve a revised business case and budget for the expansion of Marlbrook Primary School within the approved capital allocation
Report by:	Cabinet member commissioning, procurement and assets

Classification

Appendix 3 is exempt from publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972 and it is considered that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

It is necessary to exempt the costs as Herefordshire Council deem them as commercially sensitive at this point in the pre-construction contract stage and that the public interest is outweighed because knowledge of these costs could impact subsequent stages of the contract.

Decision type

Key

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A threshold of £500,000 is regarded as significant.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

Redhill;

Purpose and summary

To approve a revised business case and budget for the expansion of Marlbrook Primary School within the approved capital allocation, to accommodate the additional pupils admitted from 2014 in response to rising numbers in South Hereford and to meet parental preference.

The revised business case is attached as Appendix 1.

Provision of £6.141m is included within the approved capital programme to complete the expansion of Marlbrook Primary School from 420 to 630 statutory age pupils, increasing its planned admission number from 60 to 90. Following authorised expenditure of £446.5k on feasibility and initial costs, on 10 May 2018 Cabinet approved an extension to the school to enable its permanent expansion from two to three forms of entry and provision of additional car parking and associated works to fulfil planning and transport requirements, at a cost of not more than £4,688,500 to be delivered through a design and build contract. Design work has now reached Royal Institute of British Architects (RIBA) Stage 4 – detailed design – and a detailed cost plan based on sub-contractors' tenders has been produced by the principal contractor confirming that scheme costs exceed the budget approved by Cabinet but remain within the overall capital programme provision for this scheme. This report seeks approval of the revised business case and authority to spend up to the sum of £6.141m in the capital programme – being an additional £1.006m. This revised sum covers the following which was part of the original specification but have now been fully costed:

- feasibility work undertaken and completed in 2017
- modification of the Green Croft building to accommodate the school's early years provision which was completed in 2018
- internal modifications to the main school building to provide a new Reception Year classroom, a new staffroom, additional car parking and new netball courts which were completed in Summer 2019
- the design work for the main construction project done to date
- the cost of the main construction contract – for work yet to be done
- the council's project management costs and professional services
- the council's contingencies

Marlbrook is a popular and successful school, rated outstanding by Ofsted, located in Redhill ward in Hereford. There has been growing demand for school places across the south of the city for some years, and without the additional capacity there would be insufficient places to meet this demand. The school was asked to take a larger intake in 2014 – 90 instead of 60 – and has done so every year since. Until now the larger numbers have been accommodated in temporary accommodation. The purpose of the current project is to ensure that all children in the school are accommodated in permanent buildings.

Approval of the revised business case and budget will enable the extension works to be delivered to the recommended specification and standard set out in the revised business plan. This comprises providing six new classrooms, a new hall, and ancillary spaces, including facilities to make the school fully accessible, such as a hygiene and physio room, a larger remodelled kitchen, and required external works to meet planning requirements, including the requirements of Sport England for replacement netball courts. It also includes provision for furniture, fittings and equipment, and the council's project management costs and contingencies.

Recommendation(s)

That

- a) the revised business case for the expansion of Marlbrook Primary School at Appendix 1 be approved;**
- b) a revised scheme cost of up to £6,141m be approved (being an additional £1.006m to the previously approved cost); and**

- c) the director for children and families be authorised to take all operational decision necessary to implement the above recommendations within the agreed budget.**

Alternative options

1. The project could be abandoned in its entirety and/or further temporary classrooms could be provided to accommodate growing pupil numbers instead of a new school building. This is not recommended as current accommodation does not meet the Department for Education's Building Bulletin 103 Area Guidelines for Schools recommendations, and the Schools Capital Investment Strategy aims to remove temporary classrooms.
2. The council could retender the construction works to see if the works could be obtained at a lower cost. The report at Appendix 2 produced by independent cost consultants appointed by the council to advise on the costs of the project and test value for money, concludes that the price offered by the contractor provides value for money for the council.
3. The costs have been challenged and significant reductions have been obtained as a result. Re-tendering works valued in excess of £4m would take several months to complete and would lead to longer timescales for the delivery of the project. Such a process would not necessarily deliver the works at lower cost, based on the independent value for money report at Appendix 2.
4. The council could request additional value engineering proposals from the principal contractor to reduce costs. These would be likely to entail some reduction in the specification of the new extension and other works. The most likely such proposal would be to do no works to improve the kitchen, which would compromise the school's ability to produce hot meals on site.
5. The council is not yet in contract with the principal contractor, so there is scope for agreeing changes to the schedule of works. However the schedule of accommodation to be delivered is based on the Department for Education's Building Bulletin for Schools 103. To significantly deviate from these standards would result in delivering a building that did not meet the recommended specification, or the principles set out in the Schools Capital Investment Strategy.

Key considerations

6. The full justification for the project was set out in the report to Cabinet on 10 May 2018. (<http://councillors.herefordshire.gov.uk/ieDecisionDetails.aspx?ID=5134>) This report will briefly summarise the background, and will focus mainly on the current position regarding the current business case and full cost of delivering the extension to the school. Appendix 1 sets out the Business Case updated in the context of the developing design and cost plan.
7. Marlbrook Primary School is a popular and successful council maintained community school located in the south of Hereford. It is rated outstanding by Ofsted and is also a teaching school. Teaching schools are good or outstanding schools that play an important role in a school-led system, working with others to provide high-quality training and support for school improvement in their local area. The school was a two form entry school with a planned admission number of 60 pupils per year, but has been consistently oversubscribed since 2011. The council requested the school to take 90 pupils in 2014, and it has taken larger year groups each subsequent year. Its planned admission number is now 90, but the school does not have a permanent building to accommodate this number. Demographic

growth in the south of the city has led to an increased demand for school places across the area. This is expected to be sustained in coming years according to the council's population and school place forecasts.

8. In line with the council's School Capital Investment Strategy (SCIS) principles, the council has previously supported the school in its expansion plans through making provision in the 2015 and 2016 capital programme for a permanent and temporary classroom respectively to enable the school to continue to admit up to 90 reception children each year. These interim works were undertaken under separate decisions. Further works were undertaken in summer 2018 to convert the Greencroft building for use as the school nursery, and works were undertaken in summer 2019 to enable space in the existing main school building to be converted for use as a new Reception Year classroom, and a new staffroom. When approving these arrangements, it was noted that a longer term permanent build solution was required for 2018 onwards. The current project is delivering on that plan.
9. The council's capital programme has included provision to enable Marlbrook to become a full three form entry school for some years. The sum of £6.811m was added to the capital programme by council on 26th January 2018, and revised to £6.141m by council on 13 July 2018. This sum was based on a provisional estimate of costs of the construction project. The total sum also covers earlier interim works that have been delivered to accommodate previous year groups, as well as the proposed major project to provide a substantial permanent new extension to the school.
10. The report informing cabinet's decision in May 2018 recognised that costs were not yet final. The project cost approved in May was additional to previously approved expenditure of £446.5k on feasibility and interim works.
11. The cabinet decision of May 2018 authorised the use of a design and build contract through a procurement framework. Design and build means that a single contractor is procured who is responsible for designing the building and then constructing it. The requirements set out by the council when procuring the contractor included a schedule of accommodation comprising the required floor area of the spaces required, as well as details of the performance of the building. This specification is closely based on the Department for Education's Building Bulletin 103, "Area Guidelines for Schools". The advantage of this approach is that only one procurement process is required, rather than separate processes for design and subsequent construction. As the same contractor is responsible for both, the design takes the proposed construction system fully into account, ensuring "buildability". At the end of the design stage the council can decide whether to award the works contract to that contractor. The Constructing West Midlands procurement framework was used. This framework is run by a consortium of public authorities in the region and provides a time and cost efficient way of procuring a main contractor for major projects. The contractor selected was Morgan Sindall plc, who in turn appointed Quattro Design Ltd as project architects. The contractor was appointed in September 2018.
12. The Royal Institute of Architects project stages have been followed in this project. Morgan Sindall and Quattro worked closely with the council, in consultation with the school, to develop a design that met the specification set out in the procurement documents.
13. Morgan Sindall delivered the initial works required for September 2019, which include remodelling the existing school building to provide a new Year 1 classroom, and creating a new staffroom, to replace the previous staffroom which was located in a temporary modular building. A new car park has been provided, which will be required when the school has fully expanded to reduce parking on the nearby residential streets, and a new set of netball courts to replace those that will be lost under the footprint of the new extension. These

works were approved, by a record of officer decision using delegated authority in the May 2018 decision, to a value of £800k which has been spent from within the capital programme allocation for the overall project.

14. Detailed cost plans were provided at RIBA Stages 3 (developed design) and 4 (technical design). The resulting cost plan developed during this process as a result of clarification of the specification – particularly in respect of the school kitchen and site specific issues was higher than that indicated as Stage 0 (strategic definition).
15. At Stage 4 a detailed design in accordance with the recommendations set out in the Department for Education’s Building Bulletin 103 “Area Guidelines for Schools”, and taking into account site issues such as topography, and the need to reduce impact on the work of the school during the construction period, was completed.
16. The contractor was asked to propose value engineering solutions to bring the total cost down, which they did. The majority of these were accepted by the council with the support of the school. One area which was problematic was the proposal to leave the current kitchen unchanged. This could compromise the school’s ability to continue to prepare hot meals on site for increased numbers of children in the longer term.
17. It was also observed that some of the contractor’s enabling works were more expensive than originally envisaged. This led to the report attached at Appendix 2 to challenge and scrutinise these costs.
18. Successive cost plans were provided by the contractor. A “Stage 3” cost plan is the contractor’s estimate of the likely cost of the works. A “Stage 4” cost plan is one based on actual tendered costs from sub-contractors. The work is broken down into “packages”, such as ground works, steelworks, roofing, mechanical and electrical, each of which is tendered to sub-contractors with the appropriate trade expertise.
19. The principal contractor has now tendered the construction packages and a Stage 4 cost plan has been developed based on the tenders received. This has been done on an “open book” basis, meaning that the tender costs have all been shared with the council, as client for the project. The council appointed an independent firm as quantity surveyor and cost consultant. The report on the cost plan and value for money is attached at Appendix 2. It concludes that the cost plan including all contractor’s tier 1 risks provides value for money for Herefordshire Council under the terms of the Constructing West Midlands Framework. (Tier 1 risks are the responsibility of the contractor.)
20. Works planned for delivery in school year 2020/21 include the provision of a new extension comprising six new classrooms and associated shared learning spaces, new staffroom facilities, a new hall, improved and enlarged kitchen space enabling continued production of hot meals on site, new hygiene and first aid rooms, new space for confidential conversations with pupils and parents, and improved pedestrian and cycle access. The building will be fully accessible, and will benefit from photo-voltaic solar panels. The areas around the new extension will be landscaped and made fit for use for circulation and outdoor play. Works to the car park and netball courts will be completed, satisfying planning requirements in respect of minimising impact on the local road system, and ensuring that sport provision meets the expectations of Sport England. At the conclusion of the project all the current mobiles will be removed.
21. The current kitchen in the school provides a breakfast club for the school and lunches for Marlbrook and three other neighbouring schools. It is operating as a production kitchen even though it is below the recommended size for a servery kitchen for a two form entry

school. An increase in pupil numbers at the school puts added pressure on the kitchen to deliver within the space available and inhibits the ability for all children to eat lunch together in one sitting. The new design addresses these issues and provides for a reduced specification production kitchen which will allow the school to provide hot meals for all children. The school currently uses an external catering company who operate from the kitchen and provide the meals required. The production kitchen will be used simply for producing hot food for the school and two other schools nearby: Blackmarston Special School which is next door to Marlbrook and has no kitchen, and Little Dewchurch Primary School which is also led by the headteacher of Marlbrook, and will not generate any additional income.

