



Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP
Telephone 01572 722577 Facsimile 01572 758307

Meeting: **ADULTS AND HEALTH SCRUTINY COMMITTEE**

Date and Time: **Thursday, 20 June 2019 at 7.00 pm**

Venue: **COUNCIL CHAMBER, CATMOSE**

Governance Officer: **Joanna Morley 01572 758271**
email: governance@rutland.gov.uk

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at www.rutland.gov.uk/my-council/have-your-say/

Please note hard copies of the agenda will not be available at the meeting. If you require a hard copy of the agenda please email your request to governance@rutland.gov.uk or telephone (01572) 20991

Helen Briggs
Chief Executive

A G E N D A

1) APOLOGIES FOR ABSENCE

2) RECORD OF MEETING

To confirm the record of the meeting of the Adults & Health Scrutiny Panel held on 21 March 2019 (previously circulated).

3) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

4) PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 217.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

5) QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rule No 219 and No 219A.

6) NOTICES OF MOTION FROM MEMBERS

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 220.

7) CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION

To consider any matter referred to the Panel for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

SCRUTINY

Scrutiny provides the appropriate mechanism and forum for members to ask any questions which relate to this Scrutiny Panel's remit and items on this Agenda.

8) THE RUTLAND MEMORIAL HOSPITAL OAKHAM

To receive a verbal report on the Rutland Memorial Hospital out of hours service from Mr Tim Sacks, Chief Operating Officer of the East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG).

9) ANNUAL REPORT OF THE DIRECTOR FOR PUBLIC HEALTH 2018

To receive Report No.94/2019 and a presentation from Mike Sandys, the Director for Public Health.
(Pages 5 - 48)

10) SCRUTINY PROGRAMME AND SUBSTANTIVE ITEMS FOR THE WORK PROGRAMME 2019/20

To discuss substantive items for scrutiny and inclusion in the Adults and Health Scrutiny Committee work programme for the municipal year 2019-20.

The work plan for 2018-19 is attached for reference.

The Forward Plan is available on the website at:

<https://rutlandcounty.moderngov.co.uk/mgListPlanItems.aspx?PlanId=216&RP=133>

(Pages 49 - 54)

ITEM FOR INFORMATION ONLY

The following item is for information only and will not be discussed at the meeting.

11) QUARTER 4 FINANCIAL MANAGEMENT REPORT - REVENUE AND CAPITAL OUTURN 2018/19

To note Report No.79/2019 from the Strategic Director for Resources.

The attached report will be presented at Cabinet on 18 June 2019.

(Pages 55 - 104)

12) ANY OTHER URGENT BUSINESS

To receive any other items of urgent business which have been previously notified to the person presiding.

13) DATE OF NEXT MEETING

Thursday 19 September at 7pm.

---Oo---

TO: ELECTED MEMBERS OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE

Mr J Dale (Chairman)

Mr P Ainsley

Mr D Blanksby

Mr W J Cross

Mrs J Fox

Mrs S Harvey

Mrs R Powell

OTHER MEMBERS FOR INFORMATION

This page is intentionally left blank

ADULTS AND HEALTH SCRUTINY COMMITTEE

20 June 2019

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2018

Report of the Director of Public Health

Strategic Aim:	This is the independent report of the Director of Public Health. It highlights trends and challenges in the health of the population and makes recommendations for action.	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr Alan Walters, Portfolio Holder for Safeguarding- Adults, Public Health, Health Commissioning, Community Safety	
Contact Officer(s):	Mike Sandys, Director of Public Health	Tel: 0116 305 4239 Email: mike.sandys@leics.gov.uk

DECISION RECOMMENDATIONS

That the Committee:

1. Notes the Director of Public Health Annual Report 2018 as appended to this report
2. Supports the report's recommendations.

1 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to present to the Director of Public Health's Annual Report for 2018. A copy of the full report is appended.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The Director of Public Health's (DPH) Annual Report is a statutory independent report on the health of the population of Rutland.
- 2.2 The purpose of a Director of Public Health's annual report is to improve the health and wellbeing of the people of Rutland. This is done by reporting publicly and independently on trends and gaps in the health and wellbeing of the population and by making recommendations for improvement to a wide range of organisations.

- 2.3 One of the roles of the Director of Public Health is to be an independent advocate for the health of their population. The Annual Reports are the main way by which Directors of Public Health make their conclusions known to the public.
- 2.4 This year's report presents on the changing population of Rutland, the prevalence of individual and multiple conditions (otherwise known as multiple morbidity) in the population and data on excess winter deaths and place of death. The growing number of people living with multiple health conditions presents as bigger challenge to public services as the overall growth in the number of older people.
- 2.5 The health and care system should promote 'healthy ageing'. Ways to achieve this are by:
- tackling social isolation
 - promoting social prescribing
 - reducing falls
 - promoting physical activity throughout life and into older age
 - supporting carers
- 2.6 Being socially connected to friends, family and the wider community is a key element of healthy ageing.
- 2.7 'Social prescribing' is a key way in which broader services can help support the frail, and those with multiple health conditions to maintain independence.
- 2.8 Falls are a serious health issue for older people, with around a third of all people aged 65 and over falling each year. Regular physical activity, can develop and maintain strength and balance in frail patients. Public Health will continue to support the implementation of the Falls programme with an emphasis on evaluating the effectiveness of the postural stability programmes.
- 2.9 Physical activity is a key preventative element of healthy ageing – from protecting against some forms of dementia, to reducing the risk of depression, heart disease and the risk of a fall in older age. Working with partners in Leicester-Shire and Rutland Sport (LRS) and Rutland County Council, Public Health will ensure that muscle strengthening activity and physical activities of older people are reflected in sport and physical activity plans.
- 2.10 Supporting Carers and including supporting them to be healthy is a key element to ensuring a good outcome for the frail and those with multiple health conditions. The recently adopted Carer's Strategy across Leicestershire, Leicester City and Rutland sets out a broad programme of support for carers.
- 2.11 The health and care system needs to continue its redesign work so as to enable the individual to be treated as a whole person, not as a series of separate illnesses or conditions. The recently produced LLR Frailty Resource Pack is a welcome step to local health services understanding, and responding to, frailty.

3 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 3.1 The profound changes caused by population change and the increasing numbers of people living with multiple health conditions will raise further strains and

challenges for health and social care services. It is vital that organisations in Rutland promote ‘healthy ageing’ throughout life and provide suitable support within communities to mitigate the effect of these profound changes.

- 3.2 The Director of Public Health's (DPH) Annual Report is a statutory independent report on the health of the population of Rutland. By considering the report the County Council will help inform future commissioning decisions.

4 BACKGROUND PAPERS

- 4.1 There are no additional background papers to the report.

5 APPENDICES

- 5.1 Appendix A: Annual Report of the Director of Public Health 2018.

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

This page is intentionally left blank



ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2018

RUTLAND COUNTY COUNCIL

**POPULATION CHANGE, HEALTH STATUS AND MULTI-MORBIDITY
IN RUTLAND**

Contents	Page
1. Foreword	2
2. Introduction	3
3. Recommendations	4
4. Population, Health Status and multi-morbidity	6
4.1 Population change	6
4.2 Gap in healthy life expectancy and life expectancy	7
4.3 Prevalence of conditions in GP practices	7
4.4 Loss of hearing	8
4.5 Loss of sight	8
4.6 Dementia	9
4.7 Forecasted prevalence of long term conditions in people aged 65 and over	10
4.8 Risk stratification	11
4.9 Hospital admissions	18
4.10 Minimising unnecessary time in hospital	20
4.11 Regaining the ability to manage at home after a hospital stay	20
4.12 Mortality	20
5. Infographics in support of report	25
6. Feedback from recommendations for 2017	37

Annual Report of the Director of Public Health 2018

1. Foreword

Welcome to my annual report for 2018. In my last annual report I presented an infographic picture of many different aspects of the health of Rutland.

Presenting such an analysis led to a range of further work. As can be seen in the ‘update on recommendations’, the report has led to detailed further work on the needs of the serving military and their families, analysis of anti-depressant prescribing within Rutland and rural poverty.

In this year’s report I have focused on the ageing population and, in particular, the challenges of ‘multi-morbidity’.

We are all aware of the profound changes in our population structure and the demand that places on health and council services. But, in itself, getting older is not the problem. It’s the increasing number of years spent in poor health that drives demand for services.

It is important to recognise this and think about how services might be delivered in such a way that takes account of the increase in multi-morbidity. As a whole system, we need to continue our efforts to promote good health throughout all ages, if we want effective care for our future generations.

I would like to thank Natalie Davison and Kajal Lad for their tremendous work in constructing the infographics and narrative that underpin this report, and Trish Crowson and Kath Packham from Public Health for their contributions to the report and continued hard work on improving the health of Rutland people.



Mike Sandys

Director of Public Health

2. Introduction

Directors of Public Health have a statutory duty to write an Annual Public Health Report that describes the state of health within their communities.

It is a major opportunity for advocacy on behalf of the population and, as such, can be used to help talk to the community and support fellow professionals, providing added value over and above intelligence and information routinely available such as that contained within health profiles or the Joint Strategic Needs assessment (JSNA).

It is intended to inform local strategies, policy and practice across a range of organisations and interests and to highlight opportunities to improve the health and wellbeing of people in Rutland.

However, the report is not an annual review of public health outcomes and activity. The annual report is an important vehicle by which Directors of Public Health can identify key issues, flag up problems, report progress and thereby serve their local populations. It is also a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve.

Within this report, data is presented on the changing population of Rutland, the prevalence of individual and multiple conditions in the population and data on 'excess winter deaths' and place of death. The content should be used by commissioners and providers of services to respond to changes in the health of Leicestershire residents.

3. Recommendations and Summary

Like last year's report, I am aware that this one is 'data heavy'. Each slide should contain something of relevance for commissioners and providers of services to reflect on in their plans, as well stimulating wider public debate on the changing nature of the population's health. There are, though, actions I intend to progress through the work of the public health department and Rutland County Council more generally:

If there is one thing we can all do it is to promote 'healthy ageing'. There are many ways to do this:

Promote Social Prescribing in Rutland

'Social prescribing' is a key way in which people are supported to improve their health and wellbeing by connecting them with a range of services in their community who can provide non-medical support; including help to remain independent, social support and activities that reduce isolation and loneliness. Whilst social prescribing is for all ages it is predominantly used for those with multiple health conditions and can help promote healthy ageing. The social prescribing model being developed in Rutland recognises that many organisations and individuals have a role in this; some in more generic roles and others more specialist. A comprehensive system is being developed to connect and support cross agency referrals based on the principle that there should be 'no wrong front door'. This model is being shaped by front line workers, but to be fully successful it needs to be underpinned by an effective information system, tools and resources for staff and a secure referral system.

Falls

Falls are a serious health issue for older people, with around a third of all people aged 65 and over falling each year. Regular physical activity, can develop and maintain strength and balance in frail patients.

We will continue to support the implementation of the Falls programme with an emphasis on evaluating the effectiveness of the postural stability programmes.

Physical Activity

Physical activity is a key preventative element of healthy ageing – from protecting against some forms of dementia, to reducing the risk of depression, heart disease and the risk of a fall in older age.

Working with Active Rutland and Leicester-Shire and Rutland Sport (LRS), Public Health will ensure that muscle strengthening activity and physical activities of older people are reflected in sport and physical activity plans.

Carers

Supporting Carers and supporting them to be healthy is a key element to ensuring a good outcome for the frail and those with multiple health conditions.

The recently adopted Carer's Strategy across Leicestershire, Leicester City and Rutland sets out a broad programme of support for carers. Within public health I will ensure we play our part in the implementation of the Carer's strategy, ensuring that public health information services provide good advice to carers.

Support the health care system to treat the person, not the individual condition

As the report shows healthcare systems are not currently designed to treat patients with multiple illnesses. The recently produced LLR Frailty Resource Pack is a welcome step to local health services understanding, and responding to, frailty.

Through the specialist support provided by public health consultants to CCG's and the broader health system, public health can play a part in redesigning pathways to take account of frailty and multi-morbidity. The introduction of risk stratification software in GP practices will give better quality, comprehensive data on multi-morbidity. Public Health should use this to target work and influence pathway development.

4 Population Change, Health Status and Multi-morbidity

4.1 Population

In 2017, 4.7% of the population was aged 0-4 (1,858 people), 17.1% was aged 5-19 (6,740 people), 53.7% was working age (21,192 people aged 20-64) and 24.5% was older than 65, this includes 3.3% of the total population that was aged 85 and over (1,290 people). Compared to nationally, Rutland has a higher proportion of the population aged over 65 and 85 respectively.¹

Nationally the over 65 population is predicted to grow by 42.8% and the over 85 population by 91.7% between 2019 and 2039. In Rutland, both the over 65 population and over 85 population is predicted to grow at a faster rate than nationally, by 45.0% in the over 65 population from 10,000 to 14,500 people, and by 121.4% in the over 85 population from 1,400 to 3,100 people. The largest change is predicted to be in the 75-79 age band with an increase of 1,000.²

Living alone

According to the 2011 census, 6.25% of households in Rutland were occupied by a single person aged 65 and over living alone (2,142 households). This is higher than the England value of 5.24%.³

Carers

Family carers play a key role in supporting the health and wellbeing of those they care for. The Care Act 2014 requires that carers are supported in their role by social services. The number of carers supported by Rutland County Council during 2017/18 increased by 25%, from 143 to 194 (503 per 100,000 population). In 2016/17, 62.1% reported that they were satisfied with the support they had received, relative to an English average of just 39%, and 79.5% said that they found it easy to find information about services, relative to an English average of 70.6%.

In 2017, the total number of people aged 65 and over providing unpaid care to a partner, family member or other person in Rutland was estimated to be 1,385. This is expected to increase by 33.9% to 1,855 carers by 2035.⁴

It can be difficult for carers to maintain their own connection to what is important to them while fulfilling their caring role. According to the Personal Social Services Carers

survey, the latest data from 2016/17 shows carer reported quality of life in 2016/17 was rated as 7.9 in Rutland, similar to the English average of 7.7. In the same survey less than a third (31.1%) of adult carers who use support services in Rutland and felt they have as much social contact as they would like. This is lower than the national percentage of 35.5%.⁸

4.2 Gap in healthy life expectancy at birth and life expectancy at birth

Nationally, life expectancy at birth has increased by 0.1 years for males between 2014-16 and 2015-17 whereas in females, over the last four time periods life expectancy has stabilised at 83.1 years respectively. In Rutland, life expectancy at birth has increased by 0.2 years for males and 0.3 years for females between 2014-16 and 2015-17.⁸

At a national level, healthy life expectancy at birth has increased by 0.1 years for males but decreased by 0.1 years in females. In Rutland, healthy life expectancy at birth has increased by 1.0 years for males compared to the previous time period, from 68.8 years to 69.8 years, whereas in females healthy life expectancy at birth has decreased 1.8 years from 70.2 years to 68.4 years.⁸

The gap in life expectancy at birth and healthy life expectancy at birth infers the number of years a person is likely to live in poor health. As shown by the graph, females, on average, live longer but spend more years in poor health. The latest data shows in Rutland males spend 12.5 years in poor health compared to 17.4 years in females. The national gap currently stands at 16.1 and 19.3 years for males and females respectively.⁸

4.3 Prevalence of conditions in GP Practices

With the introduction of the new General Medical Services (GMS) contract in April 2004, a quality framework of indicators (QOF) was developed for general practice, the QOF. An integral part of the QOF is the collection of prevalence data to allow practices to case find those patients that require specific management. Prevalence data within the QOF are collected in the form of practice registers. Please note, while many patients are likely to suffer from co-morbidity, i.e. are diagnosed with more than one of the clinical conditions included in the QOF clinical domain, robust analysis of co-morbidity is not possible and therefore patients may be on more than one disease register if they have multiple conditions or risk factors.

The table shows the percentage of patients recorded on a QOF disease register in Rutland General Practices. In 2017/18, over 6,000 patients (16.7%) were on the Hypertension disease register and over 1,300 patients (3.6%) were on the Depression disease register in the county. Both these percentages are significantly higher than the national percentages of 13.9% and 3.1% respectively. Over 2,000 patients aged 17 years and above (6.5%) in Rutland were recorded on the Diabetes Mellitus register.⁵ This is similar to national prevalence, but still represents a substantial burden of ill-health locally.

4.4 Loss of hearing

A person who is not able to hear as well as someone with normal hearing, hearing thresholds of 25 decibels (dB) or better in both ears, is said to have hearing loss. Unaddressed Hearing Loss can have a serious impact on health and wellbeing:

- People with hearing loss are more likely to experience emotional distress and loneliness.
- Hearing loss doubles the risk of developing depression.
- People with hearing loss are at least twice as likely to develop dementia.

Action on Hearing Loss have estimated the number of people with hearing loss of at least 25 dB in each Local Authority area in the UK, using mid-2014 ONS population estimates. In 2014, approximately 8,000 people in Rutland were estimated to be affected by hearing loss, over a fifth (21.0%) of the total population.⁶

4.5 Loss of sight

Over two million people in the UK live with sight loss. That's around one person in 30. It is predicted that by 2020 the number of people with sight loss will rise to over 2,250,000. And by 2050, the numbers of people with sight loss in the UK will double to nearly four million.⁷ This is because:

- the UK population is ageing and as we get older we are increasingly likely to experience sight loss
- there is a growing incidence in key underlying causes of sight loss, such as obesity and diabetes

Prevention of sight loss will help people maintain independent lives as far as possible and reduce needs for social care support, which would be necessary if sight was lost permanently. The counts of new completions of Certifications of Visual Impairment (all causes - preventable and non-preventable) by a consultant ophthalmologist as a rate of the resident population in the county have been examined. In Rutland the rate of sight loss certifications per 100,000 population has fluctuated to perform significantly worse (higher) and similar to the national average since 2010/11. The latest data shows in 2016/17 there were 26 new certifications in the county, which equates to a rate of 67.3 per 100,000 population. This is significantly worse (higher) than the national rate of 42.4 per 100,000 population.⁸ Whilst a higher level of sight certifications is deemed to be worse, completing the sight loss certification initiates the process of registration with a local authority and leads to access to services. This may well indicate that people with sight loss in Rutland are being proactively identified and therefore able to access the help and support they require. However sight loss can develop for a number of preventable reasons, for example related to diabetes or smoking, and therefore it is worth considering whether some of these sight loss certifications could be avoided through better diabetic control, or through improving smoking cessation rates.

Where the cause of sight loss is Age-related Macular Degeneration (AMD) or Glaucoma, the rate of new completions of Certifications of Visual Impairment due to these disorders have been examined separately. For the last six years, the rate of sight loss due to AMD in those aged 65 years and above has remained similar to the national average. The rate of sight loss due to glaucoma in those aged 40 years and above performs similar to the national average in 2016/17 with 6 new certifications.⁸

4.6 Dementia

With the introduction of the new General Medical Services (GMS) contract in April 2004, a quality framework of indicators (QOF) was developed for general practice, the QOF. An integral part of the QOF is the collection of prevalence data to allow practices to identify those patients that require specific management. Prevalence data within the QOF are collected in the form of practice registers. Please note, while many patients are likely to suffer from multi-morbidity, i.e. are diagnosed with more than one of the clinical conditions included in the QOF clinical domain, robust analysis of multi-morbidity is not possible. Identifying these patients may rely on finding those that are on more than one chronic disease (or long term condition) register.

The recorded dementia QOF prevalence examines the number of people with dementia recorded on GP practice registers as a proportion of the people (all ages) registered at each GP practice. In Rutland the dementia QOF prevalence has significantly increased over time from 0.6% in 2011/12 to 0.9% in 2017/18. Throughout this time, the prevalence in Rutland has remained significantly higher than the national average. The latest data reflects 336 patients have been diagnosed with dementia in Rutland.⁹

Increasing the number of people living with dementia who have a formal diagnosis enables patients, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes. In 2018 in Rutland, 56.5% of those patients estimated to have dementia had been diagnosed; this is significantly worse (lower) than the national average of 67.5% and significantly lower than the national benchmark of 66.7%.⁸

Examining the trend in the directly age standardised rate of emergency inpatient hospital admissions for people with a mention of dementia in any of the diagnosis code positions (aged 65 years and above) per 100,000 population is useful to understand the variation in the provision of care of people with dementia. Over the last six years in Rutland the rate has remained significantly better (lower) than the national average. The latest data shows there were 249 emergency admissions with a mention of dementia in the population aged 65 years and above in Rutland in 2017/18.¹⁰

The ratio of inpatient service use to recorded diagnoses provides an indication of the use of inpatient general hospital services for people diagnosed with dementia. The indicator illustrates the variation in the percentage of admissions for dementia (with a mention in the diagnosis code) compared to dementia primary care registers. Over the last six years in Rutland the rate has remained similar or significantly lower than the national average and the latest data shows in 2017/18 the ratio of inpatient service use to recorded diagnoses was 53.9% in Rutland, this is similar to the national percentage of 56.5%.¹⁰

4.7 Forecasted prevalence of long term conditions in people aged 65 years and above

The projected number of people over the age of 65 years with a long term condition between 2017 and 2035 in Rutland have been examined in the chart below. The numbers are based on the current prevalence rates applied to projected populations.

Please note, the numbers refer to people on individual registers i.e. people with multi-morbidities will be counted on each register, therefore the totals will be greater than projected populations for the over 65s.

The projected increase in number of people with the following conditions between 2017 and 2035 in Rutland is: Dementia (78.8%), Stroke (47.5%), Heart attack (44.8%), Bronchitis and emphysema (42.9%), Depression (41.6%), Diabetes (41.1%), Obesity (34.2%).⁴

4.8 Risk stratification using the ACG System of Rutland population

Risk stratification is a concept used to help understand the needs of the population so that services can be better planned and delivered. Risk stratification involves segmenting the local population into groups by what kind of care they need as well as how often they might need it. It then examines who, within each segment, has the greatest risk of needing intense care such as a hospital admission.

The Johns Hopkins Adjusted Clinical Groups (ACG) System is used to identify patients in Rutland with the highest burden of health needs and then identify those most likely to use health services. This approach is commonly used and based on widely available GP practice data and Secondary Uses Service data (SUS). The variables used in the ACG system fall into the 8 categories, as identified by the below figure.



Figure 1 – Overview of the ACG System Predictive Modelling Process (taken from ‘Predictive Models in the ACG System’ by Johns Hopkins)

It is important to note, the modelling processes to identify these cohort of individuals most likely to use health services are driven primarily by the concept of overall disease burden, the nature of individual diseases and co-morbidity combinations. The weights associated with prior utilisation and prior costs are very low, as admissions (for example) in the previous year are not the key determinant of high cost or admission in the future. This contrasts with the ethos behind other predictive models that assign very high weights to the number of emergency admissions in the last year and/or secondary care use.

4.8.1 Stratifying the population by cost utilisation

Running GP practice data through the ACG risk stratification tool will provide an output that shows the number of people in each risk strata based on costs. Please note, currently no costs for pharmacy or primary care costs are available but will be in later iterations of the ACG tool.

It is well known that the cost of health care is not even distributed across the population; it is concentrated in a small proportion of people. The ACG System allows

us to look at the specific figures for Rutland and ascertain how costs are concentrate within a small proportion of the population. The shares of the registered population in GP practices in Rutland are examined by secondary care costs over a period of one year. The pyramid shown in Figure 2 illustrates that around 5% of the population accounts for around half (50%) of all secondary care costs over a year. Furthermore, almost a fifth (17%) of secondary costs are concentrated in just 0.5% of the population of Rutland (c. 200 people) while the majority of the population (80%) account for just 13% of costs.

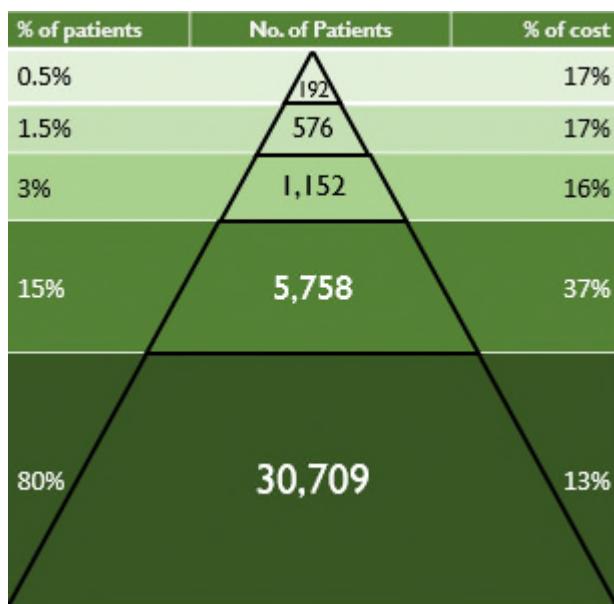


Figure 2 – All secondary care costs by population.

A similar, but more pronounced, pattern is evident for emergency admission costs. The pyramid shown in Figure 3 illustrates that around 2% of the population of Rutland (roughly 750 people) account for three-quarters (75%) of all emergency admission costs in the previous year, with specifically around 0.5% of the population of Rutland (roughly 200 people) accounting for over two-fifths (43%) of all emergency admission costs over the previous year. The majority of the population (80%) incur no emergency admission costs.

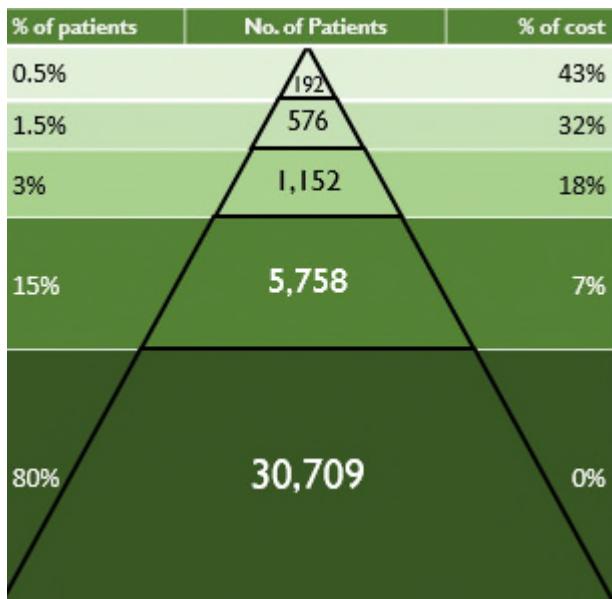


Figure 3 – Emergency care costs by population

4.8.2 Long term conditions (LTCs) by age

The number of patients with counts of long term conditions (LTCs) by age is collected through the ACG System. The data for Rutland (Figure 4) shows, regardless of gender, as we age the prevalence of multi-morbidity increases. In the county, around 1 in 4 patients (24%) aged 85 years and above have 8 or more LTCs compared to 1 in 25 patients aged 65-74 years. However, there are fewer people aged over 85 years than there are aged 65-74 years, so it is important that absolute numbers are considered alongside proportions. In terms of absolute numbers, there is a higher count of patients with 5 or more LTCs in the 65-74 years age group than those aged 85 years and above, at 918 and 720 patients respectively. When thinking about service planning and delivery it is useful to where best to target intervention to prevent escalating health care costs and improve patient outcomes. Although, there may be higher costs associated with those aged over 85 years, with 8 or more long-term conditions it may be that there is limited room to reduce or prevent health and care costs for this cohort and that they are already receiving all the health and care that they require. However, it may be that, for example, people in the 45-64 age band, with 2 to 4 long-term conditions could be an area for intervention where it is possible to improve patient outcomes and reduce or prevent escalating health and care costs.

LTC Count	0-17 yrs	18-64 yrs	65-74 yrs	75-84 yrs	85 yrs +	Total
0	81%	51%	17%	8%	3%	48%
1	15%	27%	21%	11%	3%	22%
2	3%	11%	19%	15%	9%	11%
3	1%	5%	15%	16%	11%	7%
4	0%	2%	10%	14%	13%	4%
5	0%	1%	7%	11%	14%	3%
6	0%	1%	4%	8%	12%	2%
7	0%	0%	3%	6%	10%	1%
8+	0%	0%	4%	13%	24%	2%
Total	100%	100%	100%	100%	100%	100%

1-in-4 aged 85+ has 8 or more LTC ...compared to
1-in-25 aged 65-74yrs

Figure 4 – Long Term Condition count by age bands (percentages)

Figure 5 (below) underlines the normalisation of multi-morbidity in patients of Rutland. This illustrates that all patients with heart failure have at least one other chronic condition and around two-thirds of people with heart failure have 7 or more other chronic conditions. The condition which has the highest proportion of people with no other chronic conditions is diabetes and even there only 8% of people diagnosed with diabetes have no other chronic conditions. Around a quarter of people with diabetes (26%) have 7 or more other chronic conditions. This illustrates that multimorbidity is the norm for people with long-term conditions and it varies by condition type. It also highlights that treating a single condition such as diabetes, is unlikely to have a huge

impact for that individual if their other long-term conditions are not also treated. Or, put simply, treat the person, rather than the condition.

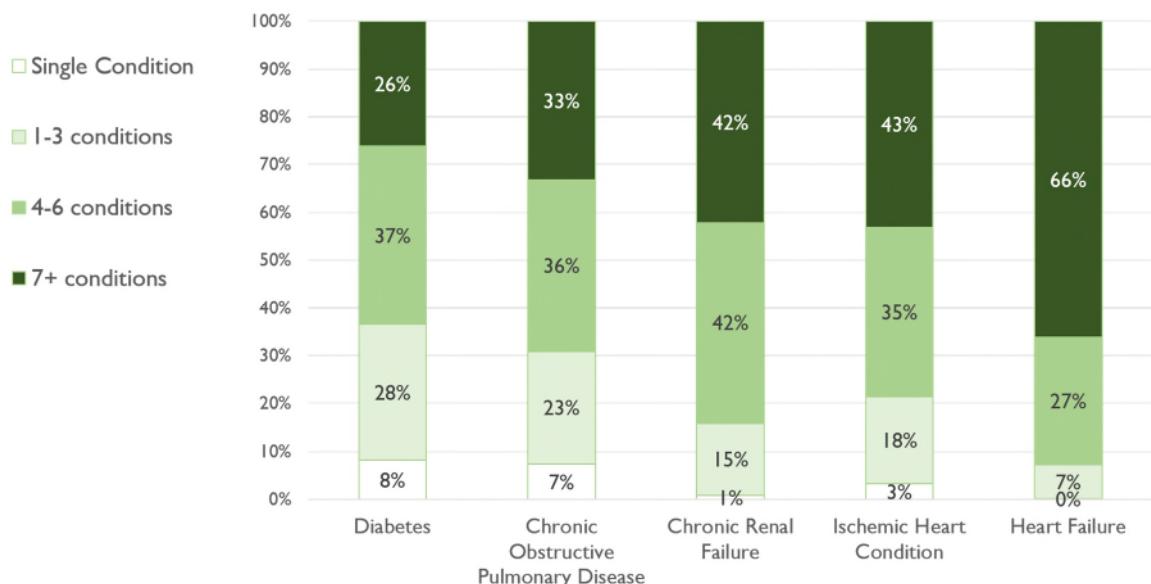


Figure 5 – Multimorbidity by condition type for Rutland patients

The table below (Figure 6) highlights that increasing multimorbidity is associated with higher costs and resource use. Multimorbidity is known to be associated with a greater use of health services, including A&E attendances, outpatient attendances, hospital admissions and polypharmacy.

As expected, the data shows people with multiple conditions were more likely to experience higher hospital admission costs than those with only one condition. For example, the average total admitted patient cost (APC) was almost £2500 higher for patients with 8 or more LTCs than for patients with one condition alone. Similarly, the annual hospital admission costs for patients with diabetes and only one other condition are £30 higher than for patients with diabetes alone.

One of the most common consequences of being affected by multiple health conditions is being prescribed multiple medications for long periods of time, a phenomenon known as polypharmacy. While some polypharmacy can be appropriate, it can be harmful if poorly managed, especially among people living with frailty. As shown by the table, the count of unique prescription types increases considerably as

the number of long term conditions a patient has increases.

The final two columns in the table in Figure 6 are risk scores calculated using the ACG System. The first of these risk columns is the 'risk of persistent high cost' and is calculated as the probability of a patient being in the top 20% of high cost patients in each of the next three 6-month periods. The second risk column is the percentage likelihood of emergency admission in the next 12months. Both ways of calculating future risk show that risk increases as the number of long term conditions increases. For those with 8 or more long term conditions the risk of persistent high costs and of emergency admission in the next 12 months is above 50% - i.e. more likely to happen than not.

No. of Long Term Conditions	Number of patients	% of patients	Mean values									
			A&E attendances	Outpatient attendances	Elective admissions	Emergency admissions	Total APC cost	Emergency admission cost	Unique prescription types	Risk of persistent high cost	Risk of emergency admission (next 12mths)	
	0	18,297	48%	0.2	0.4	0.0	0.0 £	42 £	20	0.8	1%	6%
1	8,333	22%	0.3	1.0	0.1	0.0 £	122 £	33	1.8	2%	11%	
2	4,186	11%	0.3	1.8	0.2	0.1 £	251 £	68	3.0	6%	16%	
3	2,554	7%	0.3	2.3	0.3	0.1 £	436 £	110	4.5	10%	21%	
4	1,651	4%	0.3	3.1	0.4	0.1 £	607 £	144	5.7	15%	25%	
5	1,125	3%	0.4	3.8	0.6	0.2 £	823 £	242	6.9	22%	31%	
6	782	2%	0.5	4.3	0.7	0.3 £	1,243 £	452	8.0	28%	37%	
7	508	1%	0.7	5.0	0.8	0.3 £	1,295 £	457	8.9	34%	43%	
8+	950	2%	1.1	5.9	0.9	0.8 £	2,578 £	1,522	12.0	50%	56%	
Total	38,386	100%	0.3	1.3	0.2	0.1 £	260 £	98	2.4	6%	13%	

Figure 6 – Health service use and cost stratified by the number of long term conditions

As discussed above, multimorbidity does not just occur in the elderly. Figure 7 (below) shows the population segmented by combining two measures: the age of patients (denoted by a letter, increasing with age) and the number of chronic conditions grouped together (e.g. 0, 1, 2-4, 5-7, 8 or more). Five age bands and five bands for Multimorbidity were created as follows:

- A = 0-17 years
- B = 18 – 44 years
- C = 45 – 64 years
- D = 65 – 79 years
- E = 80+ years
- 0 = zero chronic conditions
- 1 = 1 long term condition (LTC)
- 2 = 2 to 4 LTCs
- 5 = 5 to 7 LTCs
- 8 = 8 or more LTCs

This process placed all Rutland patients into one of 26 different segments according to their age and how many long term conditions they had (e.g. B5 = people aged 18-

44 years with 5 to 7 long-term conditions).

Looking at the mean emergency cost for across all segments of the population shows that the highest costs are found in the population with 8 or more conditions, regardless of age. This highlights that multimorbidity more than age drives emergency admission costs. Rather than the oldest age group, age group with the highest emergency costs in Rutland is 45-64 years, followed by those aged 18-44 years (with 8 or more long term conditions).

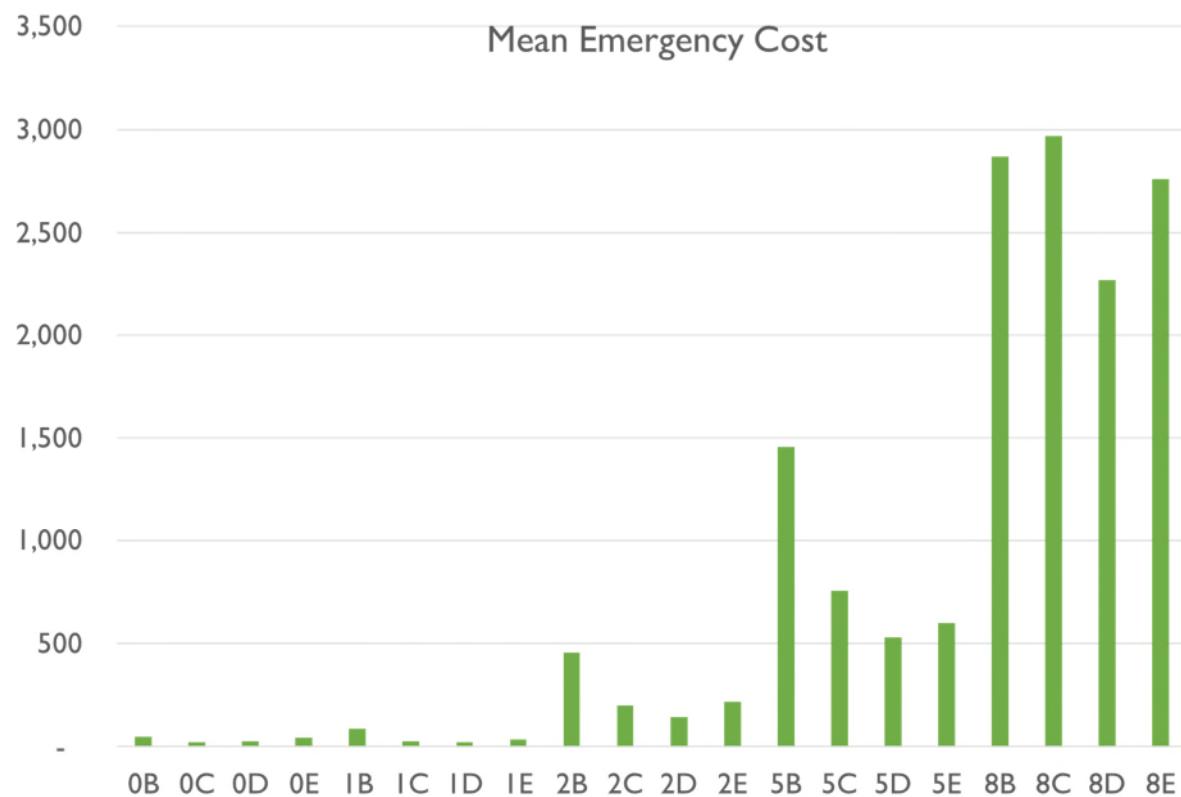


Figure 7 – Mean emergency costs segmented by age-group and multimorbidity bands

4.9 Hospital admissions

4.9.1 Emergency Admissions

Good management of long term conditions requires effective collaboration across the health and care system to support people in managing conditions and to promote swift recovery and reablement after acute illness. There should be shared responsibility across the system so that all parts of the health and care system improve the quality of care and reduce the frequency and necessity for emergency admissions.

Against a strong national trend of rising emergency admissions, the rate of emergency admissions has been maintained at a steady level in Rutland, with the 2017/18 rate only 0.5% higher than the rate in 2014-15. Non elective admissions rose by 9% in England over the same period according to national hospital activity data.¹¹

In 2017/18, the crude rate of emergency admissions for patients aged 65 years and above in Rutland is 18,815 per 100,000 population aged 65 years and above. This equates to 1,822 emergency admissions in the population aged 65 years and above in Rutland. This is the 2nd lowest rate out of the 16 CIPFA nearest neighbours to Rutland.¹²

4.9.2 Falls

Nationally falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. they are a major precipitant of people moving from their own home to long-term nursing or residential care. The highest risk of falls are in those aged 65 years and above and it is estimated that about 30% people aged 65 years and above living at home and about 50% of people aged 80 years and above living at home or in residential care will experience an episode of fall at least once a year.

The local data for Rutland shows the rate of emergency admissions for falls increases with age, with the rate of admissions for those aged 80 years and above being seven times higher than those aged 65 to 79 years. The rate of emergency admissions for falls for those aged 80 years has remained similar to the national average for five of the last eight time periods. The most recent data for 2017/18 shows there were 130 emergency hospital admissions for falls in persons aged 80 and above, an increase by 20 admissions compared to the previous year.⁸

The rate of emergency hospital admissions for hip fractures in persons aged 65 and above and in persons aged 80 and above (separately) has increased each year between 2014/15 to 2017/18. In the older age band, the national rate has declined slightly year on year.

The latest data in 2017/18 shows the rate of emergency hospital admissions for hip fractures in persons aged 65 and above and in persons aged 80 and above (separately) has increased (worsened) to perform significantly worse than the national rate. This represents an additional 22 admissions in the 65 and above age band and 26 admissions in the 80 and above age band, compared to the previous year. When

examining by gender, in 2017/18, the rate of emergency hospital admissions for hip fractures in males aged 65 and above per 100,000 population is similar to the national average, whereas the rate in females is significantly worse than the national average.⁸

4.10 Minimising unnecessary time in hospital

Delayed Transfers of Care (DToC) are the additional days that a person may stay in hospital, once medically fit for discharge, because they are unable to move on to their onward destination, e.g. because there is a lack of capacity in non-acute hospital for convalescence, or a package of care is not yet in place for them. Where DToCs can be avoided, as well as freeing up hospital capacity, this reduces the risk to individuals of hospital-contracted infections and of deconditioning due to prolonged inactivity, which can then impede recovery and independence.

DToC rates in Rutland have been reducing over time, and now match those of some of the best performing parts of the country: Rutland was ranked 19th out of 152 Health and Wellbeing Board areas in England in 2017-18 for its DToC rate, at 5.5 delays per day per 100,000 adult population. This was the lowest rate in the East Midlands, where rates ranged between 5.5 and 24.2.

4.11 Regaining the ability to manage at home after a hospital stay

Reablement helps people to learn new ways to accomplish day to day tasks that they can no longer manage as well as they used to, prolonging their ability to manage independently.

In Rutland, in 2016-17, 3.1% of people aged 65 years and over who were discharged from hospital were offered reablement services, which was similar to the England average. This is an improvement on previous patterns: in 2013-14 the rate was 2.8%, 0.5% below the then England average of 3.3%. The 2016-17 rate equals the rate of reablement being offered in Leicester and is 0.7% higher than that in Leicestershire.

Rutland has achieved very high rates of success with reablement services. In 2016-17 and 2017-18, more than 95% of individuals who received reablement services were still at home 91 days after being discharged from hospital. The 2016-17 rate of 97.2% was the best in the country.