22. Some costs relating to access arrangements to the part of the school site where the extension will be built included in the Stage 3 and Stage 4 cost plans were higher than expected. The school has two entrances from the public highway. It had been thought during the design stage that the northern entrance to the school would be used by the contractor, as it is closest to the development site, however as more detailed investigations progressed it became apparent there were significant difficulties with this route:
- The access point is the main entrance to the school and the Merry-Go-Round Day nursery and has heavy use by children, staff, parents and community users
 - The haul road would have to cross two car parks used by the school, including one owned by Herefordshire Housing
 - Deliveries to the school kitchen use the same route via the northern entrance
 - The school minibuses are parked and operate from that entrance
 - There are five mature oak trees close to the route which could have been damaged by the proximity of heavy construction vehicles
 - A retaining wall between the route and the school building may not have been able to support the heavy load
23. This meant the contractor had to find another route using the southern entrance to the site and passing over the school field. This was a more expensive option because a longer run of temporary roadway is required and this added to costs, however it seems acceptable in that it provides a better solution because it is much less disruptive to the school, and provides clearer, safer, and more manageable separation of the school and the contractor's sites. The rationale for this was tested by Engie, the Council's development partner with considerable experience of major construction projects, who agreed that the southern route was preferable. The cost of the associated works have been tested and are accepted as reasonable.
24. As well as the design work initial preparatory constructions works to date have been instructed under letters of intent to complete works to the value of £744k prior to agreement of a contract for the full project. The decision relating to these works included a contingency and fees and approved spend up to £800k.
25. Contractors' preliminaries relate to the cost of on-site management and facilities and are generally charged at a weekly rate. The original plan was that the whole project would be implemented as a single 52 week programme with various works being delivered in parallel e.g. the haul road being provided whilst the car park was created. As a result of the need to carefully scrutinise the costs of the overall works these overlapping stages have to be delivered sequentially which will result in the programme being extended to 58 weeks which will incur additional costs not included in the cost plan currently provided by the contractor. These have been projected at £71k.

26. Although the value engineering proposals put forward by the contractor were accepted, the full value of these works have to be offset against the cost of the re-design, therefore the overall costs for the design stage will have increased. These have been projected at £28k.
27. The initial works delivered over the summer in readiness for September 2019 identified a number of areas that required additional funding, these included the replacement of a lintel in the new staffroom, addressing soft spots in the tarmac and bringing the netball courts up to Sport England standards. These additional costs equating to £17k, have been covered by the contingency in the decision covering the letter of intent.
28. These additional costs will result in the construction design and build cost increasing from that proposed by the contractor in their latest cost plan from £4.445m to £4.544m.
29. The contractor has currently left the site pending a decision of cabinet on the requested approval to spend and receipt of an agreed cost plan which would enable the council to award the contract to them.
30. The cost plan has increased since the current budget was approved by cabinet in May 2018 but costs are still within the overall sum added to the capital programme by council. A detailed cost summary is provided in exempt Appendix 3.

Capital Cost of Project	Current Budget Agreed	New Budget Request
	£000	£000
Phase 1		
Thinking Buildings Feasibility Design (2017)	146.5	146.5
Phase 1 Greencroft remodelling (2018)	300.0	300.0
Phase 2 (Main Extension)		
Construction D&B	4,200.0	4,445.5
Additional Construction D&B Costs From Initial Works		99.0
Procurement Framework Fee	10.0	10.0
Other Costs	478.5	1,140.0
Total	5135.0	6,141.0

Community impact

31. Marlbrook Primary School is highly valued by the local and surrounding community. It provides high quality education for its children, whilst also supporting adult learning, including for the parents of the school's children. Marlbrook was judged outstanding by Ofsted in 2009, and because of its very positive report no further inspection has been required since then. The school is directly involved in early years' provision and works closely with the children's centre and private day nursery based in the Greencroft building. All these activities support the council's Corporate Plan priority and Children and Young People's Plan objective of keeping children and young people safe and giving them a great start in life. Some of Marlbrook's pupils are looked after children. The improved and extended accommodation will provide these children, for whom the council is corporate parent with enhanced high quality learning environments. The project will include photo voltaic panels to help deliver carbon management plan aims.

Further information on the subject of this report is available from
Andrew Hind, Tel: 01432 260920, email: andrew.hind@herefordshire.gov.uk,

32. The proposal to expand Marlbrook has been prioritised according to the principles set out in the Schools Capital Investment Strategy.
33. Marlbrook previously had an admissions number of 60 – equivalent to two forms of entry. The school agreed to expand its admissions number to 90 to accommodate more pupils in 2014. Subsequently, its admissions number has been formally increased to 90. It has filled its reception class to capacity each year. Marlbrook continues to be a school in high demand and the surrounding primary schools are also experiencing growth in the number of pupils in their early age groups. Previous growth at Marlbrook has been accommodated mainly by the use of mobile classrooms. These have been jointly funded by the school and the council. The intake of future years' reception children will require additional classrooms and the best way of providing this is by permanent expansion of the existing building.
34. Concerns expressed about vehicle management within the site, and the impact on the narrow public highway, are recognised. The surrounding residential roads are relatively narrow, and can experience a high volume of parking by parents and other users of the school site, particularly at the start and finish of the school day. Additional permanent parking has been constructed as part of the works already completed by Morgan Sindall under the letter of intent. The council will work with the school on further developing travel plans to minimise the impact of vehicles either on the school site or the surrounding roads.
35. The works will require access by the contractor's vehicles. This will be managed by the contractor under the supervision of the council with a view to minimising the impact of the construction project on local roads.
36. Responsibility for the on-site health and safety during the construction phase of the project lies with the contractor. The contractor will need to conform to the CDM 2015 Construction Design and Management Regulations, under which they will need to produce the necessary method statements and risk assessments for the work undertaken. The site will be kept separated, as far as possible, once work has started, and will be kept secured at all times to prevent unauthorised access.
37. Marlbrook are committed to working together to contribute to the healthy growth and development of all their children. As part of the new school design a new bike and scooter shelter has been included to encourage as many new learners to walk to school. The council may have the opportunity to apply for a travel fund grant next year which, if successful, will be put towards the project.
38. As part of the planning application the contractor completed a travel plan for the school. It seeks to reduce car use, encourage alternative transport choices and reduce the need to travel. The ultimate aim of the plan is to influence long-term changes in travel behaviour by providing the right package of measures that promote and value sustainable transport initiatives. The designs have been tailored to the needs of the existing and future users of the site. The school is committed to reducing car use and promoting sustainable travel to improve the safety and health of the children. The school has an award winning travel plan already and is used to implementation of such plans successfully.

Equality duty

39. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
40. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation. Marlbrook Primary School serves communities where there is a relatively high percentage of children with special needs. The new building will be fully compliant with disability legislation and take into account the needs of pupils and users with protected characteristics.

Resource implications

41. £6.141m is included in the approved capital programme for the expansion of Marlbrook.
42. The funding has been secured as follows:

Corporate funding	£5,091,000
Basic Need allocation (DfE)	£1,000,000
Surplus funding from previous Marlbrook Primary School schemes	£50,000
Total available for main project	£6,141,000

43. £210k was originally committed to the feasibility works for the main extension. Of this £146.5k was spent on developing options, which provided the basis for the specification of the project. The remaining £63.5k was added to the budget for the design and build.
44. Cabinet agreed in January 2018 to approve £300k to undertake the interim works to provide the additional classroom for September 2018 by modification of the Greencroft building.
45. Cabinet agreed in May 2018 that, subject to securing planning consent, an extension to Marlbrook Primary School to enable its permanent expansion from two forms of entry (60 pupils per year group) to three forms of entry (90 pupils per year group) and provision of additional car parking and associated works to fulfil planning and transport requirements, be approved at a cost of not more than £4,688,500, and to procure a design and build contract from a single contractor. The director was authorised to implement the scheme within the approved budget, subject to obtaining planning permission.
46. Ongoing revenue costs will be managed through the schools revenue budget so there will be no impact on the council's revenue budget in future years. The expected spend lies within the approved capital allocation. The full budget of £6.141m is funded by £1m Basic Needs Grant and £5.141m corporately funded borrowing that is allowed for in the MTFs and managed through the corporate treasury management budget.

Capital Cost of Project	Previous Years	2019/20	2020/21	2021/22	Total
	£000	£000	£000	£000	£000
Phase 1					
Thinking Buildings Feasibility Design (2017)	146.5				146.5
Phase 1 Greencroft remodelling (2018)	218.5		81.5		300.0
Phase 2 (Main Extension)					
Construction D&B	120.0	1,940.0	2,385.5		4,445.5
Additional Construction D&B		99.0			99.0
Procurement Framework Fee	2.0		8.0		10.0
Other Costs Corporate PM Fees	40.0	60.0.0	1,040.0		1,140.0
			423.5.0		50
Total	527.0	2,099.0	3,515.0		6,141.0

Funding Streams	Previous Years	2019/20	2020/21	2021/22	Total
	£000	£000	£000	£000	£000
PWLB Borrowing	153	1,473	3,515		5,141
Grants	374	626			1,000
Total	527	2,099	3,515		6,141

47. It is not possible to enter into a full building contract until the detailed design and cost plan are agreed, as the detailed design plans themselves form part of the contract. Initially the contractor was prepared to work “at risk”, but at a certain point it becomes necessary to issue letters of intent to assure the contractor of payment for works undertaken.
48. Under the provisions of the cabinet decision of May 2018 the director for children and families, with the advice and approval of solicitors working to the monitoring officer, signed records of officer decision to issue two letters of intent: one on 24 September 2018 authorising expenditure of £250,000 for design works; and one on 30 May 2019 authorising expenditure of £800,000 authorising the construction works for delivery for September 2019 including the remodelling of the existing school building to provide a new Year 1 classroom, a new staffroom, and providing a new car park and netball courts. The decisions taken to authorise work ensured that necessary accommodation was ready for occupation at the start of Autumn Term 2019, prior to agreement of the full construction contract. This work will be incorporated into the full contract, and is not in addition to it.
49. It should be noted that the contractors costs include “preliminaries”, which cover their management costs including the establishment of a site office and welfare facilities, as well as the staff costs of the site manager and other professional staff assigned to the project. There is a risk that “preliminaries” may be charged to the council above the total value of the letters of intent if the council were to decide not to proceed with the full project.

50. The project board has taken account of all of the 13 recommendations in the audit of the Blue School House project. This has included engaging an independent cost consultant to challenge and scrutinise the principal contractor's cost plan. The independent cost consultant has advised the project throughout, including taking part in the financial and quality evaluations of the tender, and providing a value for money report on the contractor's cost plans. Appendix 2).
51. The project board has included representatives of the client directorate – children and families – with a technical project manager from property services, a project manager from the corporate programme team, a representative from finance, and (as required) representatives from procurement, governance, highways and other professional services. During the design development and initial construction phase the project board was joined by the principle contractor and architects (as senior supplier) and by the school headteacher and business manager (as senior user). The project board has reported to the Children and Families capital programme board, chaired by the director, and including the chief financial officer, and senior representatives of property services, and planning. All instructions to the contractor have been issued through the technical project manager. All formal decisions such as the records of officer decision relating to the letters of intent have been taken in accordance with the constitution of the council and any relevant delegations, with the advice of solicitors reporting to the monitoring officer.

Legal implications

52. The intention now is to enter into an NEC 4 Design and Build Contract using Option A (Priced with Activity Schedule). A priced contract gives the council a lump sum price for the works. The lump sum price may change if a "compensation event" occurs or the council varies the works. Compensation events are events which are generally recognised as not being the fault of, or capable of being managed by, the contractor.
53. An activity schedule describes the works and activities that a contractor must perform, in sufficient detail to allow the contractor to price the work. An activity schedule may be prescriptive, but can also allow the contractor considerable freedom. In contrast a "traditional" bill of quantities requires the contractor to price each element of works.
54. Under the priced options, the contractor is paid at tendered prices for the work it has done. The contractor carries the cost risk, other than those risks allocated to the council under the contract and the financial and time effects of a compensation event.
55. The council entered into a letter of intent with Morgan Sindall on 17th January 2019 which entitled Morgan Sindall to be paid up to £208,537 in relation to early works which were deemed necessary to protect the overall development programme. This letter was extended on 24th May 2019 to cover an extended scope of works and the amount recoverable increased from £208,537 to £744,485.

Risk management

56. The following table explains the risk should the project not receive the proposed variation to the budget and have the ability to award phase two of the design and build contract.