4.12 Mortality

The directly age standardised mortality rate (ASMR) is calculated to take into account

the age structures of the population. Since 2004, the ASMR for all ages in Rutland has remained significantly lower than the national average. The latest data in 2015 shows when the ASMR is broken down into age groups, those under 65, between 65 and 74, between 75 and 84 and above 85 years all have a similar rate to the national average.⁹

In Rutland, 10.1% of all deaths in 2015 were in those aged under 65. This is significantly lower than the national percentage of 14.8% and has decreased year on year from 13.2% in 2012. Of all deaths in Rutland, 46.6% were from those aged 85 and above, this is significantly higher than the national percentage of 40.4%. The percentage of deaths in this age group has increased significantly over time, likely due to the ageing population.⁹

4.12.1 Place of death

Over a third (38.9%) of all deaths in Rutland in 2016 were in hospital, followed by: in the home (27.7%), in care homes (27.7%), hospices (3.2%) and other places (2.4%). This pattern of place of death is reflected nationally. The latest data shows Rutland has a significantly lower proportion of deaths occurring in hospital and a significantly higher proportion of deaths in care homes compared to nationally. In Rutland the trend is significantly decreasing over time for in-hospital deaths and significantly increasing over time for deaths in care homes.⁹

In Rutland, over half (51.9%) of deaths in the under 65 years age group occurred in hospital in 2016, this is the highest percentage out of all age groups. The lowest percentage of in-hospital deaths occurred in those aged over 85 years. In 2016, less than a third of deaths (29.8%) in this age group were in hospital, significantly lower than the national percentage of 43.8%. The trend of in-hospital deaths has been significantly decreasing across the 65-74 age band and 85 and above age band over time.⁹

As age increases, the percentage of deaths in care homes increases. Almost half (45.7%) of all deaths in the 85 and above age bands occurred in care homes, a significantly higher percentage to the national average (36.7%). The trend of care home deaths has been significantly increasing in the county across the 85 and above age band over time.⁹

Nationally the percentage of deaths at home decreases with age. In 2016 in Rutland, over a third (39.7%) of deaths in those aged 65-74 years died at home, similar to the national percentage of 30.3%. This was the highest percentage out of all age bands

in Rutland residents. In those aged 85 and above, a quarter (24.5%) of all deaths were in the home. This is a significantly higher percentage compared to the national average (16.4%).⁹

In 2016, hospice deaths accounted for 3.2% of all deaths in Rutland. This is similar to the national percentage of 5.7%. In Rutland the trend is significantly increasing over time for deaths in hospices.⁹

4.12.2 Deaths in Usual Place of Residence

In Rutland, over half (52.4%) of all deaths were in usual place of residence (DiUPR) in 2015, this is significantly higher than the national percentage of 46.0%. The trend has increased significantly in Rutland over time and the percentage of DiUPR has continued to have a significantly higher percentage than nationally since 2006. Two-thirds (66.1%) of all deaths from those aged 85 and above in Rutland were in the usual place of residence, this is significantly higher than the national percentage of 54.1%. The percentage of DiUPR in this age group has increased significantly over time.⁹

When examining DiUPR by cause of death in 2015, this showed Dementia and Alzheimer's disease had the highest percentage of DiUPR (87.3%), followed by Circulatory disease (49.0%), Cancer (48.0%) and Respiratory disease (32.5%). Trend analysis for Rutland shows that the percentage of deaths in usual place of residence for Cancer has shown a significant increase over time whereas Dementia and Alzheimer's disease, Circulatory disease and Respiratory disease have all shown no significant change in the percentage of DiUPR.⁹

4.12.3 Excess winter deaths

In common with other countries, more people die in the winter than in the summer in England and Wales. The Excess Winter Deaths (EWD) Index is defined as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths. Between August 2014 to July 2017 there were an estimated 43 excess winter deaths in Rutland. This represents a EWD Index of 12.0%, which means that 12.0% more deaths occurred in the winter months compared with the non-winter months.⁸ As it is common to observe large fluctuations in EWDs for which trends over time are often not smooth, we have presented a three-year moving average to smooth out any short-term fluctuations and make the trend over time clearer in the graphs presented.

Nationally, EWDs are generally higher in females and the elderly. In Rutland, for all but one data point in August 2006 to July 2009, the EWD Index for those aged 85 years and above has been consistently higher than those of all ages since recordings began. When examining by gender, on a national level, the EWD Index for females aged 85 and above has been higher than males (although not always significantly) for the last 13 time periods. In Rutland, the EWD Index for females aged 85 and above has been higher (although not significantly) than males in the same age group for the last four time periods.⁸

REFERENCES

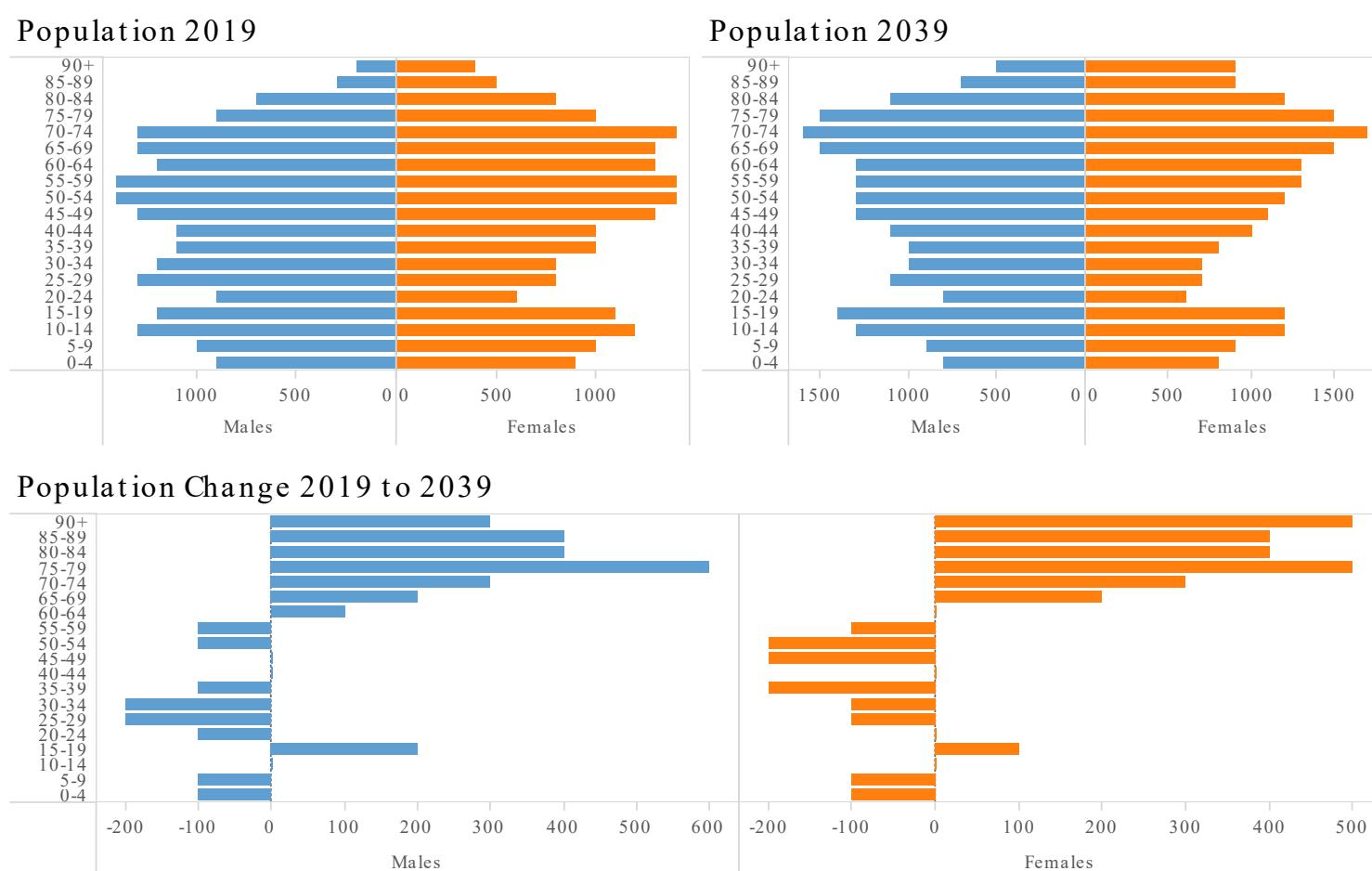
- ¹ Office for National Statistics, mid-2017 population estimates for England and Wales (2018). At <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2017/relateddata>
- ² Office of National Statistics. Subnational population projections for England: 2016-based (2018). At: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>
- ³ Public Health England. Mental Health and Wellbeing JSNA (2019). At <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>
- ⁴ Institute of Public Care (2018). Projecting Older People Population Information. Available at: <http://www.poppi.org.uk/>
- ⁵ NHS Digital (2018) Quality and Outcomes Framework (QOF) - 2017/18. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/quality-and-outcomes-framework-qof-2017-18>
- ⁶ Action on Hearing Loss. Hearing Matters (2015). At: <https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/research-reports/hearing-matters-report/>
- ⁷ RNIB (2018). How many people in the UK have sight loss? Available at: <https://help.rnib.org.uk/help/newly-diagnosed-registration/registering-sight-loss/statistics>
- ⁸ Public Health England (2019) Public Health Outcomes Framework. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
- ⁹ Public Health England (2018) End of Life Care Profile. Available at: <https://fingertips.phe.org.uk/profile/end-of-life>
- ¹⁰ Public Health England (2019) Dementia Profile. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia>
- ¹¹ NHS England (2018) Monthly Hospital Activity Data. At. <https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/mar-data/>
- ¹² Department of Health and Social Care (2018) Local area performance measures: NHS social care interface dashboard. Available at: <https://www.gov.uk/government/publications/local-area-performance-metrics-and-ambitions>

5. Infographics in support of report

2016-based population projections in Rutland

The 2016-based population projections provide statistics on the potential future size and age structure of the population. They are used as a common framework for informing local-level policy and planning as they are produced in a consistent way. The projections take the revised mid-2016 population estimates as their starting point. The projected local authority populations for each year are calculated by ageing on the population from the previous year, applying local fertility and mortality rates to calculate the number of projected births and deaths, and then adjusting for migration into and out of each local authority. The local authority fertility, mortality and migration assumptions are derived using estimated values from the five years before the base projection year.

Please note the population projections are not forecasts. They do not attempt to predict the impact of future government or local policies, changing economic circumstances or other factors that may influence demographic behaviour.

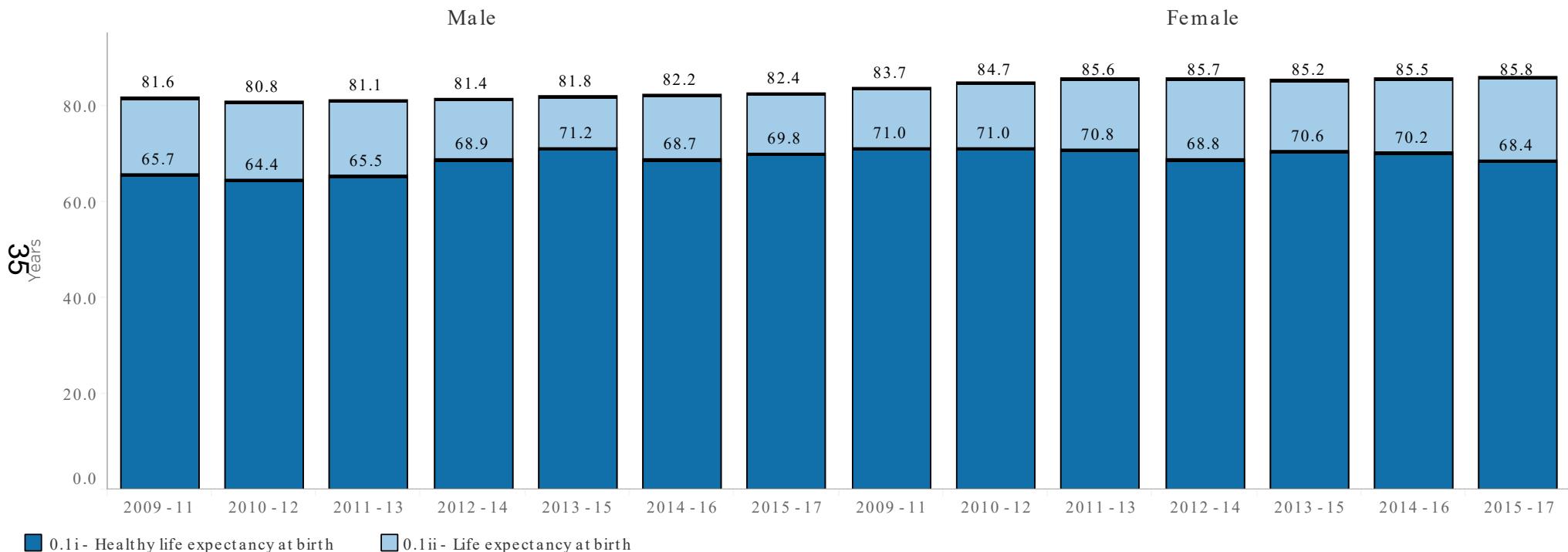


Source: Office for National Statistics (ONS), 2018.

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019.

Life Expectancy at Birth & Healthy Life Expectancy at Birth in Rutland

Nationally, life expectancy at birth has increased by 0.1 years for males between 2014-16 and 2015-17 whereas in females, over the last four time periods life expectancy has stabilised at 83.1 years respectively. In Rutland, life expectancy at birth has increased by 0.2 years for males and 0.3 years for females between 2014-16 and 2015-17. At a national level, healthy life expectancy at birth has increased by 0.1 years for males but decreased by 0.1 years in females. In Rutland, healthy life expectancy at birth has increased by 1.0 years for males compared to the previous time period, from 68.8 years to 69.8 years, whereas in females healthy life expectancy at birth has decreased 1.8 years from 70.2 years to 68.4 years. As shown by the graph, females, on average, live longer but spend more years in poor health. The latest data shows in Rutland males spend 12.5 years in poor health compared to 17.4 years in females. The national gap currently stands at 16.1 and 19.3 years for males and females respectively.



Source: Public Health Outcomes Framework, PHE

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019

QOF Recorded Prevalence in Rutland, 2017/18

With the introduction of the new GMS contract in April 2004, a quality framework of indicators (QOF) was developed for general practice, the QOF. An integral part of the QOF is the collection of prevalence data to allow practices to case find those patients that require specific management. Prevalence data within the QOF are collected in the form of practice registers. The purpose of a QOF disease register is to define a cohort of patients with a particular condition or risk factor. Please note, while many patients are likely to suffer from co-morbidity, i.e. are diagnosed with more than one of the clinical conditions included in the QOF clinical domain, robust analysis of co-morbidity is not possible and therefore patients may be on more than one disease register if they have multiple conditions or risk factors.

Indicator Name	Local Register	England Prevalence %	
Number of people with learning disabilities known to GPs: % on register	135	0.5%	0.4%
Severe mental illness recorded prevalence (QOF): % of practice register (all ages)	266	0.9%	0.7%
Stroke: Recorded prevalence (all ages)	861	1.8%	2.3%
Diabetes: QOF prevalence (17+)	2,011	6.8%	6.5%
Dementia: Recorded prevalence (all ages)	336	0.8%	0.9%
CHD: Recorded prevalence (all ages)	1,351	3.1%	3.6%
Depression recorded incidence (QOF): % of practice register aged 18+	347	1.6%	1.2%
Osteoporosis: QOF prevalence (50+)	90	0.6%	0.5%
Hypertension: QOF prevalence (all ages)	6,320	13.9%	16.7%

36

Statistical Significance compared to England

 Higher  Lower

 Similar

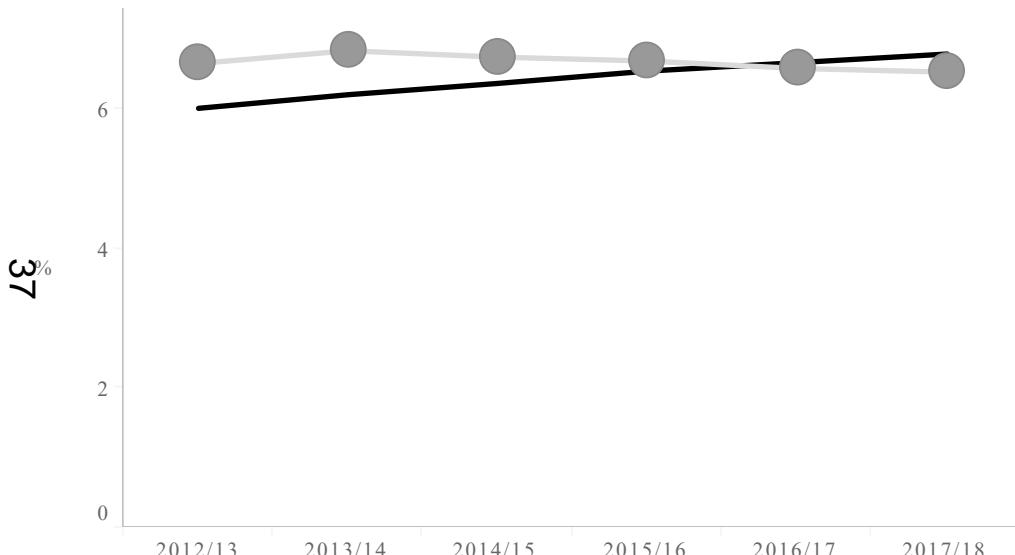
Source: Fingertips, Public Health England

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019.

Diabetes prevalence and estimated diabetes diagnosis rate in Rutland

For Local Authorities, Clinical Commissioning Groups and local Health and Wellbeing Boards to understand the scope for prevention and make headway in tackling the rising numbers of people with or at risk of diabetes, it is important to understand not only how many people have diabetes (number of cases of diabetes recorded on QOF register) but also the estimated number of people expected to have diabetes given the characteristics of the population. This will help identify the scale of the challenge in terms of numbers and costs in developing diabetes identification and prevention programmes. It will also help monitor the progress of closing the gap (i.e. meeting previously unmet need) between observed prevalence (number of cases of diabetes recorded on QOF register) and actual prevalence in identifying people at high risk or with undiagnosed diabetes.

Recorded QOF prevalence (aged 17+)

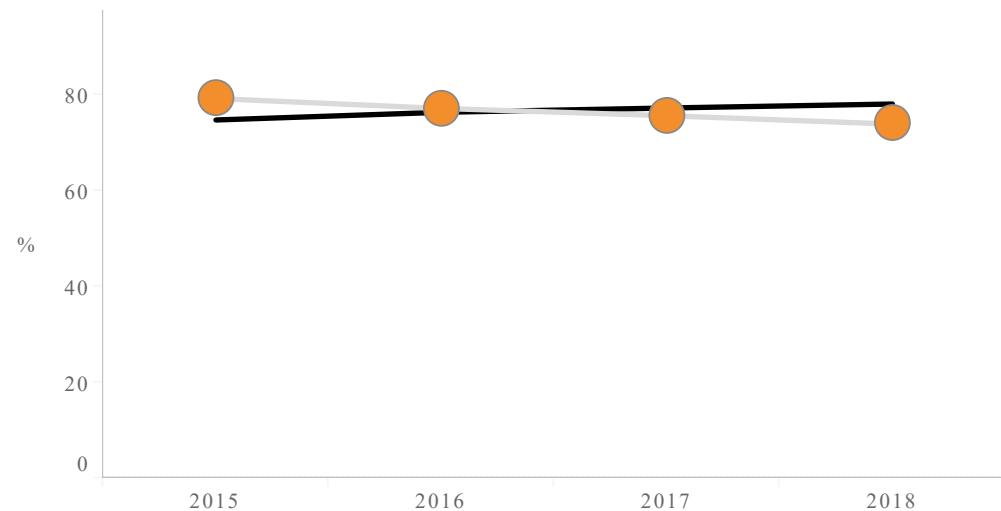


Statistical Significance compared to England

■ Similar

Source: Fingertips, Public Health England

Trend of estimated diagnosis rate for people with diabetes aged 17+



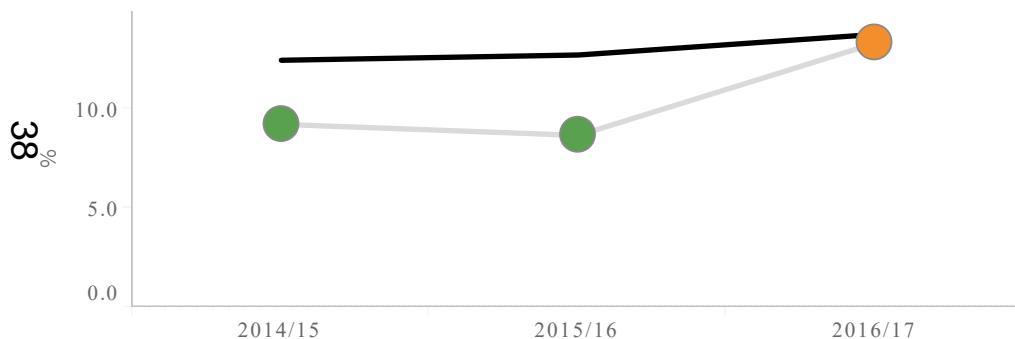
Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019.

Depression and Anxiety in Rutland

The depression recorded prevalence from QOF examines the percentage of the practice register with a diagnosis of depression. In contrast, the indicator reporting the percentage of depression or anxiety among patients is sourced from the GP Patient Survey. Across all time periods presented, the prevalence of depression or anxiety identified in this survey is higher (13.3% compared to 7.9% in 2016/17), perhaps because patients who have chronic conditions are more likely to respond. However, differences in the two prevalence estimates might also reflect an under-diagnosis of depression in General Practice.

It is well known that mental illnesses are frequently comorbid with physical illnesses and vice versa. The bar chart shows the prevalence of anxiety or depression in Rutland is higher (but not significantly) for those with a musculoskeletal (MSK) condition compared to those without a MSK condition. At a national level, this pattern is replicated but shows a significant difference.

Percentage reporting depression or anxiety (GPPS)

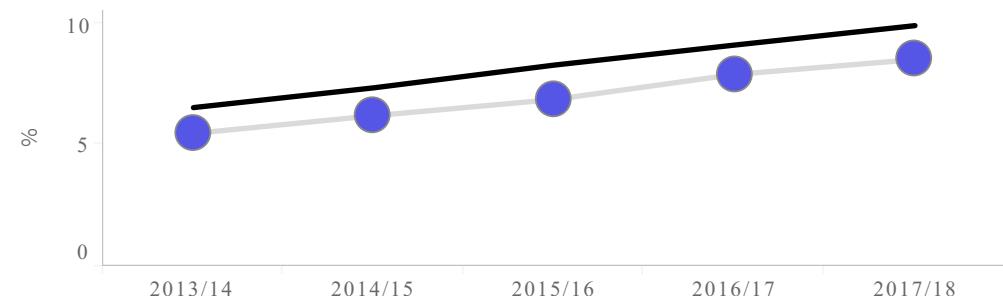


Statistical Significance compared to England:

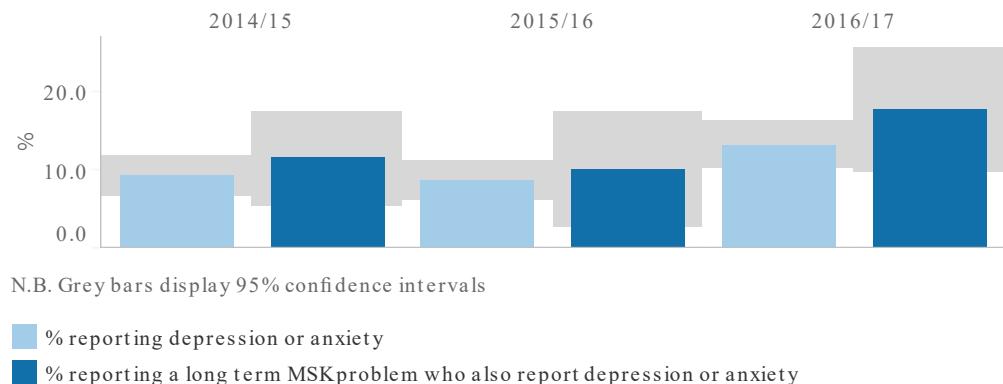
█ Better █ Similar

Source: Fingertips, Public Health England

Depression recorded prevalence (QOF): % of practice register aged 18+



Percentage reporting a long term MSK problem who also report depression or anxiety (GPPS)

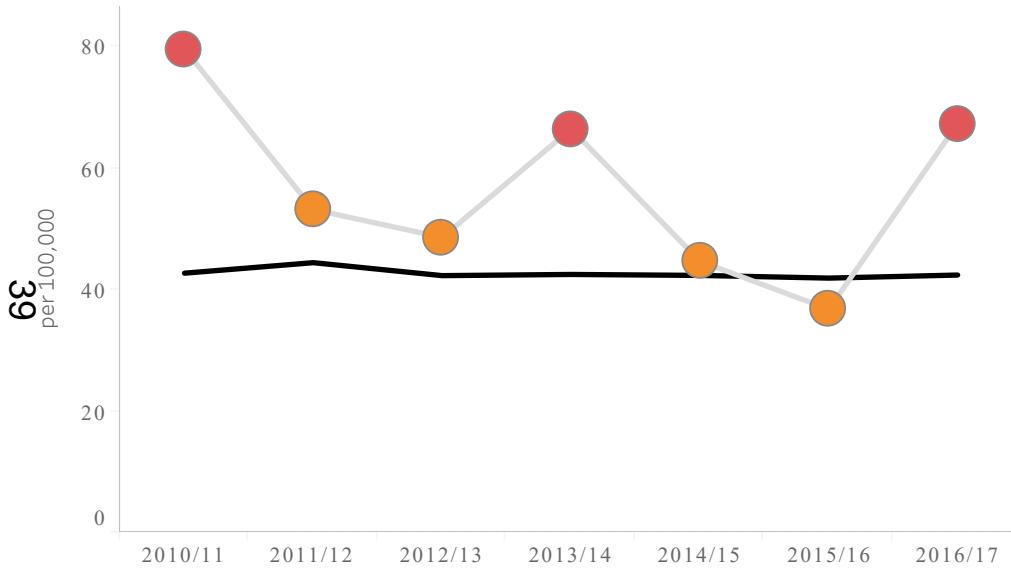


Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019.

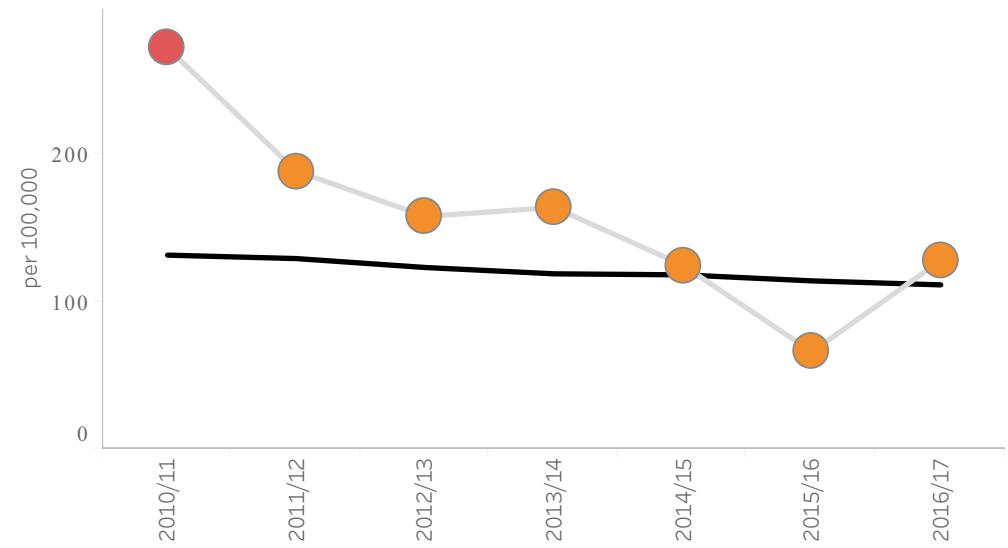
Preventable sight loss in Rutland

Prevention of sight loss will help people maintain independent lives as far as possible and reduce needs for social care support, which would be necessary if sight was lost permanently. The indicators presented show the counts of new completions of Certifications of Visual Impairment (all causes - preventable and non-preventable) by a consultant ophthalmologist as a rate of the resident population in the county. Where the cause of sight loss is Age-related Macular Degeneration (AMD), the rate of new completions of Certifications of Visual Impairment due to this disorder has been examined separately. Completing the sight loss certification initiates the process of registration with a local authority and leads to access to services.

Rate of sight loss certifications per 100,000 population



Rate of sight loss due to age related macular degeneration (AMD) in those aged 65+ per 100,000 population



Statistical Significance compared to England

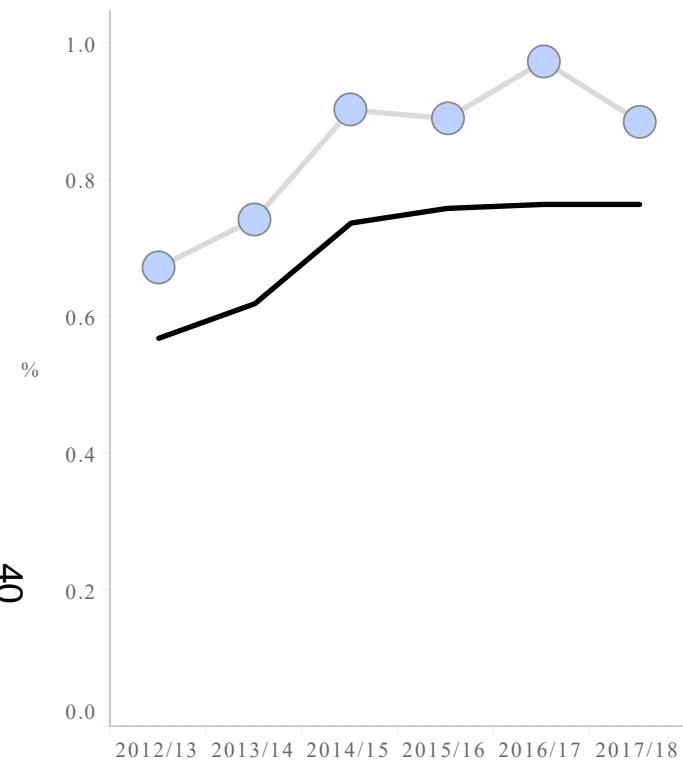
█ Better █ Similar █ Worse

Source: Public Health Outcomes Framework, Public Health England

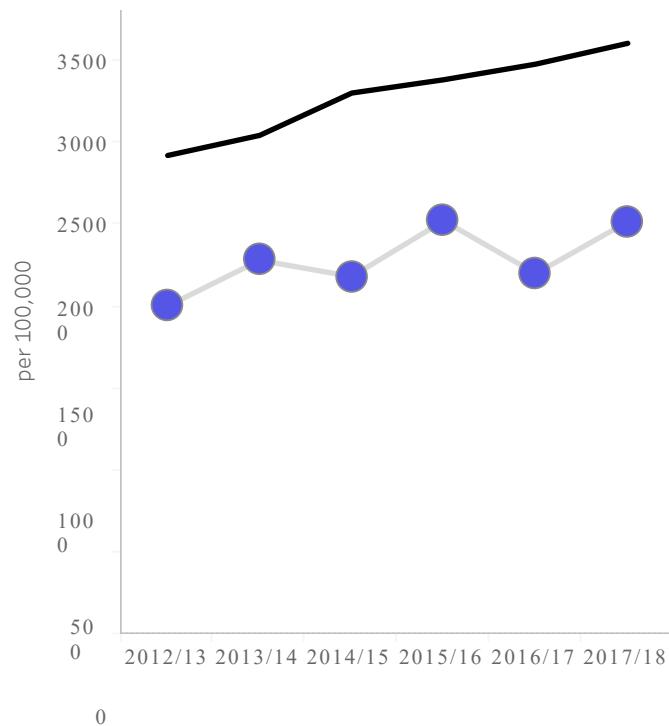
Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019.

Dementia prevalence and emergency admissions rate in Rutland

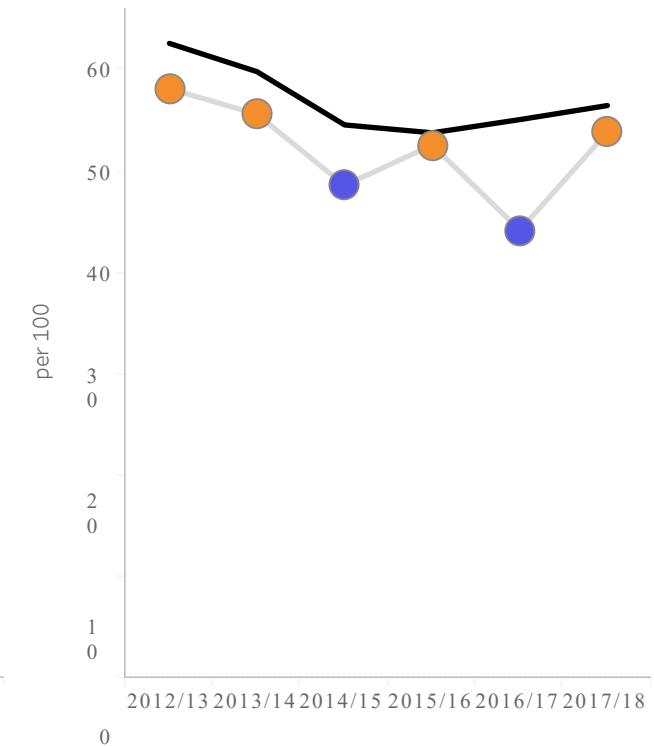
Dementia: Recorded prevalence (all ages)



Dementia: Direct standardised rate of emergency admissions (aged 65 years and over)



Dementia: Ratio of inpatient service use to recorded diagnoses



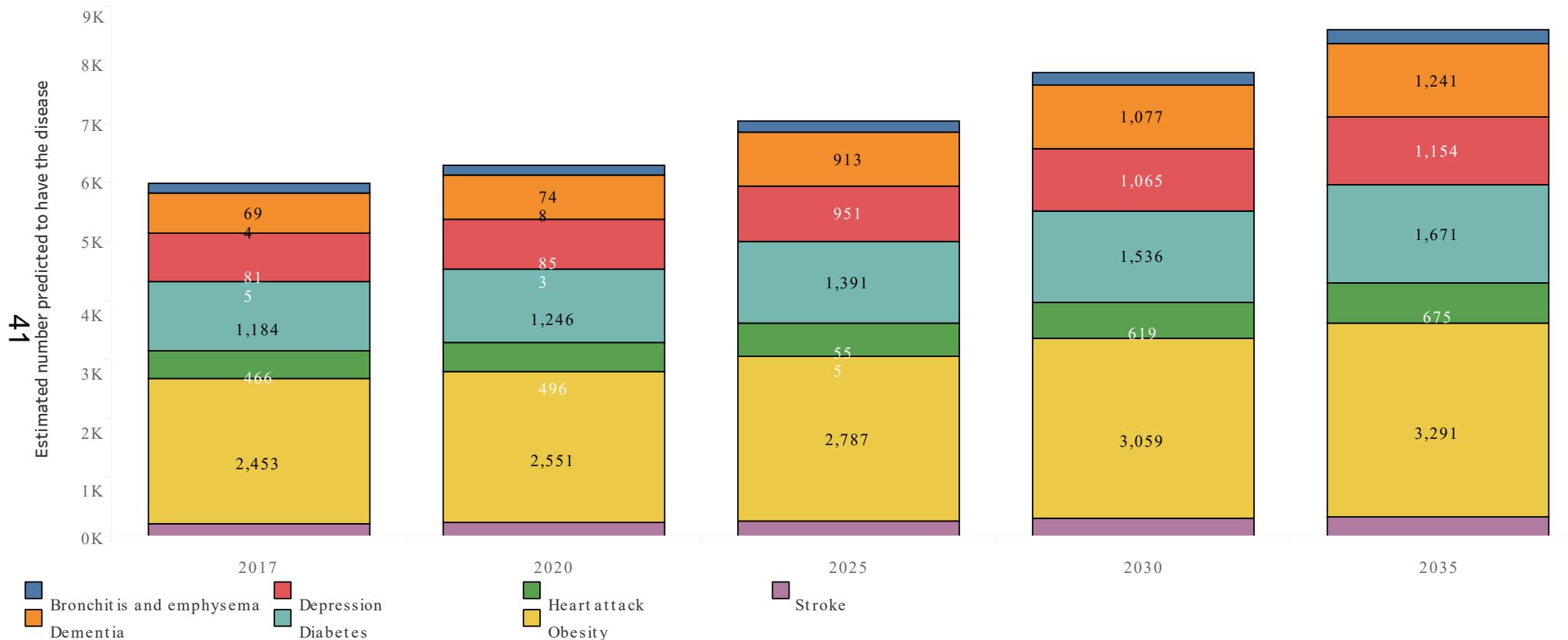
Statistical Significance compared to England: Not significant | Similar

Source: Fingertips, Public Health England

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019.

Forecasted prevalence of limited long term conditions in people aged 65 and above in Rutland

The chart shows the projected number of people over the age of 65 with a long term condition between 2017 and 2035 in Rutland. The numbers are based on the current prevalence rates applied to projected populations. Please note, the numbers refer to people on individual registers i.e. people with multi-morbidities will be counted on each register, therefore the totals will be greater than projected populations for the over 65s. The projected increase in number of people with the following conditions between 2017 and 2035 in Rutland is:
 Dementia (78.8%), Stroke (47.5%), Heart attack (44.8%), Bronchitis and emphysema (42.9%), Depression (41.6%), Diabetes (41.1%), Obesity (34.2%).



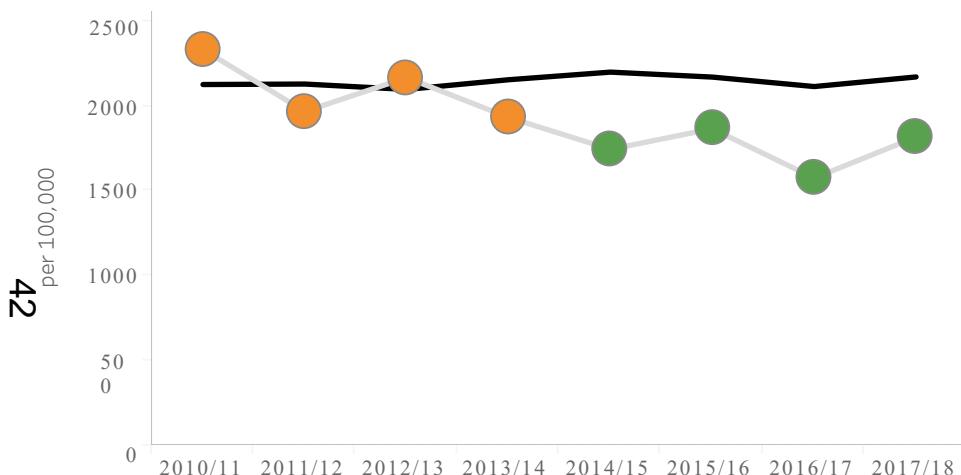
Source: POPPI

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019.

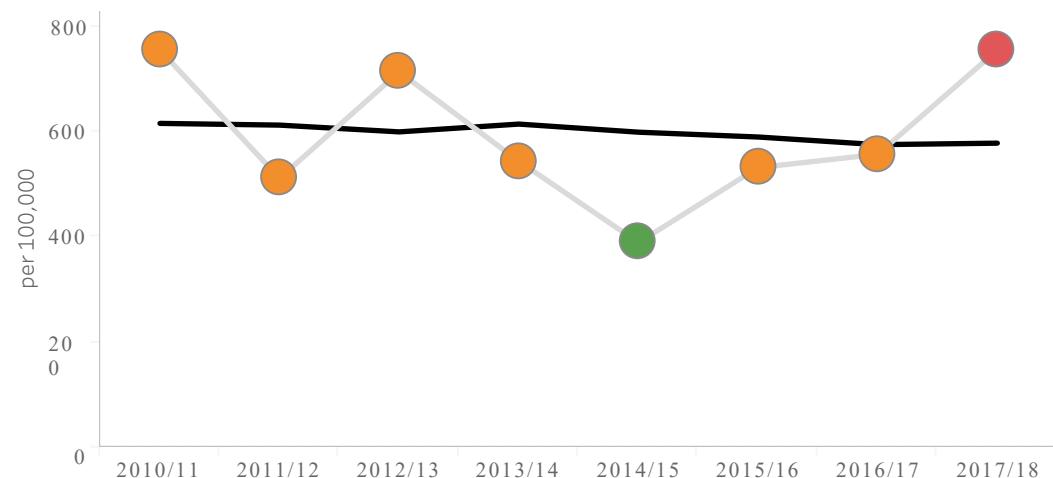
Emergency admissions (aged 65+) due to falls and hip fractures in Rutland

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. they are a major precipitant of people moving from their own home to long-term nursing or residential care. The highest risk of falls is in those aged 65 and above and it is estimated that about 30% people aged 65 and above living at home and about 50% of people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year. Hip fracture is a debilitating conditions with only one in three people that suffer a hip fracture return to their former levels of independence. The condition is so debilitating that one in three sufferers end up moving into long-term care facilities.

Emergency hospital admissions due to falls in people aged 65 and over, directly age standardised rate per 100,000 population



Emergency hospital admissions due to hip fractures in people aged 65 and over, directly age standardised rate per 100,000 population



Statistical Significance compared to England

■ Better ■ Similar ■ Worse

Source: Public Health Outcomes Framework, Public Health England

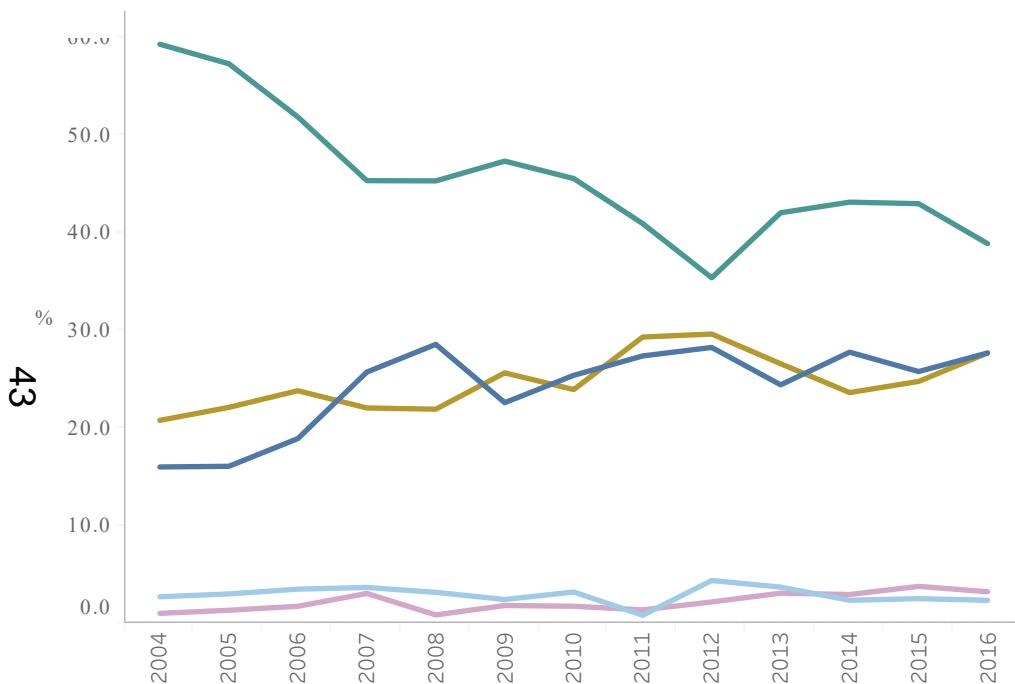
Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019.

Place of death in Rutland

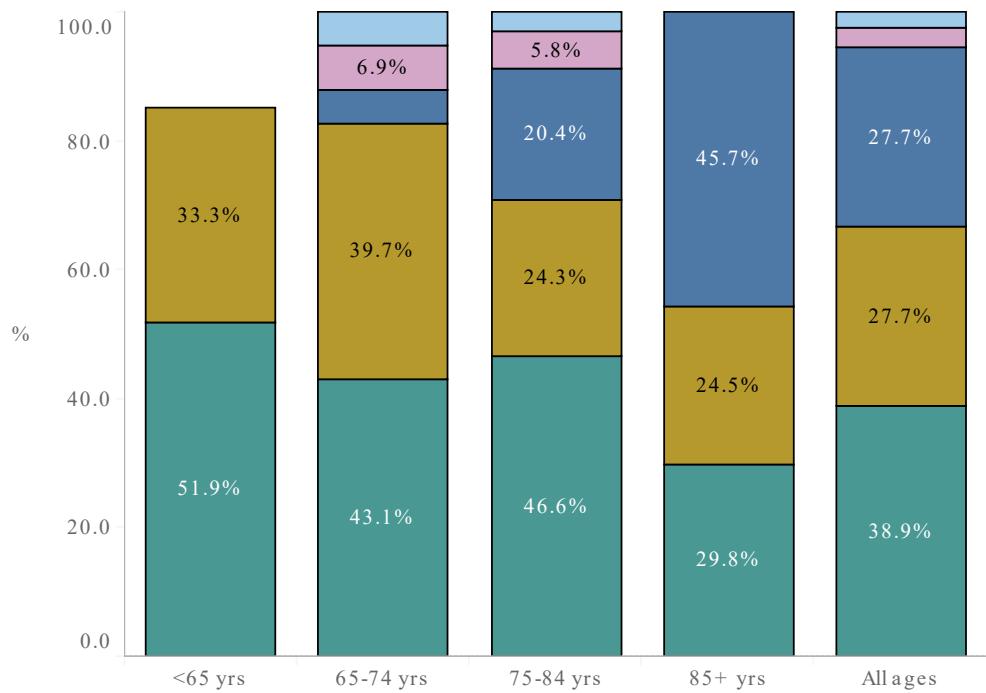
Age Range
All ages

The following indicators have been examined to understand the trends and variations in place of death as proxy indicator for quality of end of life care. The data shows the majority of people die in hospital; however the proportion of deaths in this location has shown a significant decline over the last five years. The latest data from 2016 shows as age increases, the proportion of people dying in a care home increases while the proportion of home deaths and deaths in hospices decreases.