Risk / Opportunity	Mitigation
Programme Delay	Property Services are working with the contractor to firm up the construction programme. This will be confirmed through the process of agreeing any contract. The school is fully aware of the current status of the project and implications for the construction project. The school has its own contingency plans in place.
Final costs are higher than the decision to spend	The costs will be monitored at all stages and value engineering applied, where possible, to realise the project within budget. A client contingency has been allocated to cover any unexpected items of expenditure. The council has employed an independent cost consultant and is working with property services to satisfy that the contract being proposed is value for money. Cost certainty will be much greater once a contract has been entered into.
Council reputation if we do not award the contract	The council has engaged an independent cost consultant who is working with Property Services to verify that the contract being proposed provides value for money.
Stakeholder Management - Schools expectation	The council is managing the expectations and project communications with the school directly. Regular meetings are held with the headteacher and business manager.
Insufficient teaching space available for September 2020	There is a potential to temporarily use existing building space on site, although the spaces may not be large enough to accommodate an entire class. More than one space could be used per class at an additional cost of a teacher or teaching assistant to cover the extra spaces
Daily disruption in the school for longer than expected the more the project is delayed	The head teacher at the school is working with staff and the school community to make sure the transition of the new build runs smoothly and causes as little disruption as possible for the operating school. The head is working with the site manager daily to make sure the school runs smoothly and the build has little or no impact on the learning environment. The works conducted in the summer of 2019 went smoothly, with a high degree of cooperation between the school, the contractor and their sub-contractors.

Other users of the site such as the nursery and residents' association will be affected by the work

These parties have already been consulted about the proposed extension and will continue to be kept informed as the scheme progresses. The contractor will be required to ensure that the continuing operation of day to day activities of tenants and partners is not disrupted through regular site liaison meetings. Major plant movement and deliveries will be required to occur at times which do not impede the operation of the school, nursery or other site users

Consultees

57. Some consultation work was done to inform the May 2018 decision. This included school headteachers, staff and governors, the local ward member (who is supportive of the scheme), and members of the community. The contractor facilitated an exhibition and drop-in session as part of the planning process, and the designs for the new building have remained on display in the school foyer.
58. The main comments received referred to the improved provision that would be provided for the school and potential difficulties in terms of an increase in car usage and parking.
59. All political groups, including the local ward member have been consulted on the revised proposals. The True Independent group replied to confirm their support for the proposal, and stressed the importance of rigorous cost control.

Appendices

Appendix 1 – Revised Full Business Case

Appendix 2 – Independent Cost Consultant's Report

Appendix 3 – Marlbrook Detailed Cost Summary (Exempt)

Background papers

None identified

PROJECT DOCUMENTATION

FULL BUSINESS CASE

Marlbrook Primary School Expansion

Release: Draft/Final

Date: 3 October 2019

Author: Andrew Hind (interim education and capital manager)

Project sponsor: Ceri Morgan (assistant director for education development and skills)

Service director: Chris Baird (director for children and families)

Document Number: Marlbrook/003

Document History

There have been two earlier versions of the business case, dated 28 February 2018 and 16 May 2018. This document updates the Business Case in the context of the Stage 4 design and cost plan provided by the principal contractor for the construction project.

Document Location

The source of the document can be found on the Verto project management database

Revision History

Revision date	Summary of Changes	Changes marked
6 November 2019	First issue of revised business case	

Approvals

This document requires the following approval.

Name	Signature	Title	Date of Issue	Version
Chris Baird				

Distribution

This document has been distributed to

Name	Title	Date of Issue	Version
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1. Purpose of document

This business case sets out the justification for continuing with a capital project to provide a new extension at Marlbrook Primary School enabling the school to expand in permanent accommodation from a capacity of 420 to 630 pupils, plus early years provision, increasing its admission number from 60 to 90. The majority of the organisational expansion has already taken place, but has been accommodated to date in temporary buildings. The project is currently at (Royal Institute of British Architects) RIBA Stage 4 – detailed design. A principal contractor was procured through the “Constructing West Midlands” framework and the project is being delivered through a design and build approach.

As the design has developed some site constraints have become apparent that will make the contractor’s access arrangements more difficult, and the implications of the expanded numbers on the size and layout of the school kitchen have led to a recommendation to confirm a higher specification for the school kitchen to ensure that hot meals can continue to be produced on site.

This document is intended to support a cabinet decision to increase the approval to spend for the project to cover these items and to ensure there is sufficient provision for project management costs and the council’s contingencies. The overall budget for the project was set at £6.141m by council in July 2018. The recommendation to cabinet is that approval is given to expenditure of the full sum already in the capital programme. No additional budget is sought from council.

The underlying business case for renewing Marlbrook Primary School is as previously – to provide permanent accommodation for an expanding school. The reason for presenting a revised business case is to take account of the cost plan for the remaining works.

An earlier project was undertaken early in 2017 for a substantial rebuild of Marlbrook Primary School, which would also have re-provided accommodation for the private and voluntary sector occupants of the site, and improved and extended council accommodation on the site including the children’s centre and multi-agency office. This project was not taken ahead as it would have cost substantially more than the available budget, and included many elements that were not strictly related to the enlargement of the school.

A new capital request was made in 2018, and a sum was added to the capital programme which was confirmed as £6.141m at full council in July 2018. Meanwhile a schedule of accommodation required for a 630 place primary school was developed, based on the Department for Education’s Building Bulletin 103, Area Guidelines for Schools.

Cabinet approved a total expenditure of up to £5.135m and a procurement of a principal design and build contractor was undertaken through the Constructing West Midlands framework. Although the Cabinet report did not specify a maximum value for the construction contract, management budgeting aimed to achieve this for up to £4.2 million. It should be remembered that the full cost of any project is not only the contract cost, but includes the council’s own project management and professional services costs, and contingencies. In addition the full budget sum also covered costs already incurred, including feasibility works, interim works to modify the Greencroft building for use as the school nursery in 2018, and required interim works to cope with new reception intake in 2019.

The successful tender was a) within the overall cabinet approved budget; and b) within the £4.2 million management budget for construction.

In the course of developing a detailed design a more complete cost plan was produced, based on the actual design and the sub-tendered packages from the various construction trades (e.g. groundworks, steelworks, brick works, etc.). This exceeded £4.2 million. The principal contractor was asked to propose value engineering solutions to bring the contract price back within the management budget. They did this. The majority of their proposals were accepted. There was one sticking point in respect of the school kitchen. The contractor proposed omitting any extension or improvement. It was not an explicit requirement of the schedule of accommodation that the kitchen be extended, but it was the view of the school that a larger kitchen was essential in order to secure the long term provision of hot meals cooked on site. This view was broadly accepted by children and families officers, and discussions between the school, the caterer and the principal contractor's designers to develop a cost effective plan for improved kitchen provision. This was done and could be added into the contract if agreed.

There were also concerns about some of costs of enabling works which were higher than indicated in the original tender. These mainly related to access to the site and the area on which the new extension is to be built. In order to satisfy concerns about the validity and value for money of these works a review was commissioned from an external, independent firm of quantity surveyors and cost consultants. Their report concludes that the price offered by the contractor provides value for money for the council.

If there is support for the provision of the full schedule of accommodation including an improved kitchen, and if assurances from the council's independent cost consultants in relation to the costs and value for money of the contractor's enabling works is accepted, then there is a compelling business case for the construction project to provide permanent accommodation for the expansion of Marlbrook Primary School. It is therefore recommended that the full sum of £6.141m earmarked for the project already in the capital programme is approved for expenditure. This will include costs already incurred in earlier phases of work, the cost of the contracted work, the council's project management costs, and contingencies. Any sums remaining at the conclusion of the project will be returned to the capital programme.

Rigorous cost control will be exercised throughout the construction phase. The director for children and families has overall delegated authority for the project. The assistant director for education development and skills is the project sponsor. The interim education and capital manager with experience of school build projects will act as project lead. A technical project manager from property services, with construction and surveying professional experience and qualifications, will advise on all technical matters and will be the designated point of contact with the contractor, issuing all instructions and orders. A project manager from the corporate programme team will provide project assurance. The services of independent cost consultants will be retained to advise on any cost issues which may arise in the life of the project. A project board comprising the above will meet monthly, and will also include representatives of other council services – particularly finance. The headteacher will be invited to attend as required as "senior user"; and the contractor as "senior supplier", to ensure good lines of communication are maintained. Project documents and records will be maintained on the Verto project management system. The status of the project will be regularly reported to the children and families capital programme board, management board, and the relevant cabinet members.

2. Project aims and objectives

The Schools Capital investment Strategy (SCIS), adopted in 2017, sets out the principles for investment in the schools estate. This section refers to the key principles and how they are relevant to the Marlbrook project.

The SCIS principles include:

- 1) High quality learning environments are more likely to deliver the best outcomes for all children and young people – *the Marlbrook expansion project is intended to enable more children to be educated in a popular and successful school rated “outstanding” by Ofsted. Up to now the increased numbers have been educated in mobile classrooms, and expansion of shared spaces such as halls and practical areas has not kept pace with the overall expansion of the school. The project is intended to support good outcomes for all pupils at Marlbrook.*
- 2) A high quality learning environment is one where:
 - The building is in good condition with an affordable and planned programme of maintenance – *whilst the existing main school building at Marlbrook is relatively modern and in good condition, the mobiles do not provide a good learning environment in the long term. They are not energy efficient and the associated maintenance burden increases with age.*
 - The building has the right number of suitable places – *Marlbrook has expanded by taking a larger intake each year since 2014, with piecemeal extensions and modular buildings. The current project will ensure the whole building fully meets the requirements both in terms of size, and suitability. Suitability means that classrooms are an appropriate size, and ancillary spaces such as halls, dining spaces, external areas, toilets, offices, first aid, hygiene and physio rooms are provided and are fully accessible to all pupils. The new building has been specified accordingly with reference to the Department for Education’s building Bulletin 103: Area Guidelines for Schools, to ensure it fully meets suitability expectations.*
 - The building supports the delivery of a suitable curriculum and learning - *The new extension will ensure all classes are arranged round a year base for practical activities. A new additional school hall will ensure all children get regular indoor physical education and performing arts (music, dance and drama) opportunities. It will also ensure children can enjoy lunch indoors throughout the year. New hygiene and physio rooms will ensure that the school will be accessible to children with special needs. A lift will be provided to classrooms on the first floor.*
 - There is sufficient suitable outdoor space including playing fields and all weather surfaces – *the school benefits from a large field, which it will retain. It has a multi-use games area (MUGA) which it will retain. New netball courts will be provided, and the existing outdoor cycling track will be enhanced. New external grassed areas may be used for games or social purposes. Sport England were a statutory consultee in the planning process, and their recommendations have been reflected in the final design of the project.*
 - Children are not taught in temporary classrooms – *at the end of the project all the existing temporary buildings used by the school will be removed. These include buildings used for*

classrooms and as a staffroom. All children will be educated in permanent buildings that fully meet the recommended standards set out by the Department for Education.

- *The building is energy efficient – The new extension will benefit from photo-voltaic solar panels, and a combined heating and ventilation system. The new kitchen will be fitted with efficient cooking and ventilation systems to improve energy efficiency.*
- *The school has full disabled access – there will be full wheelchair access throughout. The new extension will benefit from a lift providing access to the first floor. The new corridors will be of a width to enable easy movement for pupils, staff, parents and visitors with disabilities.*
- *The school meets all health and safety requirements – all statutory health and safety requirements will be met or exceeded in the new extension and throughout the site. The contractor will work closely with building control to ensure that the construction process is safely managed and the resulting building is safe.*

The project aims to deliver new permanent accommodation for Marlbrook Primary School expanding its capacity from 420 to 630 (plus early years provision) and increasing its admission number from 60 to 90.

The project will enable the removal of mobile classrooms from the site.

The project will enable the council to better fulfil its statutory duty to offer a school place to all children whose parents request one, and maintain the percentage of parents receiving an offer at their first preference school – a school which is popular and successful – rated “outstanding” by Ofsted.

3. Background

The school is rated outstanding by Ofsted and is a teaching school. It has been over-subscribed since 2011 and was requested to admit a larger number of children by the council in 2014 and in the years following that. Previously the school’s planned admission number was 60. Since 2014 it has been 90. It is usually fully subscribed. A school with an admission number of 60 results in a maximum total number of pupils of 420 (60 x 7 year groups). A school with an admission number of 90 results in a total number of 630. The additional numbers admitted since 2014 have been accommodated in temporary buildings, with some minor modifications to the main building. The Schools Capital Investment Strategy discourages long-term use of temporary buildings. While classroom space has expanded with the use of mobiles, shared spaces such as hall space, practical areas, and other specialist facilities have not. The project is therefore intended to ensure that the accommodation is extended to provide the recommended building for a school of 630 (plus nursery/early years). The specification for the required accommodation has been developed using the Department for Education’s Building Bulletin 103, “Area Guidelines for Schools”. This is recognised as providing a consistent basis for planning school buildings in England, reflecting good educational practice. The resulting buildings should be what any responsible parent or teacher could expect in a new school building, without providing merely “nice to have” accommodation.

3.1. Project Drivers

The number of children in south Hereford has been increasing over recent years as a result of demographic growth. There are very few surplus places available in the planning area and without the

expansion of Marlbrook there would be a shortage of places. As the school is rated outstanding by Ofsted it is popular with parents, and consistently fills to capacity.

The other primary schools in the Hereford City South school planning area are full, or nearly so. The expansion of Marlbrook has been a response not only to parental preference for a popular and successful school, but of demographic growth in an area where many young families live, with some housing development also supporting pupil growth.

It is expected that overall numbers in the area will be sustained at broadly similar levels for the next decade.

3.2. Current performance measures

Marlbrook Primary School is rated outstanding by Ofsted and is a teaching school. Teaching schools are good or outstanding schools that play an important role in a school-led system, working with others to provide high-quality training and support for school improvement in their local area.

Currently the school is operating in accommodation designed for 420 pupils, supplemented by some temporary modular buildings to enable it to admit a larger number. The existing arrangements provide only substandard accommodation, as the temporary classrooms are detached from the main building and are not intended for permanent use. The shared facilities such as the school hall, staffroom accommodation, and other spaces are below the recommended areas set out in the Department for Education's Building Bulletin 103, "Area Guidelines for Schools".

The project is intended to deliver the recommended area of internal and external space in permanent accommodation, thereby facilitating the school to provide an outstanding educational experience in permanent buildings of the recommended specification.

4. Scope

4.1. Included in Scope

The project will deliver accommodation meeting the recommended areas set out in the Department for Education's Building Bulletin 103, "Area Guidelines for Schools", including teaching and non-teaching spaces. It will deliver increased car parking to address the problems caused by high levels of parking outside the school on the neighbouring residential roads. It will provide new netball courts to replace those that will be lost as a result of the siting of the new building. It will include the removal of existing temporary classrooms. It will provide an enhanced school kitchen that will continue to provide hot meals cooked on site. The school will be designed and constructed to maximise energy efficiency and will include photo-voltaic solar panels. Additional bike and scooter storage will be provided along with some landscaping to improve pedestrian access to encourage sustainable journeys to school.

Sport England were a statutory consultee in the planning process and they have asked that new netball courts are included to replace those that would be lost under the footprint of the new extension. This work has already been done so there will be no loss of amenity when the full works start.

4.2. Out of scope

The project does not include any works beyond those that result from the standards recommended by the Department for Education, the external works specified above. It specifically does not include works to the private sector day nursery, or the voluntary sector community centre on site.

A previous feasibility study had investigated re-providing accommodation for the private and voluntary sector occupants of the site. This is not being taken forward for reasons of costs. Those organisations will continue to occupy their existing buildings.

All the works being undertaken derive from the recommendations of the Department for Education's Building Bulletin 103, Area Guidelines for Schools.

5. Stakeholders

The key stakeholders are the school, represented by the headteacher and business manager who attend most project board meetings by invitation as senior users. Parents, other users of the site and buildings, and local residents are engaged mainly by the school, and were consulted in an open session held by the developer as part of the planning process. The school is supportive of the project, and has contributed to the design development. The interim works conducted in the summers of 2018 and 2019 have both been implemented expeditiously by the respective contractors, with minimal disruption to the school. The continued close involvement of the school is expected throughout the construction phase, which will necessarily include works during term time.

Neighbours are particularly important as the nearby roads are relatively narrow and easily blocked by large vehicles or heavy traffic. Their priorities are recognised by the improvements to school parking, the reworking of the school travel plan, and the contractor's plans for managing deliveries during the construction phase.

6. Constraints and dependencies

6.1. Initiatives which depend on this project are:

There are no specific projects other than the permanent expansion of Marlbrook Primary School which depend on this project.

6.2. This project depends on:

There are no specific projects which are likely to hinder the progress of this project.

A number of areas of the council have been involved in the development of this project, including planning (which advised pre-application and enabled planning permission to be granted without significant difficulty), highways (in respect of considering the impact on the road network), property services (managing the technical aspects of the project), corporate programme team (supporting project management and project assurance), finance (advising and supporting on budget development and monitoring). There are no external stakeholders involved other than the on-site day nursery and community centre both of whom have been supportive and not raised any problems either with the project proposal, or the initial works which have already taken place.

7. Options considered

Option 1

Seek approval for expenditure of the full sum allocated to the project in the capital programme	
Cost	£6.141m
Advantages	This will deliver the envisaged project within the sum already added to the capital programme.
Disadvantages	None
Impact	The project will provide the school with the accommodation recommended by the Department for Education's Building Bulletin 103, Area Guidelines for Schools, improving the school environment, maximising parental preference and improving outcomes for children. The project will address the pressure of parking on nearby residential streets by better management of school related parking and traffic.
Deliverability	This is a deliverable project: there is sufficient budget to deliver the planned works. The main challenges during the construction period are likely to be managing contractors' access to the site because of the narrow residential roads in the area. The contractor has plans for managing this. Unforeseen below ground site issues are always a potential risk. These have been investigated as far as possible through surveys. Macro-economic challenges which might affect material prices or the cost and availability of labour are a risk. These are not directly within the control of the project team.
Recommendation	This option is recommended.

Option 2

Seek further cost savings from the contractor	
Cost	The cost could be reduced if required, by reducing the specification for the new building, and/or omitting certain elements. It should be noted that the value of <i>any</i> changes, including cost saving proposals, may not be fully realised due to the cost of reworking designs and drawings.
Advantages	It may be possible to save £250k on the contact cost by omitting works to improve kitchen facilities.
Disadvantages	The school would be left with a building that did not fully meet the recommended specification in terms of space and suitability and could compromise its ability to provide hot meals cooked on site.
Impact	Aspects of the work of the school would be affected... for example school meals might have to be prepared off-site.
Deliverability	This may be deliverable, however the knock on effects of changing the design at this stage are hard to assess and the full saving may not be deliverable.
Recommendation	This option is not recommended.

Option 3

Not proceed with the project	
Cost	Unknown, but likely to exceed £1m because of sunk costs that cannot be recovered, such as the cost of designing the unbuilt extension.
Advantages	It would be the least expensive option.
Disadvantages	It would not deliver the core aims and objectives of the project, leaving the school operating out of temporary classrooms. None of the benefits of the project intended to meet the principles of the Schools Capital Investment Strategy would be delivered.
Impact	The learning environment at the school would not benefit from the improvements envisaged.

Deliverability	Deliverable.
Recommendation	This option is not recommended.

8. Budget provision

The budget for the project has already been added to the capital programme by council, and approval to spend the full budget will be sought from cabinet.

9. Detailed costs and assumptions on final recommendation

The cost plan has increased since the current budget was approved by cabinet in May 2018 but costs are still within the overall sum added to the capital programme by council.

Capital Cost of Project	Total
	£000
Phase 1	
Thinking Buildings Feasibility Design (2017)	146.5
Phase 1 Greencroft remodelling (2018)	300.0
Phase 2 (Main Extension)	
Construction D&B	4,445.5
Additional Construction D&B Costs From Initial Works*	99.0
Procurement Framework Fee	10.0
Other Costs	1,140.0
Total	6,141.0

The additional construction design and build costs relate to:

- an increase in design costs for the re-design work involved with the value engineering items; and
- the increase in the preliminaries resulting from the extended programme duration following the need to carefully scrutinise the cost of the overall works. Works that were originally planned to be delivered in parallel are now having to be delivered sequentially.

10. Benefits

The anticipated benefits of the proposed project are listed below:

10.1. Cashable benefits

Details anticipated savings from the project and how/when they will be realised

The cashable benefits will mainly accrue to the school. These will include reduced maintenance costs as the new building will be handed over in good condition. Improved energy costs and inefficient mobile classrooms will be replaced with efficient permanent buildings including photovoltaic solar panels. Greater opportunities for the school to benefit from letting income and community activities using the new school hall. Potentially greater opportunities to derive an income from use of the school field. More efficient use of the school's delegated budget, as larger schools have relatively lower overheads for administration.

Cashable benefits for the council: reduced potential maintenance costs. The building should be handed over in good condition, so the risk of large reactive maintenance costs such as boiler failure should be reduced.

10.2. Non-cashable benefits

Details any non-financial benefits of the project

The main non-cashable benefits are for the school, its pupils and their families who will benefit from an improved building with better facilities, offering a high quality learning environment.

The enlargement of the school – judged outstanding and with teaching school status – will enable the council to a) meet its statutory duty to offer a school place to all children whose parents request one; and b) meet more parents' first preference; and c) increase the number of children educated in an outstanding school. This in turn will support improved outcomes for children.

The enlarged car parking provision should reduce the pressure of parental parking on the neighbouring residential streets, improving road safety.

10.3. Dis-benefits

There are no clear dis-benefits to the project, beyond the fact that it represents a significant capital investment and cost to the council.

There may be short term dis-benefits during the construction phase in respect of movements of large vehicles making deliveries to the site, some disruption to the school, potential noise at certain times.

11. Resources

Children and families management – providing project sponsor, project lead, cabinet member briefing, liaison with school, ensuring the educational objectives of the project are met, record keeping and day to day population of Verto.

Corporate programme team project management – providing project assurance, and accountability to corporate programme team

Property Services technical project management – providing technical support and advice requiring surveying/construction expertise. This includes issuing all instructions and orders to the contractor. Some services may be contracted out – such as cost consultancy, or very specialist technical expertise which may not be available in house.

Legal services - internal and external legal costs to prepare contract and any other legal documentation which may be required.

12. Project timeline

The remaining project timeline is:

November 2019	Decision to proceed
December 2019	Formation of contract/contractors' mobilisation
January 2020	Start of work on site
January 2021	Completion of work on site *
January 2021	Handover and occupation
	Benefits realisation

*It is hoped completion may be earlier, but it is prudent to allow 12 months construction period, particularly as the project is likely to start in winter.

13. Risks

13.1. The key risks of not doing the project are:

- Continued occupation of mobile classrooms not intended for permanent use
- Continued shortage of non-classroom spaces including shared learning areas, hall etc.
- Lack of provision of facilities enabling accessibility of school to all pupils, including those with disabilities through lack of hygiene and physio rooms

13.2. The key project risks are:

- Costs: risk of cost increases, due to inflation, labour shortages, contractor or sub-contractor failure, project "creep". Mitigated by having a clear and comprehensive contract, with detailed design and cost plan attached, and rigorous adherence to specification.
- Costs: risk of cost increases as a result of any delay in decision making, resulting in inflationary costs, or increased contractors' preliminaries. Mitigated by having a robust project management system in place, and a project sponsor with delegated powers to take timely decisions when required and a contingency to address specific issues if necessary.
- Delay to completion due to weather, supply chain disruption, etc.: mitigated by council and school level plans to address delay, as well as by robust contractual arrangements to ensure timely delivery. (The school has contingency plans for this eventuality).
- Quality – non-delivery or low performance of key requirements. Mitigated by clear specification of accommodation and standards required, role of technical project manager making frequent site visits and monitoring progress and standards against specification.