Trend of place of deaths by All ages in Rutland



Place of death by age in Rutland, Persons, 2016



Place of Death

Care home deaths (%)

Deaths in Other Places (%)

Home deaths (%)

Hospice deaths (%)

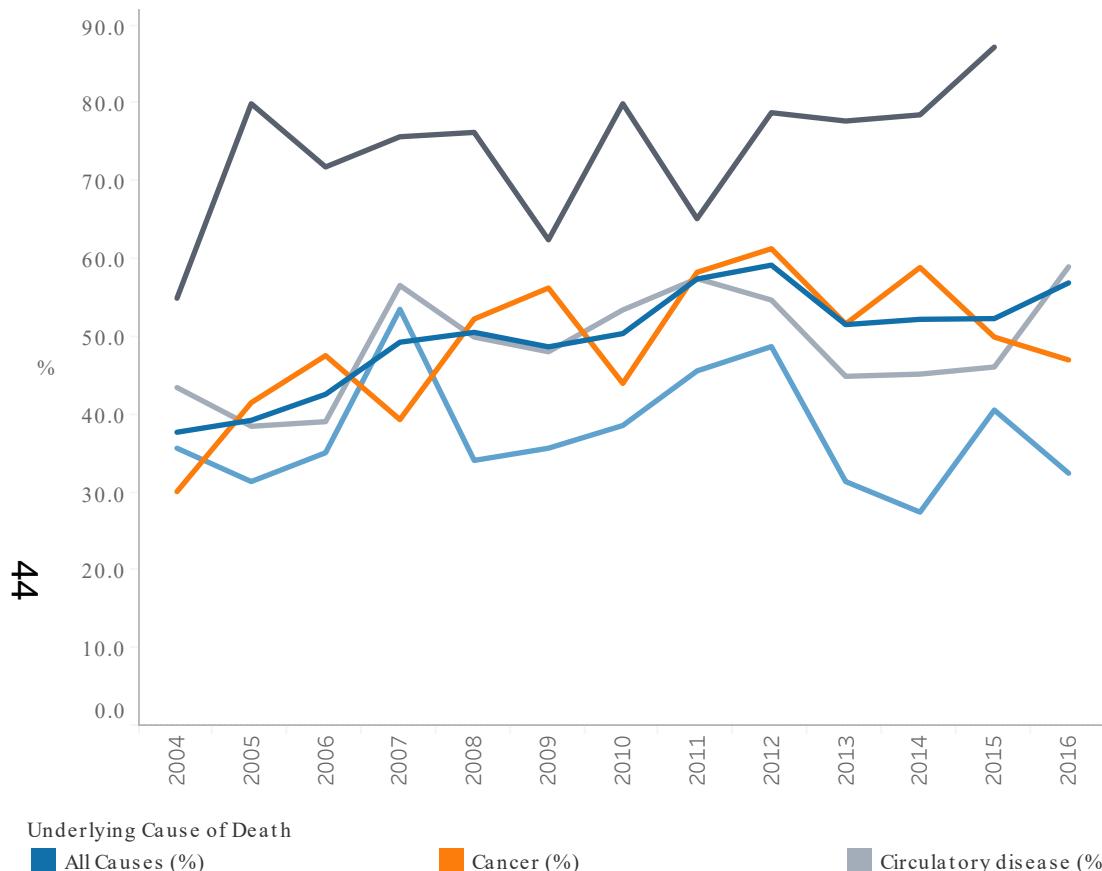
Hospital deaths (%)

Source: End of Life Care Profile, PHE

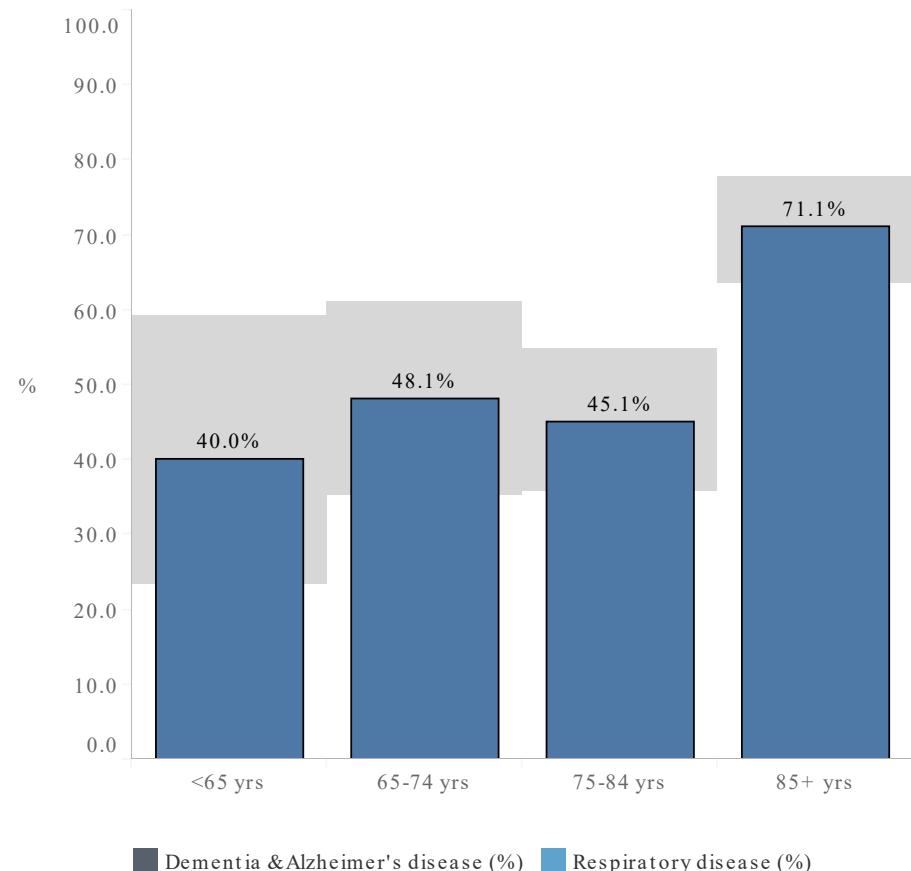
Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019.

Death in Usual Place of Residence (DiUPR) in Rutland

Trend of DiUPR by Underlying Cause of Death in Rutland



DiUPR by age in Rutland, Persons, 2016

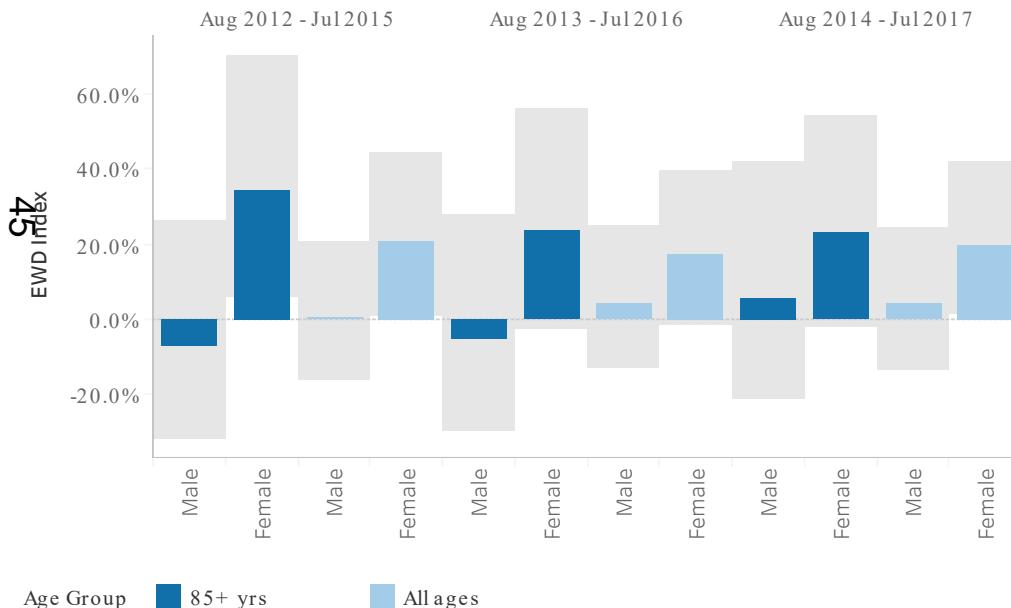


Source: End of Life Care Profile, PHE

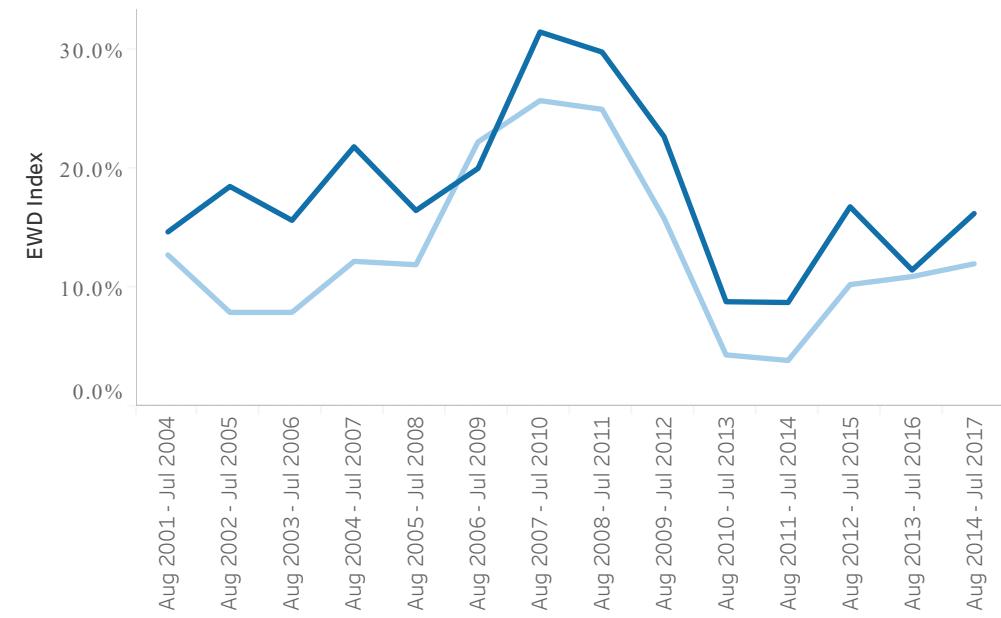
Excess Winter Deaths in Rutland

In common with other countries, more people die in the winter than in the summer in England and Wales. The Excess Winter Deaths (EWD) Index is defined as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths. Between August 2014 to July 2017 there were an estimated 43 excess winter deaths in Rutland. This represents a EWD Index of 12.0%, which means that 12.0% more deaths occurred in the winter months compared with the non-winter months. As it is common to observe large fluctuations in EWDs for which trends over time are often not smooth, we have presented a three-year moving average to smooth out any short-term fluctuations and make the trend over time clearer in the graphs presented. Nationally, EWDs are generally higher in females and the elderly. In Rutland, for all but one data point in August 2006 to July 2009, the EWD Index for those aged 85 years and above has been consistently higher than those of all ages since recordings began. When examining by gender, on a national level, the EWD Index for females aged 85 and above has been higher than males (although not always significantly) for the last 13 time periods. In Rutland, the EWD Index for females aged 85 and above has been higher (although not significantly) than males in the same age group for the last four time periods.

Excess Winter Deaths Index (3 years) by sex and age group



Trend in Excess Winter Deaths Index (3 years) by age group



Source: Public Health Outcomes Framework

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019.

5. Feedback on recommendations for 2017

Recommendations and summary

Military Health

The military population has a significant bearing on the population of Rutland and its use of health and other services. Although there are good links between public health and the military on specific issues, the importance of serving military, veterans and their families in Rutland calls for a review, in line with national publications, on the links between the military defence services and public health.

Response:

A detailed Health assessment of the needs of the serving military and their families has been undertaken. Originally, to be the subject of this report, it is currently undergoing review and comment by the Army. It is intended that a summary version will now form the basis of the 2020 Public Health Annual Report.

Mental Health

Mental health problems are widespread, at times disabling, yet often hidden. We shall undertake a piece of work examining the link between anti-depressant prescribing and mental health in Rutland.

Response: Investigations found anti-depressant prescribing in Rutland was in line with East Leicestershire and Rutland and West Leicestershire CCGs. Much work this year was devoted to updating the Joint Strategic Needs Assessment (JSNA) for Rutland which was published in December 2018, this included a stand-alone chapter on Mental Health in Adults in the county. This needs assessment found the GP recorded prevalence for depression in Rutland is significantly lower compared to national; however, the prevalence has significantly increased over the past five years. This increasing trend is also witnessed nationally.

Poverty

Rutland is one of the most affluent counties in the country, however, it is fundamental that we are able to disaggregate our population and pinpoint pockets of deprivation that exist among rural affluence. We shall undertake a detailed piece of work examining poverty in Rutland, drawing on the scrutiny commission work done on poverty previously.

Response: The recently completed Joint Strategic Needs Assessment (JSNA) sets out data on the health and wellbeing needs of Rutland both now and into the future. The JSNA sets out the key rural health issues that should be borne in mind by commissioners and providers.

Farmers and other agricultural workers are included amongst occupational groups that are at particularly high suicide risk (other groups include nurses and doctors). For example, GPs in rural areas, aware of the higher rates of suicide in farmers and agricultural workers, will be well prepared to assess and manage depression and suicide risk.

The recently launched ‘Start a Conversation’ campaign tackling attitudes and stigma towards death by suicide, recognises the importance of rurality as a risk factor. The Leicestershire and Rutland Rural Partnership holds a series of suicide prevention awareness training workshops.

This page is intentionally left blank

ADULTS AND HEALTH SCRUTINY PANEL WORKPLAN 2018/19

Highlight main Item for debate for each meeting

Agenda Item/Title	Scrutiny Panel Date	For Decision/Feedback/ info?	Description/Info (including relevant overarching Policy/Strategy where applicable)	Portfolio	Cabinet Decision Date (where applicable)	Report Contact	Topic put forward by (e.g. name of officer/FP/ Member)
Healthwatch Update	28 June 2018	Information	A Community Interest Group, Connected Together, had taken over as the new provider of Healthwatch Rutland and gave a presentation on their approach for 2018/19	Mr A Walters		Kate Holt, CEO of Connected Together	Forward Plan
Sustainability & Transformation Plan: Update	28 June 2018	Feedback/Information	Update on the STP for Leicester, Leicestershire and Rutland and the work being undertaken by partners to improve the health and wellbeing of people locally	Mr A Walters		Toby Sanders, the Sustainability & Transformation Partnership (STP) Lead for Leicester, Leicestershire & Rutland and the Managing Director of West Leicestershire CCG.	Forward Plan

Agenda Item/Title	Scrutiny Panel Date	For Decision/Feedback/ info?	Description/Info (including relevant overarching Policy/Strategy where applicable)	Portfolio	Cabinet Decision Date (where applicable)	Report Contact	Topic put forward by (e.g. name of officer/FP/ Member)
Improving Access To Primary Care	28 June 2018	Feedback/Information	information about East Leicestershire and Rutland Clinical Commissioning Group's (ELR CCG) plans to improve access to primary care and urgent care services for patients out of hours (evenings and weekends) and the associated procurement of a combined service for out of hours and urgent care, currently delivered as two separate services by two providers.	Mr A Walters		Mr Sacks, Chief Operating Officer, East Leicestershire and Rutland CCG	Requested by CCG
Adult Services Key Performance Indicators	28 June 2018	Feedback/Information	An overview of performance against the 18 key performance indicators (KPIs) for adult services	Mr A Walters		Mark Andrews, Strategic Director of People John Morley, Deputy Director – Adult Services	Forward Plan

Agenda Item/Title	Scrutiny Panel Date	For Decision/ Feedback/ info?	Description/Info (including relevant overarching Policy/Strategy where applicable)	Portfolio	Cabinet Decision Date (where applicable)	Report Contact	Topic put forward by (e.g. name of officer/FP/ Member)
Annual Summary of Admissions To Residential Care	28 June 2018	Feedback/Information	A summary of the admissions to nursing or residential care in Rutland for the period April 2017	Mr A Walters		Mark Andrews, Strategic Director of People John Morley, Deputy Director – Adult Services	Forward Plan
Homecare Recommissioning	28 June 2018	Information	A verbal update Cabinet extended the current homecare services until 31st March 2019	Mr A Walters		Karen Kibblewhite, Head of Commissioning	Forward Plan
Q4 Financial Management Report	28 June 2018	Information	For information only	Mr G Brown		Sav Della Rocca	Forward Plan
Urgent Business Stop Suicide Campaign	28 June 2018	Information and Decision	Support the involvement of RCC in the developing STOP Suicide Campaign	Mr A Walters		Mike Sandys	Urgent Item. Discussed at HWB and felt that it needed to go to Scrutiny for Council approval.
Joint Strategic Needs Assessment (JSNA)	27 September 2018	Feedback/Information		Tbc		Mike Sandys	Discussed at HWB

Agenda Item/Title	Scrutiny Panel Date	For Decision/ Feedback/ info?	Description/Info (including relevant overarching Policy/Strategy where applicable)	Portfolio	Cabinet Decision Date (where applicable)	Report Contact	Topic put forward by (e.g. name of officer/FP/ Member)
Many Years Project	27 September 2018	Feedback/Information				Kelly McAleese	Agreed by Panel at June meeting
Q1 Finance Management Report	27 September 2018	For Information only	To inform on how the Council is performing against its revenue and capital budgets	Mr G Brown	21 August 2018	Sav Della Rocca	Forward Plan
Local Safeguarding Adults Annual Report	27 September 2018	For information / discussion	2018 Annual report of the LRLSAB	Mr A Walters	Tbc	Mr Robert Lake	Request from LSAB
East Midlands Clinical Senate	29 November 2018	Information	The Clinical Senate is an independent body which is called in by authorities and stakeholders to offer impartial clinical advice about health care and any major changes to a provision or service.	Mr A Walters		Emma Orrock East Midlands Head of Clinical Senate	Cllr Stephenson and agreed by Panel in June
Adult Services Key Performance Indicators	29 November 2018	Feedback/Information	An overview of performance against the 18 key performance indicators (KPIs) for adult services	Mr A Walters		Mark Andrews, Strategic Director of People Katherine Ayton	Quarterly review of figures agreed by Panel
CQC QA Ratings	29 November 2018	Information/discussion		Mr A Walters		Karen Kibblewhite	Agreed by Chair Requested by the Panel
Q2 Finance Management Report	29 November 2018	Information	To inform on how the Council is performing against its revenue and capital budgets	Mr G Brown	20 November	Sav Della Rocca	

Agenda Item/Title	Scrutiny Panel Date	For Decision/Feedback/ info?	Description/Info (including relevant overarching Policy/Strategy where applicable)	Portfolio	Cabinet Decision Date (where applicable)	Report Contact	Topic put forward by (e.g. name of officer/FP/ Member)
BUDGET	23/24 January 2019						
East Midlands Ambulance Service	29 November 2018	For Information	Vision for the service, closer to home treatment options, differences in local offer	Mr A Walters		tbc	Requested by Cllr Waller and agreed by Panel in September
Community Services Redesign		Discussion and feedback	An overview of the community services redesign project summarising the service issues, case for change and project methodology.	Mr A Walters		Tamsin Hooton	
Draft report from the Mental Health Task and Finish Group	7 February 2019	Discussion and feedback	To present the findings of the Mental Health Task and Finish Group	Mr A Walters		Karen Kibblewhite Jo Morley	
LeDeR Learning Disabilities Mortality Review programme	7 February 2019	Discussion	An update on the national and local LeDeR position, looking at health and possible social inequalities that may limit the life expectancy of people with a learning disability.	Mr D Wilby Mr A Walters		Steven Forbes	
CAMHS Funding	21 March 2019	For discussion and information	The paper is in response to a request from the Panel to provide a rationale for the current commissioning spend on CAMHS and the funding intentions going forward.	Mr A Walters		Chris West	Panel

Agenda Item/Title	Scrutiny Panel Date	For Decision/ Feedback/ info?	Description/Info (including relevant overarching Policy/Strategy where applicable)	Portfolio	Cabinet Decision Date (where applicable)	Report Contact	Topic put forward by (e.g. name of officer/FP/ Member)
Cancer treatment waiting times	21 March 2019	Discussion and feedback	Improvements being implemented for Rutland patients in relation to cancer treatment waiting times and diagnosis.	Mr A Walters		CCG	Requested by Cllr Cross at Sept meeting
External Providers Quality Assurance	21 March 2019	Discussion	Update on current performance of providers. Rescheduled from the November meeting	Mr A Walters		Karen Kibblewhite	Requested by Panel Members
Q3 Finance Management Report	21 March 2019	Information	To inform on how the Council is performing against its revenue and capital budgets	Mr G Brown	19 February 2019	Sav Della Rocca	

CABINET

18 June 2019

REVENUE AND CAPITAL OUTTURN 2018/19

Report of the Strategic Director for Resources

Strategic Aim:	Sound Financial and Workforce Planning	
Key Decision: Yes	Forward Plan Reference: FP/260419	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr G Brown, Deputy Leader and Portfolio Holder for Planning, Environment, Property and Finance.	
Contact Officer(s):	Saverio Della Rocca, Strategic Director for Resources	01572 758159 sdrocca@rutland.gov.uk
	Andrew Merry, Finance Manager	01572 758152 amerry@rutland.gov.uk
Ward Councillors	Not Applicable	

DECISION RECOMMENDATIONS

That Cabinet:

- a) Notes the provisional outturn on the revenue budget and updated capital programme
- b) Approves the transfer to earmarked reserves from 18/19 underspends of £2.355m including £509k for ring fenced budgets
- c) Approve the use of £70k from winter pressures grant and £49k from the social care reserve to fund the overspend on DFG's of £119k (in line with reported outturn at Q3)
- d) Notes that the MTFP in Appendix F reflects the outturn position
- e) RECOMMEND TO COUNCIL the setting up of 2 new reserves and amending the ceiling of 2 reserves as detailed in section 2.4

1 PURPOSE OF THE REPORT

- 1.1 To inform Cabinet of the provisional outturn figures (subject to audit) for the financial year 2018/19. In reporting the outturn, Cabinet is being asked to carry forward some unspent budgets to 2019/20 and put aside some additional funding in earmarked reserves.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 Revenue outturn 2018/19

- 2.1.1 The Council approved its 2018/19 budget in February 2018. Throughout the year, Cabinet and Scrutiny Panels have received quarterly updates on progress against the budget. Cabinet and Council have also made some changes to the approved budget which are itemised in each quarterly report.
- 2.1.2 The end of year provisional revenue position is that the Council has under spent its revenue budget by £74k which equates to an under spend of 0.2% when compared to the Net Operating Expenditure. A full explanation of the year end revenue position is covered in Appendix A, Section 1 to this report.
- 2.1.3 This position is provisional for two reasons:

- The position is subject to external audit by Grant Thornton LLP; and
- In arriving at the overall position for 18/19, officers are making requests for £2.355m to be carried forward/put into earmarked reserves (Appendix A para 1.3.2). These funds will be held to be used on: a) ring fenced budgets; b) demand led budgets; or c) commitments made but not yet fulfilled. These are decisions that must be approved by Cabinet.