GREENWOOD PROJECTS

Project Managers • Quantity Surveyors • Employer's Agents
CDM Advisors • Principal Designers • Heritage Advisors

MARLBROOK PRIMARY SCHOOL

SCRUTINY REVIEW REPORT

6TH NOVEMBER 2019



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1. Introduction
2. Stage 4 Tender Sum
3. Review of Costs
4. Tender Adjustments
5. Variance to Budget
6. Revised Access
7. Conclusion
8. Author of Report

Appendix A – Original Tendered Layout and Morgan Sindall Initial Site Logistics Plan

Appendix B – Current Proposed Site Logistics Plan

Appendix C – Tender Cost Comparison

Appendix D – Morgan Sindall Statement

Appendix E – Engie Review

Appendix F – Morgan Sindall Initial Health & Safety Statement

1. Introduction

- 1.1 Herefordshire Council originally set the brief and associated budget for this project at £4,200,000.00 based on benchmarking the scheme back to the recently completed project at Colwall. Following a review of procurement options Herefordshire Council agreed to use the Constructing West Midlands Framework to procure their Main Contractor for the Marlbrook Primary School project. This framework provides for a Contractor to be appointed early in the process on an open book design and build basis. Tender documents were prepared and issued which included a previous scheme prepared by Thinking Buildings as shown in Appendix A attached.
- 1.2 A detailed tender process was undertaken by Herefordshire Council and Morgan Sindall were subsequently appointed, scoring well on all quality items and their Stage 2 initial cost estimate. Note at this stage Morgan Sindall had provided a cost estimate based on the Thinkings Buildings scheme, which indicated building an extension attaching the existing school and had proposed a site logistics plan again shown in Appendix A attached.
- 1.3 Morgan Sindall then developed the scheme with their appointed design team and Herefordshire Council and provided 5 options to the client team at meetings on the 6th and 15th November 2018 and subsequently agreed at a meeting on the 18th December 2018. Also, at this stage detailed surveys, site investigations, etc. were carried out.
- 1.4 The chosen scheme resulted in a revised approach to the project, mainly for Health & Safety reasons associated with the protection of the school children, staff and visitors to the school, as per the layout plan included in Appendix B, in respect of the following:
 - Provision of an extension separate to the main school and not built against the existing school. This scheme revised the building footprint taking up more space in the existing playground.
 - The need to overcome site logistic and access issues.
- 1.5 In addition to the above there were also various other changes, agreed and outlined by the Client and minuted at meetings, which added to the original brief, the overall effect of the above was a Stage 3 estimate of £4,598,051.19 against a project construction budget of £4,200,000.00 i.e. a reduction of £402,772.42.
- 1.6 A pro-active approach was subsequently undertaken by all parties and numerous value engineering solutions were identified to provide an estimated scheme cost of £4,195,278.77.
- 1.7 The scheme was then developed and tendered to the market place in line with the Constructing West Midlands Framework guidelines to obtain a Stage 4 detailed tender sum.

2. Stage 4 Tender Sum

- 2.1 Following the above process Morgan Sindall advised Herefordshire Council that their Stage 4 Tender Sum would be £4,627,525.42, a summary of which is provided in Appendix C, under the heading of Original Stage 4 Costs.
- 2.2 A detailed open book breakdown was subsequently provided at both Stage 3 and Stage 4 to ourselves to substantiate the above figure.

3. Review of Costs

- 3.1 A detailed scrutiny was undertaken of the cost provided which included: -
- Review of framework and previous costs / budgets prepared for the project.
 - Review in detail all the drawings / documents provided.
 - Review financial proposals from Morgan Sindall, which included the following: -
 - Quantities measured in the Bills of Quantities.
 - Review of all quotations obtained for all the work packages.
 - Review and agreement of any attendances added to the work packages.
 - Checking all quotations had been correctly allocated to the Bills of Quantities.
 - Review of bench mark rates from our database of similar projects to ensure best value quotations have been received.
 - Review of Provisional Sums allocated to the project.
 - Review and agreement of the Risk Register and all associated costs.
 - Review and check all fees allocated to the project.
 - Attend numerous clarification meetings with Morgan Sindall and / or Herefordshire Council.
 - Review and agree all responses from Morgan Sindall.
- 3.2 A series of detailed financial meetings were undertaken between Morgan Sindall and ourselves to verify the above costs, this involved challenging every work page and the associated invoices received from the tendering sub-contractors to ensure best value was obtained. In addition a detailed review was also carried out.

3. Review of Costs (Continued)

- 3.3 These challenges resulted in Morgan Sindall reviewing numerous elements with their sub-contractors, etc and making numerous reductions to ensure the correct cost was obtained for all packages.

4. Tender Adjustments

- 4.1 Following our detailed review Morgan Sindall confirmed their final offer including the adjustment for the agreed Value Engineering items in the sum of £4,306,061.91.

On the basis the Provisional Sums for the extra work to the existing kitchen and the items Morgan Sindall deem outside the brief, which are required by the Client, then the total cost is £4,445,478.78.

The summary of these figures are provided in Appendix C, under the heading of Accepted Stage 4 Costs.

- 4.2 I confirm that during this period, where we challenged the costs and carried out a full detailed technical and arithmetical checks and extensive negotiations with Morgan Sindall; the costs were reduced by £182,046.64.
- 4.3 The above Stage 4 cost of £4,445,478.78 includes all Tier 1 Contractor Risks but excludes Tier 2 Client Risks, for which a separate client contingency sum will be required.

5. Variance to the Budget

5.1 The proposed total tender sum of £4,445,478.78 is £245,478.78 over the original project construction budget.

5.2 Factors associated with this increase and their associated costs are noted below:-

Extra Items Outside Original Brief		
Staff Room Tea Points	7,332.35	
Fixtures, Fittings And Equipment	12,392.00	
Main Entrance Bollards	8,900.55	
Extra Door Ironmongery	3,965.44	
M&E 12 Month Maintenance	8,351.76	
Cycle Shelters/	9,536.74	
External Canopies	13,938.03	
		64,416.87
Extra work within existing Kitchen over existing brief		45,000.00
Revised Access Route - Increased site specific prelims due to Health & Safety concerns		
Additional Haul Road & Compound plus removal & making good	158,087.97	
Additional safety fencing, gates etc	56,476.80	
Additional Site Logistics including Forklift & driver associated with site logistics	69,699.50	
		284,264.27
Inclusion of Performance Bond, not normally requested by Herefordshire Council		5,616.00
Total of items not included in the original budget		399,297.14

5.3 The client project team felt that the above items and associated costs of the developed scheme are required and justify the over spend against the original construction budget. This is evidenced by minuted agreement / instruction.

6. Revised Access

- 6.1 The largest variance to cost was the revised access route shown in Appendix B. Due to the large cost increase this was challenged numerous times with Morgan Sindall and various options were discussed.
- 6.2 Morgan Sindall design development confirmed concerns with the Concept Design and commented on the proposed construction access route in a statement which is included in Appendix D of this report.
- 6.3 In order to verify the approach taken by Morgan Sindall, Herefordshire Council requested an independent review of the site logistics by Engie, who verified Morgan Sindall's approach.
- 6.4 The Construction Design and Management (CDM) Regulations 2015 put a duty of care on all parties involved in a construction project with emphasis on the Client to ensure all aspects of Health and Safety are continually reviewed to provide the safest possible approach to the project is undertaken. Morgan Sindall are a competent contractor and view Health and Safety extremely high in their criteria for a project, this was clearly stated in their initial tender documents, a copy of which is included in Appendix F. It should be noted that Morgan Sindall will be fully responsible for Health and Safety on site and their site logistic proposal will be a fundamental part of their Health and Safety Construction Phase Plan, as required by the CDM 2015 Regulations.
- 6.5 Greenwood Projects are Corporate members of the Association of Project Safety and Stefania Calabrese RIBA TechIOSH CMaPS along with the author are fully 'Certified' Principal Designer. I confirm Stefania and I have fully reviewed the approach taken and confirm our opinion is this is a practical and logistical approach to minimising the Health and Safety risks on the project, in particular to the children, staff and visitors to the school.
- 6.6 The prelims cost associated with the revised access route were again challenged and checked by ourselves. By way of further explanation the following are included in the cost: -

Temporary Car Park, Haul Road and Footpath

- Excavate topsoil, set aside and subsequently reinstate.
- Terram Geotextile generally and additional Geogrid topsoil layer to haul road and subsequent removal.
- GF5 capping layer, Type 1 sub-base.
- 100 thick Tarmac base course to haul road and footpath and subsequent removal.
- Temporary lighting for winter months.

6. Revised Access (Continued)

Safety Fencing

- Timber post and rail pedestrian fence.
- Chain link metal fencing.
- Plywood hoarding.
- Vehicular and pedestrian steel gates.
- Removal of above and reinstatement.

Additional Site Logistics including Forklift and Driver

- Due to the remote location of the site compound and associated need for double handling, there is a need for an additional forklift and qualified driver.

All the above are Additional Permissible Preliminaries under the Commercial Working Guide issued by the Constructing West Midlands Framework.

7. Enabling Works Undertaken

7.1 In order to maintain programme Morgan Sindall were instructed to carry out the following enabling works:

- South Car Park and associated drainage and attenuation including LA connections
- Entrance widening
- Year 1 internal remodelling
- Attic space
- Netball courts – infill to cycle track
- De-mobilisation (removing haul road and fencing and re-instating grass to sports field)
- Morgan Sindall Prelims
- Design based on agreed LOI figures to date plus measured work uplift to construction status.
- Surveys

7.2 A formal Letter of Intent was initially issued by Herefordshire Council on 17th January 2019 for £208,537 to cover design of the works, site surveys and other enabling works to prepare for the project.

7.3 Subsequent to the above a further formal Letter of Intent was issued by Herefordshire Council dated 24th May 2019 extending the first Letter of Intent up to a total maximum expenditure of £744,885.90.

- 7.4 For clarity the design and enabling work costs of £744,885.90 are included in the current Stage 4 costs of £4,445,478.78.
- 7.5 The works on site formally started on site on 17th June 2019 with the anticipation further instructions would be received so the full scope of works could start on 12th August 2019. This was discussed and agreed at the Pre-Start Meeting dated 19th June 2019.
- 7.6 Due to Herefordshire Council governance requirements the authority to continue was not received and Morgan Sindall were asked to complete the initial work on site and then stop all work.
- 7.7 On the basis the main works were unable to overlap with the enabling works, Morgan Sindall have therefore incurred additional preliminary costs of £71,390.38. In addition there are additional temporary fencing costs of £1,000.
- 7.8 Variations have been instructed for the following items:
- Additional Design Costs - £2,902.72 (£27,902.72 less £25,000 Provisional Sum)
 - Soft Spots in Netball Court - £6,545.73
 - Netball Courts to Sport England Standard - £7,593.20
 - Replacement of under strength existing attic lintel - £1,874.56
- 7.9 Please note the extra costs detailed in items 7.7 and 7.8 above are not included in the current Stage 4 Cost of £4,445,478.78.

8. Conclusion

- 8.1 Morgan Sindall developed the scheme with Herefordshire Council and provided detailed cost breakdowns, including risk allowances, etc in accordance with the Commercial Working Guide for the Constructing West Midlands Framework.
- 8.2 Design development meant the revised access and haul road were proposed as the best solution to ensure safety for school children, school staff and construction operatives. This is a favourable proposal supported by the client project team.
- 8.3 The design layout changed from initially being aligned to the school to the current proposed footprint which meant the routes around the building to construct the scheme and allowances for the site set up, compound, etc were no longer available.
- 8.4 The revised site logistics have been fully reviewed by all parties and provides a very logical, practical and safe method to minimising the Health and Safety risks on the project for the users of the school.

8. Conclusion (Continued)

8.5 Following our detailed review I confirm the Stage 4 cost agreed from Morgan Sindall in the sum of £4,445,478.78 including all contractors Tier 1 Risk provides value for money for Herefordshire Council under the terms of the Constructing West Midlands Framework.

9. Author of Report

9.1 The above report has been prepared by Malcolm Knight MRICS CMAPS, Director at Greenwood Projects Limited.

Malcolm has 40 years' experience in the industry as a Quantity Surveyor and is a Chartered Member of the Royal Institution of Chartered Surveyors (RICS).