2.2 Capital update

- 2.2.1 The Council spent £4.479m on the capital programme in 18/19. Since the 18/19 budget was set, Cabinet have approved further budget changes, detailed in Appendix A para 2.2.1. A full list of approved schemes is shown in Appendix E.

2.3 MTFP

- 2.3.1 The Medium Term Financial Plan has been updated to reflect the provisional year end revenue position and is attached at Appendix F. The outturn is positive but does not change the existing position whereby the Council is estimated to have a funding gap of £41k in 2019/20.
- 2.3.2 There are unlikely to be any further changes to the MTFP in the near future. The Council is awaiting the outcome of various Government funding reviews (more information is given in Appendix A).

2.4 Reserves

- 2.4.1 As mentioned in 2.1.3 the Council is requesting to transfer £2.355m into reserves in 2018/19. A breakdown of this is shown in Appendix A para 1.3.2.
- 2.4.2 The Council is being asked to transfer £205k into two new reserves as follows:
- Brexit Reserve – Additional funding (£105k) received has been received in 2018/19 for additional cost pressures as a result of Brexit and a further £105k will be paid in 2019/20. Due to the uncertainty around Brexit no additional expenditure was incurred during 2018/19. We are requesting that a new Brexit reserve is established with a ceiling of £210k.

- Repairs & Maintenance Reserve – the Council has various assets (vehicles and buildings) that need to be maintained. In order to smooth the impact of major repairs and maintenance and reduce the impact to the General Fund in future years, Council is being asked to set up a Repairs and Maintenance reserve. The commercial properties (OEP & Kings Centre) have budgets set aside to contribute to the reserve. Underspends in Libraries and Transport have also been requested to be transferred to the reserve to support the existing vehicle fleet. The total contribution for 2018/19 is £110k. The ceiling for this reserve is requested to be set at £500k as contributions from the commercial properties should grow over the coming years.

2.4.3 There are two reserves where it is requested that ceilings are increased as follows

- Highways – increase ceiling to £550k from £300k. The Council are moving to a more proactive approach to highway maintenance which has seen significant savings removed from the revenue budget whilst capital investment is maintained. As a result of this approach, there is an under spend on the revenue budget of £250k which will be transferred to the Highways reserve to support any emergency repairs that may be required.
- Welfare Reserve – increase ceiling to £170k from £150k. Warm Homes Rutland Funding (£21k) was being held and the under spend against this is requested to be transferred to the Welfare Reserve. This funding will be drawn down as required.

3 CONSULTATION

3.1 Formal consultation is not required for any decisions being sought in this report. Internal consultation has been undertaken with officers to assess the impact of the outturn on the budget for 2019/20. There are no issues to address in this regard.

4 ALTERNATIVE OPTIONS

4.1 Cabinet are requested to make decisions about whether unspent budgets should be carried forward to 2019/20. In many cases, it should be noted that officers may have already committed such budgets (i.e. work may have been started but not finished) or plan to do so for service delivery in 2019/20. Cabinet can choose to approve the carry forwards or could still request that budget managers assess whether such expenditure can be absorbed within existing budgets or savings made elsewhere. Where this is not possible, there may be budget pressures later in the year.

4.2 Members are also being asked to make additional contributions to earmarked reserves. Members could choose to retain all funds in the General Fund Reserve rather than to prop up earmarked reserves. The former is not the preferred option for the reason that the establishment of earmarked reserves recognises that funds are likely to be needed for a specific cause. Retaining such funds in a General Reserve could give the impression that the Council's financial health is better than what is actually the case.

5 FINANCIAL IMPLICATIONS

- 5.1 The report highlights the impact of the outturn on the MTFP. General Fund balances will increase by £74k from that budgeted for if all recommendations are approved.

6 LEGAL AND GOVERNANCE CONSIDERATIONS

- 6.1 The Financial Procedure Rules (FPRs) allow Cabinet to approve budget carry forwards from one period to the next and put additional funds in earmarked reserves up to the approved ceiling value. The FPRs allow Council to establish a new reserve and set ceilings for earmarked reserves.
- 6.2 There are no legal implications arising from this report.

7 DATA PROTECTION IMPLICATIONS

- 7.1 A Data Protection Impact Assessments (DPIA) has not been completed because there are no risks/issues to the rights and freedoms of natural persons.

8 EQUALITY IMPACT ASSESSMENT

- 8.1 An Equality Impact Assessment (EqIA) has not been completed because there are no service, policy or organisational changes being proposed.

9 COMMUNITY SAFETY IMPLICATIONS

- 9.1 There are no community safety implications.

10 HEALTH AND WELLBEING IMPLICATIONS

- 10.1 There are no health and wellbeing implications.

11 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 11.1 As the Council is required to make savings over the medium term, the outturn position is positive compared to Quarter 3. The approval of budget carry forwards will allow the 2019/20 budget to be updated to reflect spending plans.

12 BACKGROUND PAPERS

- 12.1 None

13 APPENDICES

- Appendix A: Outturn 2018/19
- Appendix B: People Budget Monitoring Summary
- Appendix C: Places Budget Monitoring Summary
- Appendix D: Resources Budget Monitoring Summary
- Appendix E: Capital Outturn
- Appendix F: Medium Term Financial Plan
- Appendix G: Approved Budget Changes

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

This page is intentionally left blank

Appendix A. Outturn 2018/19

1 REVENUE OUTTURN

1.1 Budget – what is the overall outturn position?

1.1.1 The Council is reporting a year end deficit of £15k. This represents an under spend of £74k on its budgeted deficit of £89k. The revenue position at 31 March 2019 is shown below:

	More detail	Current Budget £000	Q3 Forecast £000	Q4 Outturn £000	Outturn Variance
People		18,713	17,774	17,667	(1,046)
Places		12,313	12,549	12,166	(147)
Resources		6,888	6,246	6,011	(877)
Directorate Totals	1.2	37,914	36,569	35,844	(2,070)
Pay Inflation		21	0	0	(21)
Social Care Contingency		184	0	0	(184)
Net Cost of Services		38,119	36,569	35,844	(2,275)
Appropriations		(2,241)	(2,241)	(2,241)	0
Capital Financing	1.4.1	1,644	1,644	1,647	3
Interest Receivable	1.4.2	(210)	(305)	(312)	(102)
Net Operating Expenditure		37,312	35,667	34,938	(2,374)
Financing	1.4.3	(34,951)	(34,842)	(35,198)	(247)
Transfers to/(from) Reserves	1.1.2	(2,302)	(847)	121	2,423
Revenue Contribution to Capital	1.4.4	30	30	154	124
(Surplus)/Deficit		89	8	15	(74)
General Fund 1 April 2018		(8,978)	(8,978)	(8,978)	0
General Fund 31 March 2019		(8,889)	(8,970)	(8,963)	(74)

1.1.2 The overall position can be summarised as follows:

- The Council is reporting an under spend of £74k after setting aside Directorate under spends in relation to: a) ring fenced budgets; b) demand led budgets; or c) commitments made but not yet fulfilled. In each of these cases under spent budgets are placed into earmarked reserves and are carried forward for future use.
- Notwithstanding the above comment, the Directorate budgets do include genuine underspends arising from a) savings from vacant posts and delays in recruiting staff pending reviews or further work; b) additional grant

income received e.g. in respect of the One Public Estate programme; c) other cost control measures.

- Despite the overall under spend, there are some areas where there are overspends – there have been significant pressures in waste management, commercial properties and planning income. Further detail is given in Section 1.2.
- The Directorate under spend was increased further by additional grant income of £129k (of which £90k was received in the final quarter), better returns on investment income, £102k, and additional business rates of £188k, which was offset by reducing the draw down from the Business Rates reserve by £190k.

1.1.3 The revenue outturn position reconciles to the Comprehensive Income and Expenditure Statement (CIES) in the Draft Statement of Accounts which was published at the end of May.

1.2 Directorate spend – how does this compare to budget and Quarter 3 forecast?

1.2.1 A summary of the performance of each function against budget can be found in Appendices B to D. A full analysis of Directorate performance in respect of each function is provided in the accompanying Budget Excel file which is available on the Council website at:

<https://www.rutland.gov.uk/my-council/contacts-facts-and-figures/council-spending/budget-monitoring-quarterly-reports/>

1.2.2 Throughout the year, the Financial Procedure Rules (FPR) require Directors to report on functions which are forecast to be £25k overspent and provide a detailed report on functions overspent by more than £100k explaining the reasons why. As 18/19 is now complete, a summary of the position on each function is given in the Directorate appendices. The overall position is as follows:

Directorate	Within budget?	Ceilings>25k overspent?				Ceilings>£25k underspent?			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Places	Yes	2	1	4	4	2*	1*	1*	2*
Resources	Yes	1	0	0	0	5*	4*	5*	3*
People	Yes	3	3	3	3	9*	9*	9*	7*

***Note:** Only underspends included where Directorates are not currently proposing to carry forward/transfer to reserve unused budget to future years

People Directorate

1.2.3 The People Directorate is underspent by £1.046m and there has been a favourable movement of £107k since Quarter 3. For demand led areas £1m can represent a small number of cases (5-10) so the under spend should be seen in this context. The Directorate is required to carry forward unspent ring fenced budgets (e.g. Public Health and Better Care Fund) and is also requesting budget carry forwards of £101k from other unspent budgets as well as transferring £417k to the Social Care reserve. The impact of these changes is that the Directorate has, in effect, come in only slightly underspent (c£18k).

People Directorate budget	£'000	£'000
(Under)/Over spend People Directorate (Excluding Dedicated Schools Grant)		(1,045)
Add back: ring-fenced grant underspends (£204k Public Health plus £305k BCF transferred to reserves)	509	
Add back: Children's Social Care underspends to be transferred to Social Care reserve (see 1.2.7)	417	
Add back: Other budget carry forwards	101	
(Under)/Over spend after transfers		(18)
Key variances (Excluding Transfers to Reserves):		
Directorate costs	(43)	
Adults and Health (Prevention & Safeguarding, Direct Payments, Residential) (1.2.4)	439	
Adults and Health (Contracts & Procurement, Homecare, Support & Review, Hospital & Reablement) (1.2.5)	(402)	
Learning and Skills (1.2.6)	(12)	
Total Variance		(18)

1.2.4 As reported consistently throughout the year, the key pressures in the Directorate have revolved around Adult Social Care services of Prevention and Safeguarding, Direct Payments and Residential & Nursing. The key reasons for this are:

- The Prevention & Safeguarding service has overspent by c£80k as a result of an increased use of short term respite care. This supports the Adult Social Care Strategy of keeping people out of permanent residential care and at home for as long as possible. The overspend has been contained within the overall Adult Social Care spending for 2018/19 and use of respite care is unpredictable, therefore the budgets for next year have not been changed at this stage.
- Direct Payments has overspent by c£88k as a result of increased costs for some Learning Disabilities service users and an increase in the total number of packages (20 additional packages in the year). This is as a result of the promotional work undertaken by the Directorate to encourage individuals to take personal responsibility for their own provision which has

the benefit of reducing requirements for Homecare and Residential Care. The budget for 2019/20 has been increased and will be monitored closely throughout the year.

- The increase in residential costs by £255k is as a result of additional high cost placements in Older People, Learning Disabilities and Physical Disabilities. There has also been a significant reduction in anticipated income due to the loss of nine substantial contributors (i.e. clients who financially contributed to most of their care costs) estimated at £235k per annum. Since Q3, the overspend has also increased due to the inclusion of costs for a Mental Health case which it had been anticipated would be paid by another local authority. The Council is seeking legal advice as to whether to pursue this claim further.

1.2.5 The remaining functions for Adults and Health have underspent by £402k due to a number of factors including:

- an early intervention approach;
- staff vacancies;
- the movement of service users from Homecare to supported living or Direct Payments;
- increased income from service users and health;

Places Directorate Budget	£'000	£'000
(Under)/Over spend Places Directorate		(147)
Add back:		
Transfer to Reserves (Repairs & Maintenance, Road Maintenance, Digital Rutland, Warm Homes)	380	
Grants unused and committed in next year's budget (Planning Delivery grants)	96	
Return of unused funds (Tourism)	8	
Budget Carry Forwards (Sports & Leisure, Health & Safety, Bikeability, Directorate Management)	160	
(Under)/Over spend after transfers		497
Key variances (Excluding Transfers to Reserves):		
Development Control (1.2.9)	174	
Road Maintenance (1.2.10)	63	
Waste Management (1.2.11)	219	
Highways Management (1.2.12)	47	
Transport Management (1.2.13)	(48)	
Commercial & Industrial Properties (1.2.14)	141	

Vacancy Management Planning Policy (1.2.15)	(47)	
Vacancy Management Economic Development	(30)	
Other minor variances	(22)	
Total Variance		497

- the cost of the Deprivation of Liberties Safeguards contract being lower than anticipated.
- 1.2.6 Learning and Skills is underspent as a result of staff vacancies whilst a review of structures including roles and responsibilities is undertaken and also due to school improvement programmes starting later in year that will be completed next year. A budget carry forward to cover these commitments has been requested.
- 1.2.7 Children's Services underspends are the result of vacancy management (£50k); changes in Children's Placements totalling £278k from a reduction in fostering and residential care placements with children being reunited with families; and additional income for placing neighbouring authorities service users.

Places Directorate

- 1.2.8 The Places Directorate is underspent by £147k but is requesting that £644k of unspent budget is carried forward to next year or put into reserves. This effectively shows that the real position is a net overspend/reduced income of £497k.
- 1.2.9 Development control is overspent due to the number and complexity of planning applications received during the year being lower than anticipated leading to less income (c£164k). Land Charges income is also down against budget by c£20k, as a consequence of fewer planning applications as well as competition from private search companies, which has been partially mitigated by vacancy management savings (c£10k).
- 1.2.10 The over spend on Highways maintenance is down to the third party claims variance of £63k. This covers the payment of insurance claims, excesses, and unrecoverable damage to authority stock, such as road traffic accident (RTA) damaged street lighting.
- 1.2.11 The Waste Management overspend is the result of various factors including:
- disposal of waste paint where costs have increased from £0.52 to £1.95 per container (£82k additional cost). This has now been addressed by moving to a new service provider at lower disposal rates;
 - the costs of disposing co-mingled waste (mixed waste in grey bins i.e. glass, plastics, paper, tins) have increased in cost from c£0.11 to £0.26 per kg (c£44k);
 - the waste contract is subject to indexation and the budgeted uplift was more than budgeted (£72k);

- increased general household waste tonnages c£28k;
 - purchases of skips have been required at the civic amenity sites c£36k;
 - commercial refuse collection fee income is down on budget by £10k; and
 - take up on the collection of green waste exceeded expectations by £96k partly mitigating the overall Waste Management overspend.
- 1.2.12 The variance in Highways Management is partly due to fees and charges income being down on budget. The Fees and Charges income budget was increased for 2018/19 by £72k but has come in £21k under budget, as demand was lower than expected. Other items contributing to the over spend include the costs of non-staff advertising for road closures (£11k), computer software (£8k), the use of agency staff to cover vacancies (£8k), and Section 38 income being lower than forecast due to fewer and less complex planning applications being received and needing support.
- 1.2.13 The Transport Management service includes contributions to the Road Safety Partnership. The Council received a £48k refund due as partnership spending was lower than expected.
- 1.2.14 The Commercial & Industrial Properties over spend is mainly due to under-recovery of rent driven by difficulty in letting certain units on the Oakham Enterprise Park site (£112k) and repairs and maintenance (£39k).
- 1.2.15 Planning Policy have held vacant posts in year (£47k) pending a restructure within the Planning Policy team which has now taken place. The appointments will be in place during quarter 1 of 2019/20.

Resources Directorate

- 1.2.16 The Resources Directorate is underspent against budget by £877k. With the Directorate requesting that £528k is carried forward to next year/put into earmarked reserves for future use, the real under spend is £299k.

Resources Directorate Budget	£'000	£'000
(Under)/Over spend Resources Directorate		(877)
Add back:		
Ringfenced Funding (St Georges Barracks)	100	
Budget Carry Forward to fund HR restructure costs	53	
Unused fund already committed in future years budget (Elections)	20	
Return of unused funds (Discretionary Hardship)	21	
Budget Carry Forwards (Invest to Save, Council Chamber modification, Training, Legal, Customer Services, Communication, Business Support)	384	
(Under)/Over spend after transfers		(299)
Key variances (Excluding Transfers to Reserves):		

Resources Directorate Budget	£'000	£'000
Revenues & Benefits (1.2.17)	(94)	
Rutland Hub (1.2.18)	(35)	
Directorate Management (1.2.19)	(59)	
Corporate Subscriptions (1.2.20)	(28)	
Audit Services (1.2.21)	(17)	
Chief Executive (1.2.22)	(40)	
Other minor variances	(26)	
Total Variance		(299)

- 1.2.17 The surplus in Revenues and Benefits mainly relates to vacancies within the service. One post has now been removed following the budget setting process in February 2019. There was also a one-off refund received that related to recovered court costs from previous years and better recovery of Housing Benefit overpayments than anticipated.
- 1.2.18 There is a £35k underspend on the Hub project as feasibility work is still ongoing as the initial assessment shows there is a financial gap. Actual spend has been met by s106 and the £35k budget not used will be held in the s106 reserve and can be accessed if and when the project resumes.
- 1.2.19 Following a restructure in the Senior Management Team within Resources, the Head of Corporate Governance post was removed during the year. Of a total underspend of £89k, £30k is requested to be carried forward to fund works required on the Council Chamber.
- 1.2.20 The under spend within Corporate Subscriptions relates to a saving made by ceasing the subscription to the LEP and instead subscribing to The New Local Government Network. The anticipated spend on the Apprenticeship Levy has also been lower than budgeted because of vacancies. The budget has been adjusted for 2019/20.
- 1.2.21 Underspends have also been seen for External Audit following a change in service provider. The budget allowed for additional work following the changeover but early indications are that this will not be required.
- 1.2.22 The under spend within Chief Executive relates to unused budget for applying costs associated with HR policies. This has been under-utilised for the last two financial years and budget has been reduced for 2019/20.

1.3 Budget Carry Forwards and using reserves – What budgets do officers wish to carry forward?

- 1.3.1 The Council planned to use £2.291m from earmarked reserves during 2018/19 including Budget Carry Forward requests approved as part of the Q4 Outturn Report 2017/18 (83/2018). The Council also planned to use £169k of Commuted Sums and S106 revenue funding. A summary of the planned and actual movement in reserves is shown below.

	Budget 2018/19 £'000	Actuals 2018/19 £'000	
Balance @ 01/04/2018	(2,291)		(2,150)
Use of Reserves	(2,291)		(2,150)
Transfer to Reserves	26	(2,265)	2,355
Balance @ 31/03/2019	(26)		(2,355)
Use of Commuted Sums	(36)		(36)
Use of S106 for Revenue spend	(133)		(48)
Total Use of S106/Commuted sums	(169)		(84)

- 1.3.2 The transfer back to reserves totalling £2.355m are broken down by category below. The Directorate appendices (B-D) show the full list of transfers.

	£'000
Transfers to ring fenced reserves e.g. Better Care Fund, Public Health	509
Demand led underspends transferred to reserves to meet additional demand in the future	417
Budget Carry Forward – Spend already committed for projects/work in progress	448
Budget Carry Forward – Funds not yet formally committed but required in 19/20	274
Amount to be transferred to earmarked reserves (may or may not be used in 19/20 – see para 1.3.3)	707
Total Transfer to Reserves for 2018/19	2,355

- 1.3.3 The Council is being asked to transfer £205k into two new reserves as follows:

- Brexit Reserve – Additional funding (£105k) received has been received in 2018/19 for additional cost pressures as a result of Brexit and a further £105k will be paid in 2019/20. Due to the uncertainty around Brexit no additional expenditure was incurred during 2018/19. We are requesting that a new Brexit reserve is established with a ceiling of £210k.
- Repairs & Maintenance Reserve – the Council has various assets (vehicles and buildings) that need to be maintained. In order to smooth the impact of major repairs and maintenance and reduce the impact to the General Fund in future years, Council is being asked to set up a Repairs and Maintenance reserve. The commercial properties (OEP & Kings Centre) have budgets set aside to contribute to the reserve. Underspends in Libraries and Transport have also been requested to be transferred to the reserve to support the existing vehicle fleet. The total contribution for 2018/19 is £110k. The ceiling for this reserve is requested to be set at £500k as contributions from the commercial properties should grow over the coming years.