Greenwood Projects Limited are also a fully regulated member of the RICS.

APPENDIX A

**ORIGINAL TENDERED LAYOUT
AND MORGAN SINDALL INITIAL SITE LOGISTICS PLAN**

Drawing Scale Bar			
Drawing	Scale	Original	Scale
1:1	1:1	1:1	1:1
1:2	1:2	1:2	1:2
1:3	1:3	1:3	1:3
1:4	1:4	1:4	1:4
1:5	1:5	1:5	1:5
1:6	1:6	1:6	1:6
1:8	1:8	1:8	1:8
1:10	1:10	1:10	1:10
1:15	1:15	1:15	1:15
1:20	1:20	1:20	1:20
1:25	1:25	1:25	1:25
1:30	1:30	1:30	1:30
1:40	1:40	1:40	1:40
1:50	1:50	1:50	1:50
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1:75	1:75	1:75	1:75
1:100	1:100	1:100	1:100



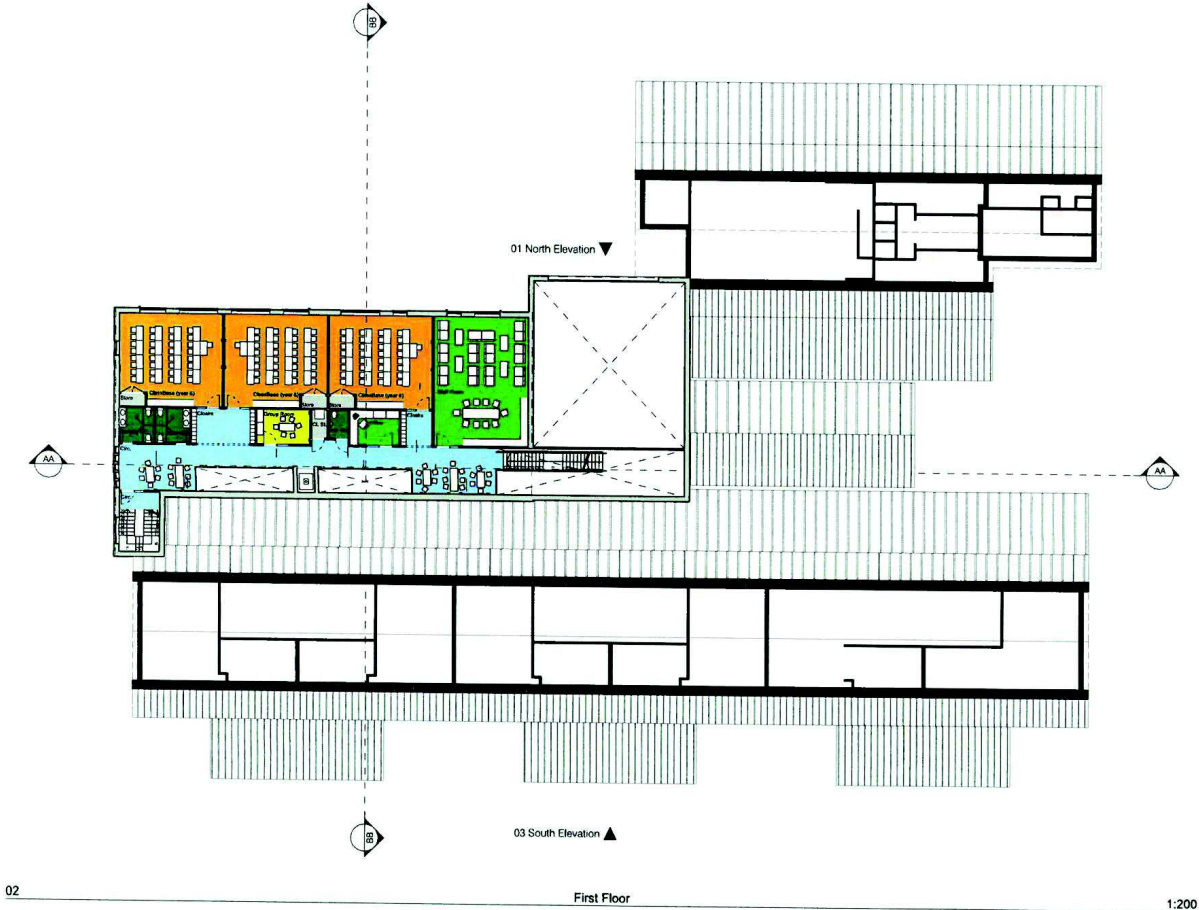
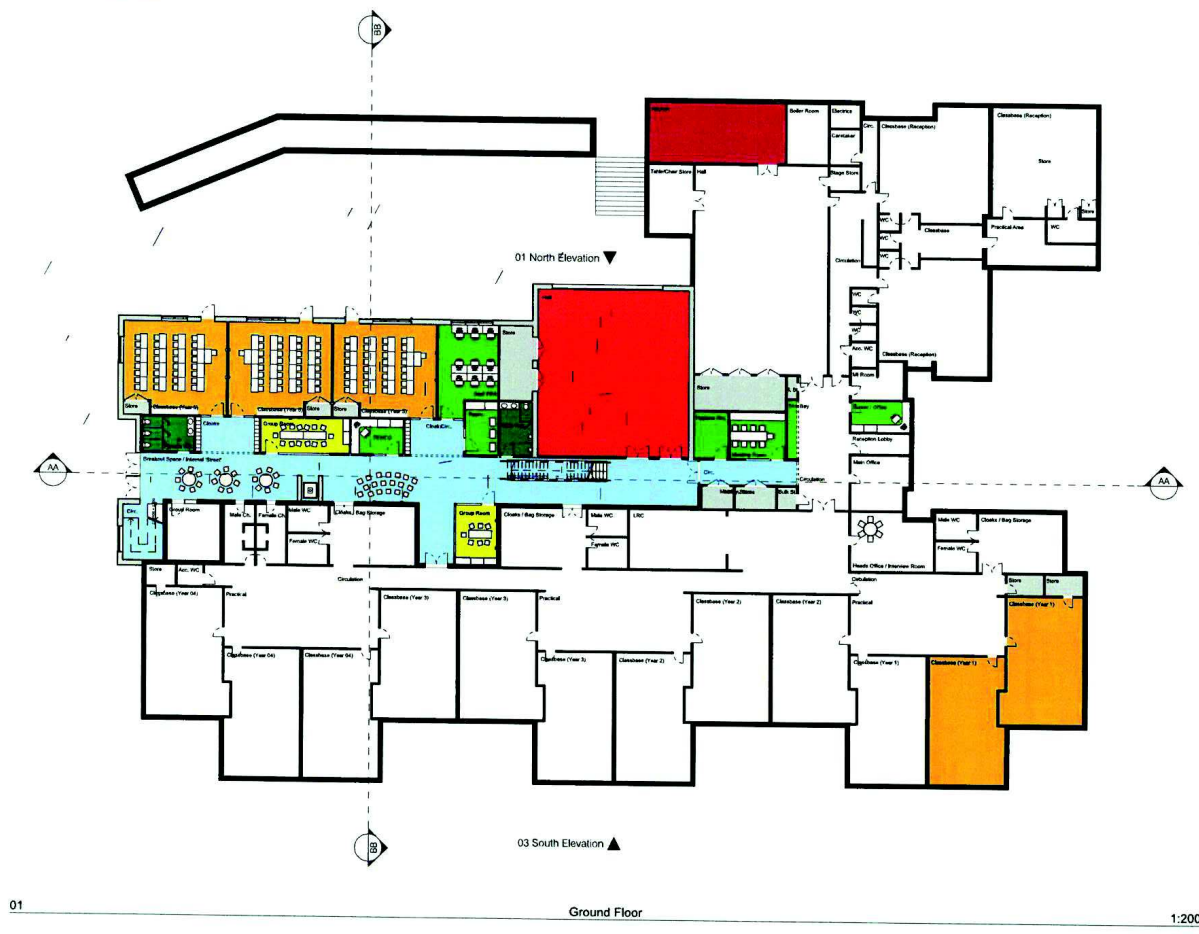
Do not scale from this drawing. Refer to typical dimensions only. Thinking Buildings Limited registered in England and Wales No. 7638362. This drawing is copyright of Thinking Buildings Ltd.

GENERAL NOTES

Drawing is based on scanned copies of existing AS. Full information and is not based on accurate topographical and/or survey data. Refer to Building Bulletin 103 Area Analysis for information on existing and proposed areas.

CHANGES IN CURRENT REVISION

Change	Description	By
01	Classrooms reduced to 55sqm, PPA and adjacent store junction	GV
02	Room added taking information based on OS Data and/or Topographical Data	GV



Task	Date	By	Check
Feasibility	30/03/2017	GV	DA
Final Design	18/03/2017	GV	DA
Site at Sketch Feasibility, Planning Building Reg, Tender Construction At R/L	08/01/17	GV	CG

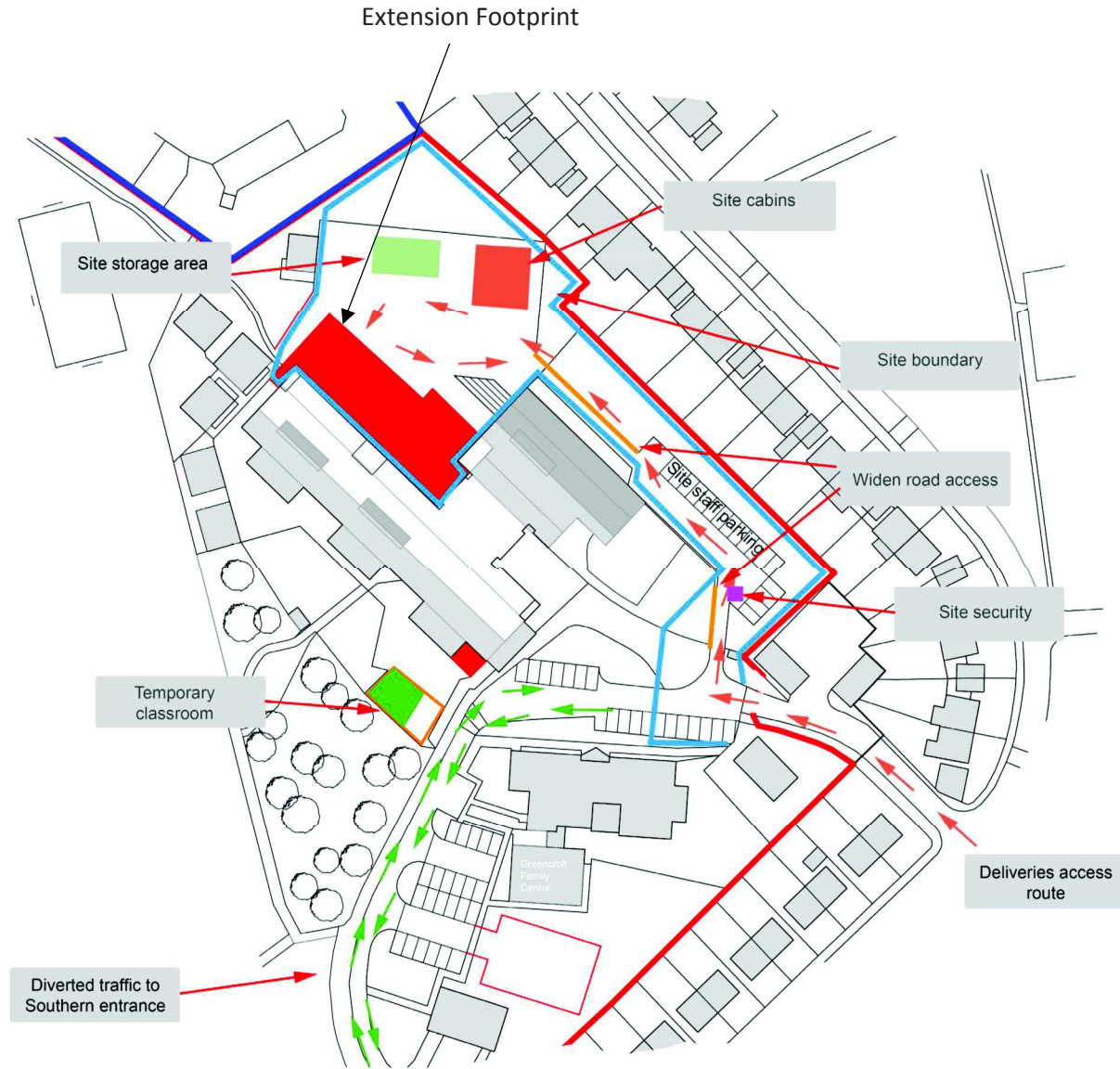
Thinking Buildings
Architecture
Project Management

Oxfordshire
Newport Mill Business Centre, Roxbury, Didcot, Ox15 4FF, t: 01235 729830
Derbyshire
Revival Centre, 118 Great Ouse, Derby, Derbyshire, DE1 3AF, t: 01332 314450
e: info@thinkingbuildings.co.uk
www.thinking-buildings.co.uk

Site
Not Construction
Contract Ref: Saxon Class, Leighton Buzzard, Bedfordshire, LU2 4AZ
Client
Marbrook Primary School
Green Croft, Hereford, HR2 2HT

Proposed Plans: School Exp.