1.3.4 There are two reserves where it is requested that ceilings are increased as follows:

- Highways – increase ceiling to £550k from £300k. The Council are moving to a more proactive approach to highway maintenance which has seen significant savings removed from the revenue budget whilst capital investment is maintained. As a result of this approach, there is an under spend on the revenue budget of £250k which will be transferred to the Highways reserve to support any emergency repairs that may be required.
- Welfare Reserve – increase ceiling to £170k from £150k. Warm Homes Rutland Funding (£21k) was being held and the under spend against this is requested to be transferred to the Welfare Reserve. This funding will be drawn down as required.

1.3.5 A full list of earmarked reserves is shown below.

Reserve	Reserve Ceiling 2019/20	Balance 31/03/2019	Use 2019/20	Top Up 2019/20	Balance 31/03/2020
Invest to Save	500	272		27	299
Internal Audit	20	20			20
Welfare Reserve	150	162			162
Training	80	75			75
Highways	300	508			508
Brexit	0	105		105	210
Extreme Weather	100	100			100
Tourism	40	32			32
Insurance & Legal	200	180			180
Digital Rutland	37	25			25
Social Care (1)	Unlimited	1,035		200	1,235
Pressure	1,000	475			475
Public Health	Unlimited	316			316
Better Care Fund	Unlimited	439			439
NNDR		332		106	438
Repairs Reserve	0	110			110
Budget Carry Forward (2)		780	(780)		0
Total		4,966	(780)	438	4,624
1) Additional Top up approved at budget setting for addressing the pressure on the Dedicated Schools Grant.					
2) Subject to Cabinet Approval					

1.4 Schools funding – what is the current position?

1.4.1 Schools are funded from ring fenced grants, the most notable of which is the Dedicated Schools Grant (DSG). This funding cannot be used for any other Council function, and essentially schools operate within their own fund with

any under or over expenditure being taken forward into future years.

- 1.4.2 The DSG is split into Four Blocks (Schools, High Needs, Early Years, Central Services). The position on each block is shown below.

	Schools £000	High Needs £000	Early Years £000	Central Services £000	Total £000
Surplus/(Deficit) Carry Forwards from 2017/18	0	(60)	26	8	(26)
DSG Allocations	22,969	3,774	2,044	163	28,950
Academy Recoupment	(20,064)	(174)	0	0	(20,238)
Expenditure In Year	(2,905)	(3,816)	(1,897)	(150)	(8,768)
Funding received for Early Years in 2018/19 relating to 2017/18	0	0	64	0	64
Additional High Needs Funding	0	84	0	0	84
Early Years Clawback	0	0	(213)	0	(213)
Adjustment to Allocation	0	31	0	0	31
Under/(Over) spends in 2018/19	0	(101)	(2)	13	(90)
Surplus/(Deficit) Carried Forward to 2019/20	0	(161)	24	21	(116)
Percentage of DSG	-	(0.6%)	0.1%	0.1%	(0.4%)

- 1.4.3 The Department for Education (DfE) have noted over the last two years that more authorities are reporting a cumulative DSG deficit. The DfE will require a Recovery Plan from all local authorities that have an overall cumulative DSG deficit of 1% or more of their total allocations at the end of the 2018/19.
- 1.4.4 As can be seen from the from the table in 1.4.2 the current position is below the 1% limit, however current projections are that the deficit on the DSG would greater than 1% at the end of 2019/20. The Council is already preparing its own Recovery Plan in any event.

1.5 Financing – how has the budget been financed and how has this changed in year?

Capital Financing and Interest Receivable

- 1.5.1 Capital financing costs comprising the Minimum Revenue Provision (the amount set aside for the repayment of debt) and external interest payable are in line with budget.
- 1.5.2 The interest receivable on investments figure has exceeded budget by £102k in line with figures reported as early as Quarter 1. Investment income expected was reduced given the low level of interest rates and expected use of £5m of cash resources to fund commercial property investment as set out in the

capital programme. No opportunities arose to utilise the commercial property fund so the Council was able to invest the balances held for this purpose.

Non Ring-fenced Grants:

- 1.5.3 The Non Ring-fenced Grants outturn of £5.522m shows additional grants of £134k over and above the budget of £5.388m. This is due to the receipt of more grants than anticipated in relation to business rates (£60k), the Transparency Code (£13k), Virtual School Head (£30k) and other small grants of £31k.

Non-Domestic Rates

- 1.5.4 The Council's final position on Non-Domestic Rates was £4.951m. This is higher than actually anticipated because of the way in which business rates funding works not because of business rates growth.
- 1.5.5 In year, the Council receives business rates income based on projections made in January 2018. In addition, the Council receives compensation from MHCLG (in the form of section 31 grants) for rates foregone (c£802k) due to implementation of Government policy e.g. small business rate relief.
- 1.5.6 The MTFP had a budgeted position of £4.763m plus £0.2m from reserves due to repayment of losses in previous years giving a total position of £4.963m. With the current position being a yield of £4.951m the Council has reduced the drawdown of reserve from £200k to £10k so the total position is in line with that budgeted.

Council Tax and Collection Fund Surplus

- 1.5.7 If a surplus or deficit remains in the Collection Fund at the year-end it is subsequently distributed to, or borne by the billing authority (RCC) and the preceptors (Police and Fire Authorities). In 2018/19, the Council's Collection Fund surplus was £81k. The 2019/20 budget includes drawing down £65k of this surplus.

Appropriations

- 1.5.8 The appropriations figure represents adjustments the Council is required to make to its revenue position that are specified by statutory provisions and any other minor adjustments. It includes the reversal of the annual charge for depreciation on the Council's assets which is shown in the Net Cost of Services line. Depreciation is included in Net Cost of Services to show the true cost of service provision but is removed so that it has no impact on the Council's General Fund balance.

2 CAPITAL PROGRAMME

2.1 Overall Programme – how much was spent in 18/19?

- 2.1.1 The table below shows the final position on the capital programme. The outturn shows the actual amount spent during the year and how this was funded. All projects have been funded as per cabinet approval with no changes made by the Chief Finance Officer. Appendix E shows the detailed position on each scheme within the capital programme. Estimated outturn underspends reflect the fact that some projects are on hold.

	Total Project Budget	Prior Year Outturn	Outturn 2018/19	Future Year Outturn	Estimated Outturn	Total Project Variance
	£000	£000	£000	£000	£000	£000
Approved Projects: Not started						
Commercialisation	10,200	0	0	10,200	10,200	0
Asset Management Requirements	2,525	0	0	2,525	2,525	0
Strategic Aims and Priorities	414	0	0	414	414	0
Total: Not Started	13,139	0	0	13,139	13,139	0
Approved Projects: In Progress						
Commercialisation	3,056	6	221	0	227	(2,829)
Asset Management Requirements	4,773	395	604	750	1,749	(3,024)
Strategic Aims and Priorities	7,570	4,344	368	2,858	7,570	0
Total: In Progress	15,399	4,745	1,193	3,608	9,546	(5,853)
Approved Projects: Completed						
Commercialisation	44	0	45	0	45	1
Asset Management Requirements	2,669	130	2,643	0	2,773	104
Strategic Aims and Priorities	552	68	598	0	666	115
Total: Completed	3,265	198	3,286	0	3,484	220
Total	31,803	4,943	4,479	16,747	26,169	(5,633)

2.1.2 The capital expenditure incurred in the year has been financed as follows:

	Outturn 2018/19 £000
Financed by:	
Grant	3,931
Capital Receipts	158
Developers Contributions	236
RCCO – revenue funding	154
Total Financing	4,479

2.1.3 The project variance of £161k relates to movements within the following projects:

- 2.1.4 Disabled Facilities Grant – In October 2017 the Council introduced the Health and Prevention Grant Pilot to support disabled and vulnerable clients to live independently and reduce the need for acute care. Due to the success of the pilot the project has overspent by £119k. It is expected that the pilot will support the Medium Term Financial Plan with the anticipated growth requirements within Adult Social Care, along with future revenue savings. The over spend has been funded from revenue contributions - Winter Pressures Funding (£70k) and other revenue underspends.
- 2.1.5 Highways – During the year £246k of expenditure previously funded from revenue has been identified as eligible capital cost and this has caused an over spend which is funded through held capital grant.
- 2.1.6 Integrated Transport Block – The overall programme of works includes schemes approved as part of Report (55/2017) and Report (141/2018). A small underspend is anticipated.

2.2 Approved programme – Are there changes to the approved programme?

- 2.2.1 The table below shows that the programme has increased by £2.673m since budget setting, giving a revised capital programme of £31.803m. The changes in the programme are as follows:

Capital Projects	Amount £000	Amount £000
Approved Capital Programme at Budget Setting (Report No: 44/2019)		29,130
Approved Since Budget Setting		
Rutland Agricultural Society (Report 8/2019) – issuing of a loan for extending and improving the car park at the Rutland Showground	70	
Devolved Formula Capital (New Funding) – funding passported to maintained schools for them to use as required	36	
Great Casterton C of E Primary (Delegated Approval S106) – to enhance the schools wheelchair accessibility.	43	
Highways Capital Projects 2019/20 (Report 56/2019) – annual investment programme in road maintenance	2,440	

Capital Projects	Amount £000	Amount £000
Burley Buckle and Associated Bowl (AoB Cabinet – 19 th March, item 704) – purchase of rare artefact for museum fully funded by donations	20	
9 Buckingham Road (Report 62/2019) – extension to Council property to support a housing need	210	
		2,819
Re-Profiling		
Devolved Formula Capital – Reduction from Academy conversions (see 2.2.2)	(16)	
		(16)
Cancelled Capital Programmes		
Mobile Library – planned replacement of mobile library no longer required after MOT and repairs	(130)	
		(130)
Revised Capital Programme		31,803

- 2.2.2 In March 2019, 3 schools have converted to academies. These academies will now get funding direct from the Education and Skills Funding Agency. This adjustment reflects the position that the Council will no longer receive funding in relation to these schools.

3 LOOKING AHEAD

3.1 Budget 19/20

- 3.1.1 The Council's budget was approved at February Council. Since that date minor changes have been approved and further grants received. An up to date position is shown in Appendix G.

3.2 Fair funding review

- 3.2.1 The current funding baselines for local authorities in England, as determined by the annual local government finance settlement, are based on an assessment of their relative needs and resources. The methodology behind this assessment was first introduced over ten years ago, and has not been updated since the introduction of the 50% business rates retention system in 2013/14.
- 3.2.2 The Government has drafted and consulted on the principles of a new distribution methodology. The Council has responded to this. Whilst the methodology itself is relatively simple which the Council welcomes, the Government has not indicated whether it will invest more in local government nor the relative weightings of the new formula. The consultation document includes no numbers. The Council's biggest concern is that any change to the methodology must come with an injection of additional resource. If it does not then the financial challenges faced by this Council and others will not go away.
- 3.2.3 We are awaiting a response to the consultation feedback and expect further consultation before the end of the year. It is very likely that we will only understand the financial impact of any changes (which will apply from 1 April 2020) by December 2019 by which time a draft budget will have already been prepared. This creates major uncertainty.

3.3 Business Rates Retention

- 3.3.1 Business rates retention was introduced in April 2013 and was designed to recognise the role that authorities play in their communities by giving them more control over the money they raise locally; removing the ring-fencing of incorporated grants and promoting and rewarding local economic growth, thus increasing overall revenue in the system. Before this, business rates were paid over to central government before being redistributed to authorities according to the allocation of formula grant.
- 3.3.2 The Government is currently in the process of reviewing the components of the business rates retention system, both individually and in aggregate. This reform of the system sits alongside the Government's aim to introduce 75% business rate retention in 2020.
- 3.3.3 Under Business Rates Retention, authorities get to keep any additional rates levied above a funding baseline. In urban areas where rates growth is substantial then authorities will keep more rates than their counterparts where growth is limited. In rural areas like Rutland growth tends to be limited.
- 3.3.4 One of the key issues for the Council therefore is the issue of resets i.e. how often

should the system be reset so that the additional rates achieved by any authority is redistributed to others who need it rather than it being retained locally. Without a full reset, some authorities will retain excessive gains from business rates.

- 3.3.5 The Council is in favour of a full reset every 3 years but awaits the Government's response to its latest consultation.

3.4 Social care: Green Paper

- 3.4.1 The Government confirmed some time ago that the Green Paper on social care for older people will cover the following issues:

- how people pay for social care including a cap on lifetime social care bills
- market stabilisation on the back of a number of care homes coming under financial pressure
- integration of health and social care and link with other services e.g. housing
- the role of carers
- workforce
- technological developments

- 3.4.2 The Government has now missed a fifth consecutive deadline for the green paper's publication having originally promised it for summer 2017. While Brexit has played a part in delaying the document, we understand that issues with the early proposals put to sector leaders have also contributed to the slow progress. Fundamentally, it is very likely that funding is a major factor and that proposed plans do not go far enough to address the issue.

- 3.4.3 The precise timings for the Green Paper are still not known.

3.5 Spending review

- 3.5.1 The political uncertainty created by Brexit is causing delay to many decisions throughout Whitehall. One casualty of the delay might be the Spending Review. The Chancellor announced that the SR19 would be revealed later in the Autumn and would cover the period 2020/21 to 2022/23. Brexit uncertainty could cut this to a single year (2020/21).

- 3.5.2 A one-year spending review is still unlikely but is a rising possibility. And setting the next Brexit deadline at 31 October 2019 makes the chances even greater: this new date more-or-less coincides with when SR19 would have been announced. Unsurprisingly we have seen increased coverage in the trade press of a one-year settlement.

- 3.5.3 A one-year review could be favourable as the Council expects to lose funding on the back of the Fair Funding review.

3.6 MTFP

- 3.6.1 The MTFP presents a position based on various assumptions and estimates about variables that are predominantly outside the control of the Council. The Council's experience is that these can change over time and sometimes quite significantly. The MTFP is updated regularly to take account of government decisions, ministerial announcements and other information which means that assumptions need to be revisited.
- 3.6.2 There have been no major updates since budget setting. Our funding position beyond 19/20 is not known and until further information is received, no updates are planned.
- 3.6.3 The latest version is included in Appendix F.

This page is intentionally left blank

Appendix B. People Budget Monitoring Summary

KEY:

- 1 - Underspend with no impact next year (one off); 2 - Underspend with budget adjustment to be done in Q1 or already done
- 3 - One off underspend requested to be used next year 4 - Overspend with no impact next year (one off);
- 5 - Overspend where budget has been or needs to be adjusted next year * ring fenced reserve

Function	Revised Budget £'000	Q3 Forecast £'000	Outturn £'000	Outturn Variance to budget £'000	Variance Outturn v Q3 Forecast £'000	Key	Budget C/Fwd £'000	Transfer to reserves £'000	Comments
Directorate Management Costs	1,661	1,620	1,627	(34)	7	1	0	0	Underspend from staff vacancies. Successful recruitment has taken place and new post holders started November and December.
Business Intelligence	142	134	130	(12)	(4)	3	12	0	Underspend due to staff vacancies. Under spend be carried forward to 2019/20 to fund important one off IT development work to support Adults and Childrens Social Care performance.
Crime Prevention	258	252	250	(8)	(2)	1	0	0	
Directorate	2,061	2,006	2,006	(55)	0		12	0	
Public Health	295	231	91	(204)	(140)	1	0	204*	Public Health Grant funding has not been fully utilised as some projects have been completed at a cost less than expected and others, such as Mental Health Training, Timebanking and Changing Place, were due to take place late in the year and will now be completed during 2019/20.

Function	Revised Budget £'000	Q3 Forecast £'000	Outturn £'000	Outturn Variance to budget £'000	Variance Outturn v Q3 Forecast £'000	Key	Budget C/Fwd £'000	Transfer to reserves £'000	Comments
									Demand driven services, such as Health Checks and Sexual Health have not seen as high a level of demand as expected which has resulted in a lower outturn position.
BCF Programme Support	135	98	90	(45)	(8)				The Better Care Fund (BCF) is underspent due to delays in recruitment of staff and vacancies arising during the year. The BCF is a ring-fenced grant and therefore the under spend will be transferred to reserves for use in future years.
BCF Unified Prevention	393	372	291	(102)	(81)				
BCF Holistic Management of Health & Wellbeing	1,165	1,072	1,002	(163)	(81)				
BCF Hospital Flows	1,043	1,047	1,047	4	0				
Adults & Health (Ringfenced)	3,031	2,820	2,521	(509)	(299)		0	509	
Non BCF Contract and Procurement	575	530	531	(44)	1	1	0		Contract costs from the Voluntary Sector were less than anticipated when budgets were set for 2018/19, resulting in a saving.
ASC Community Inclusion	842	839	854	13	16	4	0		Overspend due to staffing increase required to support two tenants at end of life requiring extra services.
ASC Prevention & Safeguarding	164	206	260	96	54	4	0		Overspend due to an increased use of short term respite care. This supports the Adult Social Care Strategy of keeping people out of permanent residential care and at home for as long as possible.
ASC Prevention & Safeguarding - Staffing	332	325	316	(16)	(9)	1	0		Underspend as a result of staff vacancies during the year.

Function	Revised Budget	Q3 Forecast	Outturn	Outturn Variance to budget	Variance Outturn v Q3 Forecast	Key	Budget C/Fwd	Transfer to reserves	Comments
	£'000	£'000	£'000	£'000	£'000		£'000	£'000	
ASC Housing	157	136	138	(19)	3	1	26		Underspend due to the late notification of two additional grants issued in March. Due to lateness of receipt of grants, it is requested that these be carried forward for use in 2019/20.
ASC Support & Review - Daycare	218	222	216	(2)	(6)	1	0		
ASC Support & Review - Direct Payments	667	757	756	88	(2)	4	0		Overspent as a result of increased costs for some Learning Disabilities service users and an increase in the total number of packages (20 additional packages).
ASC Support & Review - Homecare	1,849	1,641	1,775	(74)	134	1	0		Underspend as a result of the success of migrating one service user from homecare to supported living services.
ASC Community Income	(275)	(301)	(318)	(43)	(17)	1	0		Overachievement of income as a result of an increase in Older People numbers and assessed contributions.
ASC Support & Review - Other	429	388	259	(170)	(129)	1	0		Reduction in anticipated costs of the Deprivation of Liberties Service and an underspend on the Winter Pressures funding which was agreed to fund Capital spend on Disabled Facilities Grants.
ASC Support & Review - Residential & Nursing	2,733	2,804	2,987	255	183	5	0		Additional high cost placements and a significant reduction in anticipated income due to the loss of nine

Function	Revised Budget £'000	Q3 Forecast £'000	Outturn £'000	Outturn Variance to budget £'000	Variance Outturn v Q3 Forecast £'000	Key	Budget C/Fwd £'000	Transfer to reserves £'000	Comments
									substantial contributors estimated at £235k per annum. 417
ASC Support & Review - Staffing	443	448	431	(12)	(16)	1	0		
ASC Hospital & Reablement	447	387	386	(61)	(1)	1	0		
Adults & Health (Non Ringfenced)	8,581	8,383	8,592	11	209		26	0	
Safeguarding	220	214	214	(6)	1	1	0		
Referral, Assessment and Intervention Services	198	201	169	(29)	(32)	1	0		
Permanency and Protection Services	423	423	422	(1)	(1)	1	0		
Fostering, Adoption and Care Leaver Service	1,618	1,371	1,393	(225)	22	1	0		
Early Intervention – Targeted Intervention	1,353	1,260	1,192	(162)	(69)	3	34		

Function	Revised Budget	Q3 Forecast	Outturn	Outturn Variance to budget	Variance Outturn v Q3 Forecast	Key	Budget C/Fwd	Transfer to reserves	Comments
	£'000	£'000	£'000	£'000	£'000		£'000	£'000	
Early Intervention – SEND & Inclusion	343	312	342	(1)	30	1	0		
Early Intervention – Universal and Partnership	375	353	348	(28)	(5)	1	0		Underspend due to vacancy management.
Childrens	4,531	4,134	4,080	(451)	(54)		34	417	
Schools & Early Years	509	454	468	(41)	14	3	29	0	Underspend due to staff vacancies and delayed school improvement projects requested to be carried forward.
Outland Adult Learning & Skills Service	0	(23)	0	0	23		0	0	
Learning & Skills	509	431	468	(41)	37		29	0	
Total People - GF (Ringfenced)	3,031	2,820	2,521	(509)	(299)			509	
Total People - GF (Non Ringfenced)	15,682	14,954	15,146	(536)	192		101	417	
Total People (Excluding DSG)	18,713	17,774	17,667	(1,046)	(107)		101	926	
Schools Dedicated Schools Grant (DSG)		162	(64)	(51)	(227)	4			The DSG is overspent on High Needs due to increased demand and changes to pupil requirements. The Early Years is underspent as a result of a reduction in pupil numbers.
Total People (Including DSG)	18,713	17,936	17,603	(1,097)	(333)		101	926	

This page is intentionally left blank

Appendix C. Places Budget Monitoring Summary

KEY:

- 1 - Underspend with no impact next year (one off); 2 - Underspend with budget adjustment to be done in Q1 or already done
- 3 - One off underspend requested to be used next year; 4 - Overspend with no impact next year (one off);
- 5 - Overspend where budget has been or needs to be adjusted next year