Sheet No.	Sheet Title	Scale	Date	By
A1	1708	10	A	



APPENDIX B

CURRENT PROPOSED SITE LOGISTIC PLAN

PRELIMINARY

DRAWING TITLE
Existing Site Plan

PROJECT
Marbrook School

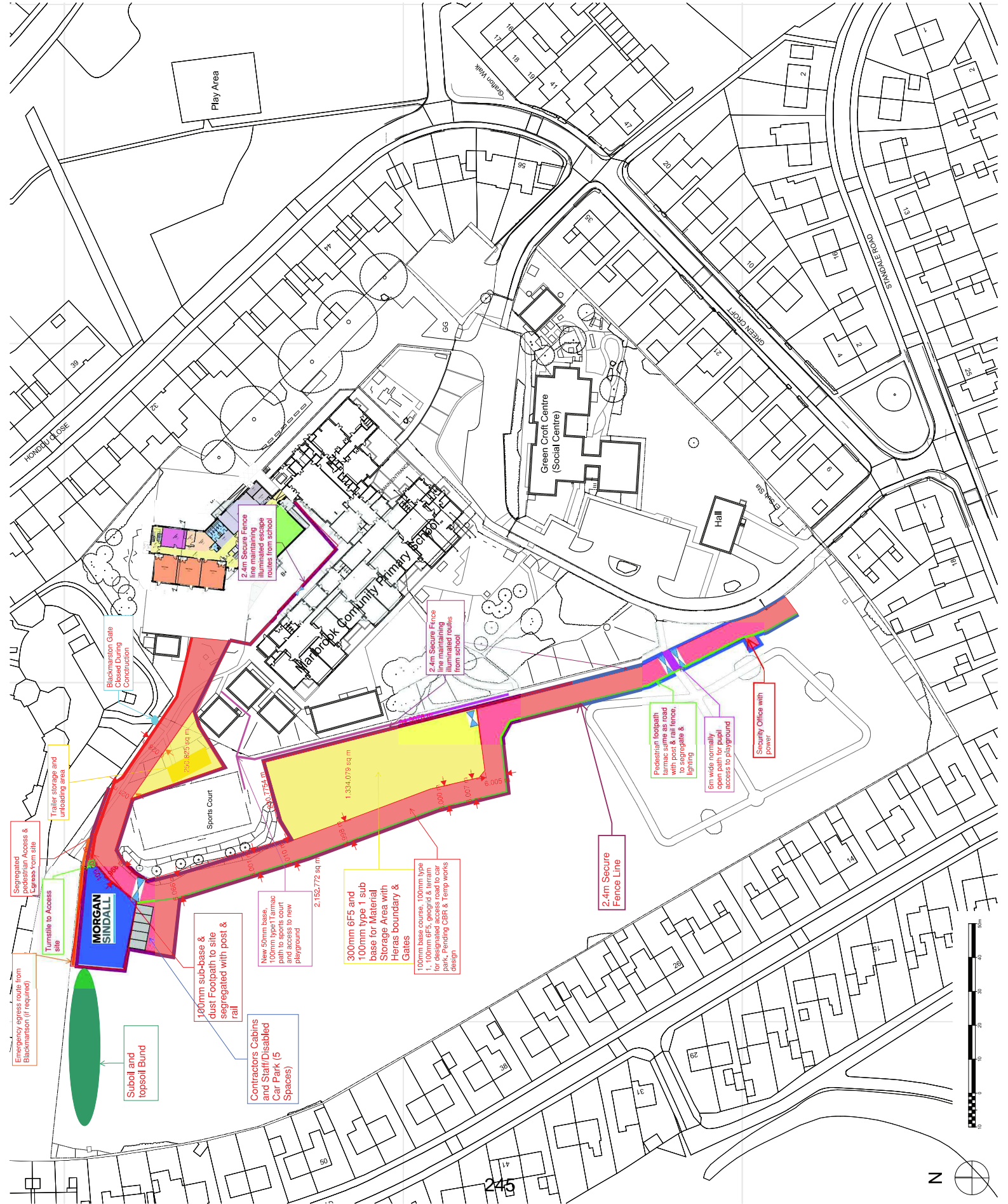
CLIENT
Morgan Sindall

SCALE
DATE
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DRAWING NO.
REV
26W005-QDA-XX-00-
DR-A-5596-P-100

Matthews Warehouses, High Oxford Street
Gloucester City, GL2 5DZ T: 01452 462434



Emergency egress route from Blackmiston (if required)

Segregated pedestrian Access & Egress from site

Trailer storage and unloading area

Blackmiston Gate Closed During Construction

2.4m Secure Fence line maintaining illuminated routes from school

2.4m Secure Fence line maintaining illuminated routes from school

2.4m Secure Fence line maintaining illuminated routes from school

2.4m Secure Fence line maintaining illuminated routes from school

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2.4m Secure Fence line maintaining illuminated routes from school

Subsoil and topsoil Bund

100mm sub-base & dust Footpath to site segregated with post & rail

New 50mm base, access path to sports court and access to new playground

Contractors Cabins and Staff/Disabled Car Park (5 Spaces)

300mm 6F5 and 100mm type 1 sub base for Material Storage Area with Heras boundary & Gates

100mm base course, 100mm type 1, 100mm 6F5, geogrid & terrain for designated access road to car park, Pending CBR & Temp works design

2.4m Secure Fence Line

2.4m Secure Fence line maintaining illuminated routes from school

2.4m Secure Fence line maintaining illuminated routes from school

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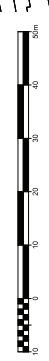
2.4m Secure Fence line maintaining illuminated routes from school

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2.4m Secure Fence line maintaining illuminated routes from school



APPENDIX C

TENDER COST COMPARISON

Element	Original Stage 4 Costs	Accepted Stage 4 Costs	Negotiated Savings
Construction Cost	2,970,536.75	2,933,891.01	36,645.74
Tier 1 Risk	214,471.54	195,776.45	18,695.09
Fixed Framework Preliminaries	23,820.06	17,881.68	5,938.38
Variable Framework Preliminaries	311,576.86	287,775.02	23,801.84
Additional Permissible Site Specific Preliminaries	601,261.28	550,453.54	50,807.74
ACTUAL WORKS COSTS	4,121,666.49	3,985,777.70	135,888.79
Site Surveys etc.	87,947.00	67,347.58	20,599.42
Design Costs	272,433.77	259,613.37	12,820.40
Framework Direct Fee Percentage (Overheads & Profit)	247,782.29	235,044.26	12,738.03
TOTAL	4,729,829.55	4,547,782.91	182,046.64
Target Value Engineering Savings	- 266,721.00	- 266,721.00	-
Provisional Sum for Design Fee associated with Value Engineering savings	25,000.00	25,000.00	-
SUB - TOTAL	4,488,108.55	4,306,061.91	182,046.64
Provisional Sum for work to Existing Kitchen	75,000.00	75,000.00	-
SUB - TOTAL	4,563,108.55	4,381,061.91	182,046.64
Items outside Brief but currently required	64,416.87	64,416.87	-
OVERALL TOTAL	4,627,525.42	4,445,478.78	182,046.64

APPENDIX D

MORGAN SINDALL STATEMENT

Marlbrook Primary School

Stage 1 Concept Design – Concerns Overview

Morgan Sindall (MS) proposed during the early design stage to de-risk the current design issued with the Clients Brief and proposed a stand alone extension with a small link corridor to join the new & existing together and to avoid teachers and pupils having to leave the building to access the new extension classrooms. This was discussed and minuted in the early Project Board meeting of 23rd October 2018.

MS tabled 5 design options at the Stage 2 Concept Design and the preferred, our current proposal, Option A, was accepted and minuted in the Project Board meeting of 20th November 2018.

Client Brief Design Issues:

1. Roof Interface - Existing roof to be stripped back and amended to accommodate interface with proposed new wall cladding. Existing cloakrooms/offices/classrooms to be vacated. Major disruption to the existing school.
2. Existing Ventilation – Costs and disruption associated with a re-route of the existing ventilation ductwork which terminates on the existing external wall which will become an internal wall within the Clients design.
3. Fire Escape routes – current school fire escape routes would open into the site. Escape routes to be reviewed and agreed under a Fire Risk assessment. Revised routes may not be achievable.
4. Drainage runs – Main storm & foul drainage runs in area of Client design footprint.
5. Access – working scaffold to be erected off existing standing seam roof as required access to the new construction.
6. Foundations – Client Brief concept design shows proposed walls being built on top of the existing single storey walls. Additional strengthening works or underpinning would be required to accommodate the additional loads. As with item 1 rooms would need to be vacated during the works.
7. Noise/Dust/Weathertightness – stripping the roof and close proximity construction activities adjacent to the existing rooms not an ideal environment for a live school. Major disruption to the existing school.
8. Daylight – existing windows and doors along 2 elevations of the existing school would now be incorporated into the Client proposed design and daylight levels would not be maintained. Also moving the new build away from the existing school would assist with daylight levels into the rooms of the new proposed design.

Proposed Construction Access Route

MS tabled concerns during the Project Board meeting of 20th November 2018 regarding the proposed access route identified in our Annex 7. In light of MS having received no formal Site Investigation Report, existing Fire Strategy and no existing Tree Surveys the following issues were identified and discounted as suitable:

1. Tree protection zone. – Width of root protection zone established after the 2nd Stage Survey was produced. Our Annex 9 Risk register identified this as a risk but without any survey information during Stage 1 the full extent of the risk was unknown.

2. Retaining Wall – no construction information available. Temporary support to this wall would block access routes to the existing kitchen and plant room. Risk of collapse during construction activities could not be discounted.
3. Fire Exits – Existing fire exits along the retaining wall would also be affected by any temporary support structure.
4. Access – the existing top road access route would require crossing of private land outside the school boundary or if utilising the North school entrance gate removing the main gas governor to the school as the restricted turning circle was unsuitable for most construction traffic.
5. Live Kitchen – Deliveries required to the existing kitchen sharing access with construction traffic with no turning or passing facility was consider an unacceptable health and safety risk.

Over the next few months after the board meeting logistics plans were issued which incorporated a newly proposed access route across the school sports field, reviewed with the team and the school, revised to suit the operational side of the school and once agreed, allowances added into the Cost Plan as the only viable access solution for the project. This was eventually measured and priced and included into MS Stage 4 Financial Submission. MS issued an e-mail to Phil Huggett on the 5th September 2019, as requested, which identified other risk items reviewed when the original proposed access road was discounted.

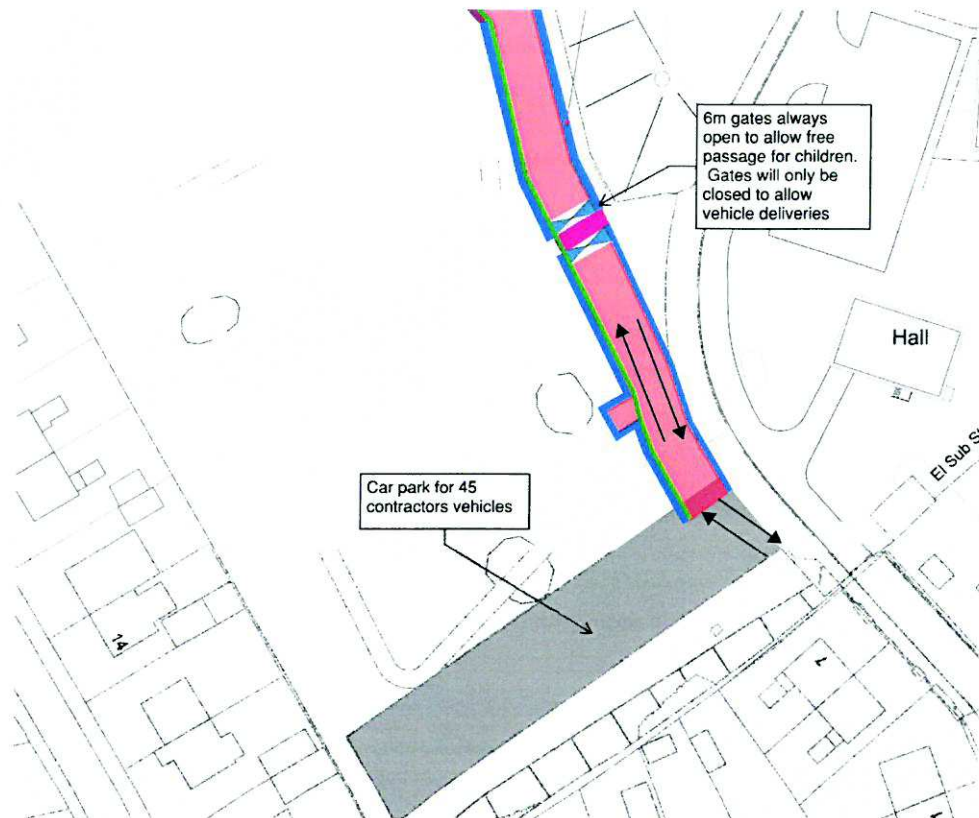
New Route

The proposed route for construction traffic will now be through the South gate into the new carpark. Delivery vehicles will then be held on the access road until the security guard provides the driver with a visitor's induction. The 'always open' gates will then be closed to allow the vehicle through to the vehicle storage area or office area. Site staff and contractors will park in the car park and walk up to the site compound via a segregated footpath. Where children are adjacent to the site boundary it will be secured with a mixture of 2.4m high hoarding & mesh fencing. The boundary that backs onto the surround houses will be 2m high mesh panels. We estimate vehicle movement will be in the region of 2000 deliveries, excluding staff and contractor vehicles.

The Access road has been designed to go around the outside of the existing MUGA which will ensure pupils have free access during break times and PE lessons. The only interface children will have with the construction process will be when they pass via the "always open" gate system to access the new netball court/playground area. This system will be permanently will always be managed by our full time security guard.

Please note that no deliveries will be permitted during drop off and pick up times. We envisage this to be 8.30-9.15am and 3.15-3.45pm.

Access Road Drawing showing 'always open' gates



APPENDIX E
ENGIE REVIEW



Marlbrook School access review summary report

06th September 2019

Introduction

Engie, as DRP partner, were contacted by Herefordshire's Economy and Place Directorate and asked to provide an opinion on the proposed construction traffic access to an area of Marlbrook school that was to be subject to construction activities.

The second opinion was requested due to the access not being identified until detailed design was taking place and had resulted in an increase in costs.

Background

Herefordshire's Economy and Place Directorate have procured Morgan Sindall to provide, an extension to Marlbrook school. The works are to be carried out whilst the school remains operational and during the detailed design work Morgan Sindall have proposed a secondary entrance is constructed for use by construction traffic.

The consideration for the change of access from northeast to southeast entrance was based on the following:

- It would have caused huge disruption to the working of the school and Merry-go-round Day Nursery, as it is the main entrance used by children, parents and staff.
- It would have made separation of the school and contractor's site difficult and would have posed an unacceptable level of risk because of the movement of heavy vehicles very close to areas that would unavoidably be in use by children.
- It would have had to pass through the school car parks, comprising two rectangular car parks including land owned by Hereford Housing, which the association permits to be used as a car park, this would have presented further problems in respect of local on-street parking.
- It would have passed close to the north side of the school, which is approximately 1.5 metres below the ground level of the current delivery road/car park and potential haul road which is supported by a brick retaining wall – the wall would require strengthening.
- It would have made deliveries to the school, and in particular to the kitchen difficult
- There are five large mature oak trees to the northern side whose root systems could be damaged by repeated passage of large heavy goods vehicles and



heavy plant, and whose canopy might have to be reduced to provide sufficient air draft for large vehicles.

- There was insufficient space to create a compound for materials, a site office, welfare facilities, etc. given the footprint of the new extension.
- It would have made the removal of the temporary modular buildings at the conclusion of project more difficult (these would have had to be removed via the southern side of the school building in any case).
- The contractor could make temporary use of the new car park reducing need for on-street parking and/or provision of additional temporary car parking on-site.

Conclusion

The proposals have been reviewed separately by three members of the Engie team, two Directors and a Project Manager who have all reached the same conclusion; Whilst every contractor has their own views on SHEQ and disruption, the justification for the alternative route from Morgan Sindall appears reasonable and sensible.

We cannot advice on the costs involved.

Debbie Greenhill 06/09/19

APPENDIX F

MORGAN SINDALL INITIAL HEALTH & SAFETY STATEMENT

+ Health & Safety

Our Safety Management System

We aim to achieve zero Health and Safety incidents through the application of our '100% Safe' Behavioural Safety Regime which governs how we work on all our projects. Safety is at the forefront of all we do to ensure safe places of work, safe by design and safe lives for the people who work with us and the communities we work in.

The Morgan Sindall approach to managing Health and Safety is clearly set out in our Health and Safety Policy supported by management systems which include mandatory procedures to be followed by all projects

Our Information Management System (IMS) meets the following standards which are subject to regular external assessment:

- ISO 9001:2008 Quality Management System
- BS OHSAS 18001:2007 Occupational Health & Safety
We are also one of the first contractors to conform to the new ISO45001:2018 which will replace OHSAS 18001
- ISO 14001:2004 Environmental Management
- BS 11000:2010 Collaborative Business Relationships

Through the processes in our IMS we plan every element of each project so it is safely carried out. Your project will be managed and planned by a Project Execution Plan, a Construction Phase Health & Safety Plan (CPHSP) forms part of that. The CPHSP defines how health & safety management elements of the contract will be delivered and is a live document reviewed regularly as the works progress.

Designing Out Risks

Our chosen architect, Quattro Design, will undertake the role of Lead Designer and will play a key part in this process. They will assume responsibility for the management of design risks with review by MS and our Contracts Manager. In collaboration with Morgan Sindall, and as part of our risk management process, Quattro will hold a Design Risk Workshop to reduce overall risk prior to the design being finalised.

HSE Management on Site

The management of health and safety is a collaborative effort and all staff are responsible for safety in their respective roles. In the construction phase MS will discharge the role of Principal Contractor. The Construction Phase Health & Safety Plan will be formulated by the Project Manager and subject to review by the central SHEQ team.

Your site will be supported by our Safety Health & Environmental Manager, Paul Hugill who will visit site on a weekly (minimum fortnightly) basis. He will conduct regular site visits / inspections and trade contractor Pre-start meetings. A formal written report is then compiled on every visit.

Safe working is led by communication and collaboration:

- Site inductions
- Daily briefings/ trade coordination meetings
- Hazard boards and board room briefs
- Toolbox talks: updating staff on changes in legislation
- SAFE Meetings: Held each month with staff

- from around the business encouraging cross disciplinary learning
- Pre start meetings with trades

Regular monitoring and review processes are implemented to every project which include monthly internal commercial audits, biennial external business unit audits and our local SHEQ Manager performs regular site inspections, investigations, corrective training for operatives and consistent safety training for staff. All Health & Safety reporting goes directly to our Operations Director, who takes ultimate responsibility for the well-being all people on site.

Ensuring safety of end users

Providing a safe environment and minimal disruption to our end users daily routine is key in all our projects. The site will be clearly segregated with hoarding and signage and weekly briefings will be held with the school to discuss activities and coordination with the day to day functions of the school.

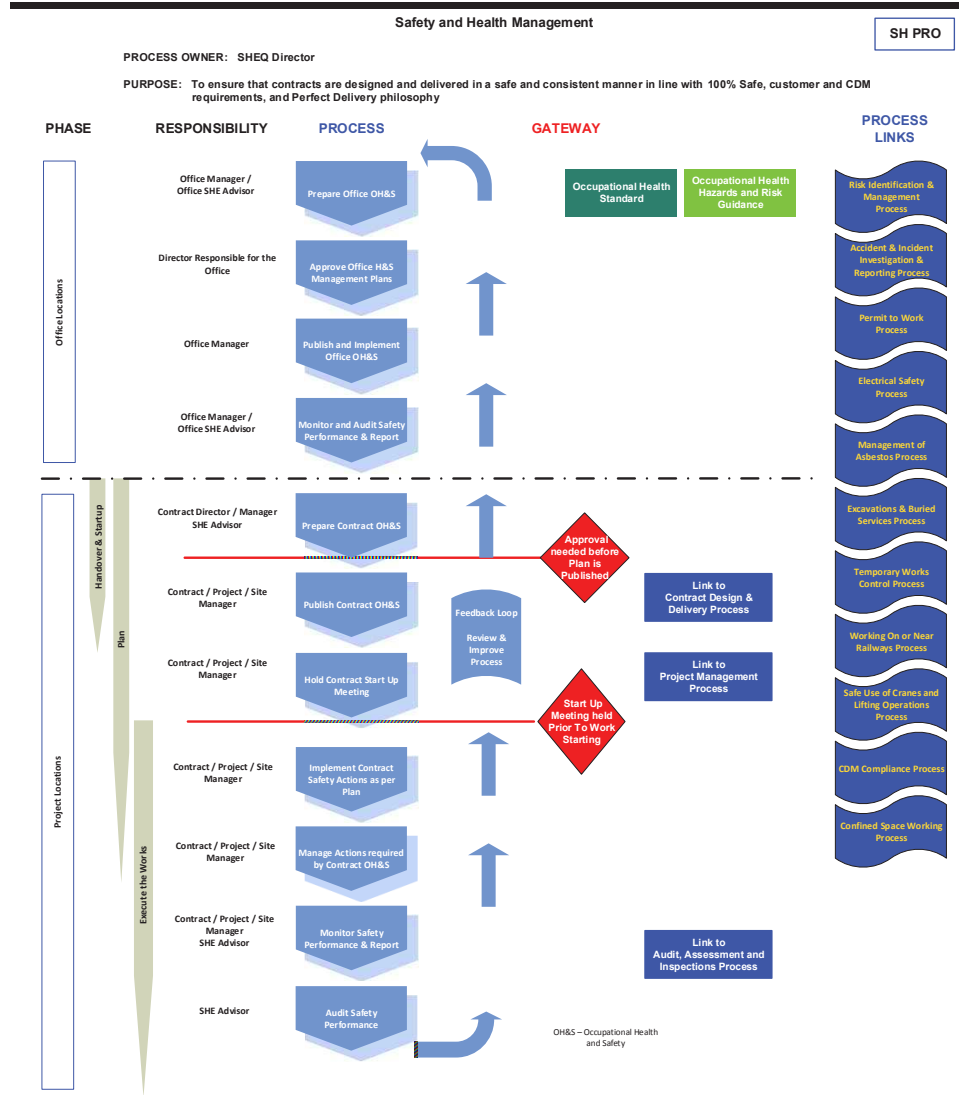
Potentially noisy or disruptive works will be carefully scheduled and we will utilise alternative methods where possible to reduce noise and disruption.

All staff, prior to working and accessing site will be subject to CRB checks, security inductions, and CSCS card checks. All site staff and visitors will enter the site through a separate access to the school so there will be full segregation from pupil movements.

+ Health & Safety

Health & Safety Management process

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