Function	Revised Budget	Q3 Forecast	Outturn	Outturn Variance to budget	Variance Outturn v Q3 forecast	Key	Budget C/fwd	Transfer to reserves	Comments
Directorate Management Costs	329	216	232	(97)	16	3	97	0	The Directorate Management budget included £116k for the Places Directorate restructure of which £97k is unspent but is carried forward to 19/20.
Directorate Management	329	216	232	(97)	16		97	0	
Development Control	167	291	341	174	50	4	0	0	The main reason for the overspend is because the number and complexity of planning applications has been lower than budgeted resulting in less fees for the Council Planning Applications (£164k) and Land Charges Searches (£20k), reduced by vacancy management of £10k.
Drainage & Structures	200	202	196	(4)	(6)	1	0	0	
Emergency Planning	30	32	32	2	0	4	0	0	
Environmental Maintenance	1,126	1,155	1,128	2	(27)	4	0	0	
Forestry Maintenance	119	109	112	(7)	3	1	0	0	
Highways Capital Charges	1,532	1,532	1,532	0	0		0	0	
Highways Management	133	120	180	47	60	4	0	0	The variance in Highways Management is partly due to fees and charges income

Function	Revised Budget	Q3 Forecast	Outturn	Outturn Variance to budget	Variance Outturn v Q3 forecast	Key	Budget C/fwd	Transfer to reserves	Comments
									being down on budget. The Fees and Charges income budget was increased for 2018/19 by £72k but has come in £21k under budget, as demand was lower than expected. Other items contributing to the over spend include the costs of non-staff advertising for road closures (£11k), computer software (£8k), the use of agency staff to cover vacancies (£8k), and Section 38 income being lower than forecast due to fewer and less complex planning applications being received and needing support.
Commissioned Transport 88	1,573	1,521	1,543	(30)	22	3	0	30	The favourable position is due to integrating secondary and post-16 routes this year to reduce the number of vehicles providing transport. 3 mainstream education transport routes are now being operated by our in-house fleet which has also reduced costs. Permission is sought to transfer the surplus to reserves to fund minibus repairs/replacement in future years.
Lights Barriers Traffic Signals	127	127	111	(16)	(16)	1	0	0	Saving of £16k realised due to reduced maintenance requirement on street lighting stock
Parking	(334)	(335)	(328)	6	7	4	0	0	
Pool Cars & Car Hire	102	107	107	5	0	1	0	0	
Public Protection	417	417	396	(21)	(21)	3	0	21	The surplus is due to virtually no demand for spending against the 'Warm Homes for Rutland' budget. The Warm Homes for Rutland initiative will be continued into next year and therefore it is requested that the budget is carried forward.
Public Rights of Way	94	92	82	(12)	(10)	1	0	0	The main reason for the under spend is that a scheme to improve rights of way, other

Function	Revised Budget	Q3 Forecast	Outturn	Outturn Variance to budget	Variance Outturn v Q3 forecast	Key	Budget C/fwd	Transfer to reserves	Comments
									schemes were brought forward but due to the delay a slight underspend has occurred.
Public Transport	826	801	820	(6)	19	2	0	0	
Road Maintenance	676	717	486	(190)	(231)	4	0	250	The under spend in Road Maintenance reflects a move towards more planned capital maintenance rather than reactive repairs. This has been facilitated by additional highways capital funding during 2018/19. The savings of £246k have been partly absorbed by expenditure on Highways Third Party Claims from the payment of insurance claims and excess, and unrecoverable damage to authority stock, such as road traffic accident (RTA) damaged street lighting.
Transport Management	331	331	274	(57)	(57)	3	6	0	The Transport Management service includes contributions to the Road Safety Partnership, during the year this service refunded the Council £48k due to the contribution exceeding the projects identified by the partnership
Waste Management	2,197	2,422	2,415	218	(7)	4	0	0	This is primarily a demand-led service. Significant pressures arising from waste tonnages received and rates applied are being mitigated as far as possible through waste prevention, education and awareness activities and market assessments to achieve value for money. The over spend is the result of various factors. The increase in costs for disposal of waste paint c£82k and disposing co-mingled waste c£44k. Waste treatments indexation £72k and increased tonnages c£28k. In addition purchases of new bulk carriers have been required c£36k. Refuse collection fee income for collection and disposal is down on budget by c£49k but the take up on the collection of green waste exceeded expectations by £96k.

Function	Revised Budget	Q3 Forecast	Outturn	Outturn Variance to budget	Variance Outturn v Q3 forecast	Key	Budget C/fwd	Transfer to reserves	Comments
Winter Maintenance	273	273	295	22	22	4	0	0	Overspend due to replacement of snow ploughs following severe 2017/18 winter, and late claims for snow ploughing work undertaken during 2017/18.
Environment, Planning and Transport	9,589	9,914	9,722	133	(192)		6	301	
Planning Policy	426	395	264	(162)	(131)	3	96	0	Local Plan underspend of £96k to transfer to reserve for work on Local Plan overlapping financial years. Planning Policy is also underspent by £66k due to vacancy management and minerals monitoring service level agreements less than budget.
Tourism	23	11	15	(8)	4	3	0	8	
Health & Safety ∞	38	13	19	(19)	6	1	19	0	The under spend reflects timing of commencement of new shared service for health & safety advice. The under spend is being used to a new fixed term post to review the Council's Health & Safety policies and procedures. The shared service will continue to provide the routine day to day operational service.
Property Services	1,013	1,035	995	(18)	(40)	5	0	0	The variance is mainly due to surplus against power costs for gas and electricity of £37k, and surplus against contract cleaning following a change of service provider of £27k as well as cleaning staff vacancy management £8k. This has been absorbed by the requirement to use agency staff to cover Surveyor vacant posts £35k and a shortfall in income from the drop in demand to provide property services to schools £18k.
Building Control	(49)	(35)	(34)	15	1	4	0	0	Demand for Building Control services (delivered by an external contractor) has been decreasing. The Council retain a small percentage of income received to cover overheads.

Function	Revised Budget	Q3 Forecast	Outturn	Outturn Variance to budget	Variance Outturn v Q3 forecast	Key	Budget C/fwd	Transfer to reserves	Comments
Commercial & Industrial Properties	(292)	(175)	(151)	141	24	2	0	6	The Commercial & Industrial Properties over spend is mainly due to under-recovery of rent driven by difficulty in letting certain units on site (£112k) and overspend on repairs and maintenance (£39k).
Economic Development	208	159	163	(45)	4	3	0	24	Savings in Economic Development have arisen due to vacancy management (£21k) and Digital Rutland costs for Phase 3/LLFN (ultra fast broadband) continuing into 2019/20 so requested to carry forward £24k.
Culture & Registration Services	102	103	105	3	2	1	0	0	
Libraries	527	526	485	(42)	(41)	3	0	43	The Library surplus is mainly due to £35k under spend of the additional £70k Budget provided to support maintenance and other work and is requested to be carried forward to support works in 2019/20. The remaining underspend is due to vacancy management and permission is sought to carry forward to reserves to fund repairs/replacement of the mobile library.
Museum Services	380	385	375	(5)	(10)	4	0	0	
Sports & Leisure Services	19	2	(24)	(43)	(26)	1	38	6	Property running costs and anticipated repairs and maintenance at Active Rutland Hub being less than budget (£29k), and salaries, fees and charges in Active Recreation also under budget (£15k). £6,400 of the Active Rutland Hub under spend will be transferred to a Repairs and Maintenance reserve. Permission is sought to carry forward the remaining £23k from Active Rutland Hub together with £15k of the Recreation and Leisure under spend to fund pre tendering work for Catmose Sports Centre.

Function	Revised Budget	Q3 Forecast	Outturn	Outturn Variance to budget	Variance Outturn v Q3 forecast	Key	Budget C/fwd	Transfer to reserves	Comments
Development and Economy	2,395	2,419	2,212	(183)	(207)		177	63	
Total Places	12,313	12,549	12,166	(147)	(383)		280	364	

Appendix D. Resources Budget Monitoring Summary

KEY:

- 1 - Underspend with no impact next year (one off); 2 - Underspend with budget adjustment to be done or already done
- 3 - One off underspend requested to be used next year; 4 - Overspend with no impact next year (one off);
- 5 - Overspend where budget has been or needs to be adjusted next year

Function	Revised Budget £000's	Q3 Forecast £000's	Outturn £000's	Outturn Variance to budget £000's	Variance Outturn v Q3 Forecast £000's	Key	Budget C/fwd £000's	Transfer to reserves £000's	Comments
Chief Executives Office	459	321	281	(178)	(40)	3	50	50	The underspend within Chief Executive relates to unused budget for HR policies and Rutland One Public Estate underspend arising from additional grant/external contributions to be carried forward.
Directorate Management Costs	299	275	275	(24)	0	1	6	0	The surplus is due to the shared service with South Kesteven District Council which has now ended following a restructure of the Directorate Management. A carry forward is requested to support the cost of restructuring within the Directorate.
Communications	179	178	173	(6)	(5)	3	5	0	Underspends due to lower than expected professional fees. Carry forward requested to complete work around a communications strategy.
Corporate Costs	162	141	127	(34)	(13)	2	0	0	Underspend due to lower than expected apprenticeship levy payments and savings achieved by ceasing the subscription to the LEP and instead subscribing to The New Local Government Network
Pensions	220	205	193	(27)	(12)	2	27	0	Underspends are requested to be carried forward to support the cost of restructuring within the Directorate.
Audit Services	169	170	153	(16)	(17)	1	0	0	External Audit has seen an underspend following a change in service provider
Insurance	250	250	245	(5)	(5)	1	0	0	

Function	Revised Budget £000's	Q3 Forecast £000's	Outturn £000's	Outturn Variance to budget £000's	Variance Outturn v Q3 Forecast £000's	Key	Budget C/fwd £000's	Transfer to reserves £000's	Comments
Accountancy & Finance	695	567	578	(18)	11	1	20	100	Underspend due to held CCG income not required to be repaid which will be transferred to Invest to Save for future projects.
Information Technology	1,386	1,378	1,389	3	11	4	0	0	
Business Support Services	931	874	851	(80)	(23)	3	60	0	Underspend due to vacant posts plus savings within reprographics and postage. Carry forward requested to fund temporary additional staffing support.
Members Services	211	201	192	(19)	(9)	1	0	0	Variance due to vacancies in year.
Customer Services Team	378	289	273	(105)	(16)	3	98	0	Customer Service Improvement project expected to be completed over more than one financial year, therefore, unspent budget requested to be carried forward to 2019/20
Elections	90	84	67	(23)	(17)	3	0	20	Unspent grant requested to be transferred to reserves to fund administration in future years.
Legal & Governance	497	469	434	(63)	(35)	2	30	30	Following a restructure in the Senior Management Team within Resources, the Head of Corporate Governance post was disestablished during the year. £30k is requested to be carried forward for completion of works required to the Council Chamber
Human Resources	480	486	467	(13)	(19)	3	10	0	Underspend from the corporate training budget. Carry forward requested to fund additional project and training work.
Revenues & Benefits	433	331	286	(147)	(45)	2	50	0	Underspend is due to vacancies, one of which has now been disestablished. Carry forward requested to support short term staff resource to meet increased demand.
Financial Support	50	28	27	(23)	(1)	3	0	21	The council has made 38 crisis awards and 75 discretionary awards this year. The underspend will be transferred to the Welfare Reserve to fund future awards.

Function	Revised Budget £000's	Q3 Forecast £000's	Outturn £000's	Outturn Variance to budget £000's	Variance Outturn v Q3 Forecast £000's	Key	Budget C/fwd £000's	Transfer to reserves £000's	Comments
Total Resources	6,888	6,246	6,011	(877)	(235)		356	221	

This page is intentionally left blank

Appendix E. Capital Outturn

Project Description	Index Ref	Approved at Budget Setting	New Projects approved	Total Project Budget	Prior Year Outturn	2018/19 Outturn	Estimated Future Year Outturn	Estimated Project Outturn	Project Over/(Under) Spend	Projects Status	Total Project as at 1 st April 19
		£000	£000	£000	£000	£000	£000	£000	£000		
Oakham Enterprise Park		2,206	0	2,206	6	175	0	181	(2,025)	On hold	2,206
St Georges- Officers Mess		850	0	850	0	46	0	46	(804)	On hold	850
Investment Properties		10,000	0	10,000	0	0	10,000	10,000	0	Not Started	10,000
Invest to Save (New 2019/20)		200	0	200	0	0	200	200	0	Not Started	200
The King Centre – Emp & Ketton		14	0	14	0	10	0	10	(4)	Completed	0
The King Centre – Phase 2b		30	0	30	0	35	0	35	5	Completed	0
Total Commercialisation Capital Programme		13,300	0	13,300	6	266	10,200	10,472	(2,828)		13,256
School Maintenance		455	0	455	85	304	67	455	0	In Progress	455
Oakham C of E (Single Storey)		651	0	651	10	23	0	23	(628)	On hold	651
Catmose College - Phase 2		130	0	130	0	136	0	136	6	Completed	0
Catmose College - Phase 3		1,950	0	1,950	0	0	0	0	(1,950)	On hold	1,950
Uppingham C of E (Add- 30 places)		200	0	200	1	0	0	1	(199)	On hold	200
Barleythorpe Primary (Contribution)		200	0	200	0	0	0	0	(200)	On hold	200
P3 - English Martyrs - Inc Capacity		133	0	133	130	0	0	130	(3)	Completed	0
Highways Capital Projects		2,409	-3	2,406	0	2,507	0	2,507	101	Completed	0
Highways Capital Projects 2019/20		0	2,440	2,440	0	0	2,440	2,440	0	Not Started	2,440
Integrated Transport Block		865	3	868	0	229	581	810	(58)	In Progress	868
Barleythorpe Road Car Park		6	0	6	0	3	3	6	0	In Progress	6
Oakham Town Centre		428	0	428	299	42	87	428	0	In Progress	428
Mobile Library 2019/20		130	(130)	0	0	0	0	0	0	Completed	0
Museum Roof		15	0	15	0	3	12	15	0	In Progress	15
Future Maintenance Requirements		85	0	85	0	0	85	85	0	Not Started	85

Project Description	Index Ref	Approved at Budget Setting	New Projects approved	Total Project Budget	Prior Year Outturn	2018/19 Outturn	Estimated Future Year Outturn	Estimated Project Outturn	Project Over/ (Under) Spend	Projects Status	Total Project as at 1 st April 19
Total Asset Management Requirements Capital Programme		7,657	2,310	9,967	525	3,247	3,275	7,036	(2,931)		7,298
Devolved Formula Capital		27	35	63	0	63	0	63	0	Completed	0
Devolved Formula Capital 2019/20		27	(16)	11	0	0	11	11	0	Not Started	11
Healthy Pupils Capital Fund		5	0	5	0	5	0	5	0	Completed	0
Disabled Facilities Grant		247	0	247	0	366	0	366	119	Completed	0
Disabled Facilities Grants 2019/20		221	0	221	0	0	221	221	0	Not Started	221
Autism Innovation		18	0	18	15	3	0	18	0	Completed	0
Kendrew - Nursery Provision		10	0	10	0	10	0	10	0	Completed	0
SEND		1,049	0	1,049	0	3	1,046	1,049	0	In Progress	1,049
Greetham Play Area		28	0	28	28	0	0	28	0	Completed	0
Greetham Heating System		12	0	12	0	12	0	12	0	Completed	0
Sports Grants		500	0	500	343	0	157	500	0	In Progress	500
Rutland Agricultural Society		0	70	70	0	0	70	70	0	Not Started	70
Burley Buckle and Associated Bowl		0	20	20	0	20	0	20	0	Completed	0
Oakham Library & Visions		0	0	0	0	(2)	0	(2)	(2)	Completed	0
Oakham Castle Restoration		2,400	0	2,400	1,927	240	233	2,400	0	In Progress	2,400
Digital Rutland		3,283	0	3,283	2,068	100	1,115	3,283	0	In Progress	3,283
Planning Software (Idox)		50	0	50	25	33	0	58	8	Completed	0
S106 – Third Part Payment		55	0	55	0	12	43	55	0	In Progress	55
Great Casterton C of E Primary S106		0	43	43	0	0	43	43	0	In progress	43
Garden of Remembrance		8	0	8	0	7	0	7	(1)	Completed	0
9 Buckingham Road - Extension		15	210	225	0	13	212	225	0	In Progress	225
Oakham Market Town Trade Stall		14	0	14	0	12	0	12	(2)	Completed	0
Idox Data Transfer		8	0	8	0	0	0	0	(8)	Completed	0

Project Description	Index Ref	Approved at Budget Setting	New Projects approved	Total Project Budget	Prior Year Outturn	2018/19 Outturn	Estimated Future Year Outturn	Estimated Project Outturn	Project Over/ (Under) Spend	Projects Status	Total Project as at 1 st April 19
Improvements to Wifi at Catmose House		15	0	15	6	0	9	15	0	In Progress	15
Chamber AV		20	0	20	0	20	0	20	0	Completed	0
Adult Learning MIS system		15	(1)	14	0	14	0	14	0	Completed	0
Disaster Recovery Hardware		12	(2)	10	0	10	0	10	0	Completed	0
IT Laptop Hardware		25	0	25	0	25	0	25	0	Completed	0
Mobile Phones		30	0	30	0	0	30	30	0	Not Started	30
Migration of Capita Edu System		0	30	30	0	0	30	30	0	Not Started	30
IT Project (Delegated Approval)		79	(26)	52	0	0	52	52	0	Not Started	52
Total Strategic Aims and Priorities Capital Programme		8,173	363	8,536	4,412	966	3,272	8,650	114		7,984
Total Capital Programme		29,130	2,673	31,803	4,943	4,479	16,747	26,169	(5,633)		28,538

This page is intentionally left blank

Appendix F. Medium Term Financial Plan

The MTFP shows spending plans and funding position for the current and next 4 years. The references (Ref) refer to assumptions in the table that follows.

Ref		2018/19 Outturn £	2019/20 Proposed £	2020/21 Proposed £	2021/22 Proposed £	2022/23 Proposed £	2023/24 Proposed £
1,2,18	People	17,667,000	18,079,200	19,612,800	20,038,000	20,487,500	21,002,600
1,2	Places	12,166,000	12,252,900	12,224,800	12,525,500	12,828,700	13,117,100
1,2	Resources	6,011,000	6,491,500	6,674,100	6,789,800	6,909,900	7,033,000
4	Pay Inflation Contingency	0	65,000	354,900	692,100	1,042,200	1,395,500
3	Housing growth costs		0	106,400	252,700	399,000	545,300
5	Needs Management		100,000	328,900	725,800	1,091,200	1,502,600
5	Adult Social Care Contingency	0	200,000	0	0	0	0
	Net Cost of Services	35,844,000	37,188,600	39,301,900	41,023,900	42,758,500	44,596,100
	Capital financing and related items	(754,856)	(745,707)	(692,427)	(781,027)	(776,867)	(776,867)
21	Capital met from Direct Revenue	154,000	0	0	0	0	0
8	Appropriations	(2,241,000)	(2,310,400)	(2,310,400)	(2,310,400)	(2,310,400)	(2,310,400)
6	Capital Financing	1,644,144	1,764,693	1,797,973	1,709,373	1,713,533	1,713,533
7	Interest Receivable	(312,000)	(200,000)	(180,000)	(180,000)	(180,000)	(180,000)
	Net spending	35,089,144	36,442,893	38,609,473	40,242,873	41,981,633	43,819,233
	Resources						
15	Other Income	(482,500)	(671,276)	(36,000)	(36,000)	(36,000)	(36,000)
13	New Homes Bonus	(1,231,224)	(1,148,313)	(958,867)	(877,002)	(868,072)	(946,745)
17	Better Care Fund	(2,574,000)	(2,214,800)	(2,138,100)	(2,138,100)	(2,138,100)	(2,138,100)
14	Social Care In Prisons	(74,792)	(74,128)	(74,128)	(74,128)	(74,128)	(74,128)
16	Rural Delivery Grant	(848,500)	(848,500)	0	0	0	0
23	Transition Grant/grant reductions	0	0	(3,250)	129,063	265,527	406,023
9	Under indexing of Business Rates Multiplier	(148,315)	(142,800)	0	0	0	0
10	Retained Business Rates Funding	(4,951,000)	(5,244,336)	(5,732,431)	(5,838,618)	(5,943,079)	(6,045,778)
	Government funding subtotal	(10,395,131)	(10,344,153)	(8,942,776)	(8,834,785)	(8,793,851)	(8,834,728)
11,12	Council Tax/Social care precept	(24,870,000)	(26,430,750)	(27,755,625)	(29,157,371)	(30,661,689)	(32,239,632)
20	Collection fund Deficit/(Surplus)	70,000	(65,000)	0	0	0	0
	Total available Resources	(35,195,131)	(36,839,903)	(36,698,401)	(37,992,157)	(39,455,540)	(41,074,360)
19	Contribution to /(Use) of Earmarked Reserves	121,000	438,000	(367,500)	(172,200)	(134,600)	0
22	Use of General Fund Balances	15,013	40,990	1,543,572	2,078,516	2,391,493	2,744,873
	Balance brought forward	(8,978,133)	(8,963,120)	(8,922,130)	(7,378,558)	(5,300,042)	(2,908,549)
	Balance carried forward	(8,963,120)	(8,922,130)	(7,378,558)	(5,300,042)	(2,908,549)	(163,675)

The MTFP assumptions

Ref	Expenditure /Funding	Assumptions/Commentary
1	Directorate Costs	<p>Directorate costs assume prior year as a starting point and build in inflation and any changes to National Insurance contributions.</p> <p>Inflation is built into the MTFP to cover potential cost increases. The level of inflation ranges from 5% for fuel (gas, electric etc.), 2% for general inflation (supplies and services) and specific % for agreed contracts.</p>
2	Pension contributions	The Triannual review of the Local Government Pension Scheme (LGPS) has been completed and the contribution rate will increase by 1% per annum for the next three years. The following rates are built in to the MTFP 22.7% (18/19), 23.7% (19/20) 24.7% (20/21) and 25.7% (21/22).
3	Apprenticeship Levy	As part of the Comprehensive Spending Review (CSR) the government announce the introduction of the apprenticeship levy at % of the total pay budget. An appropriate amount, £54k, has been built into the MTFP from 17/18 and beyond.
4	Pay Inflation Contingency	Council assumes pay inflation will be 1.5% pa from 20/21. The contingency for 18/19 and 19/20 reflects the latest pay offer of 2.64%.
5	Adult Social Care Contingency	This is set aside to cover demographic and demand pressures on Adult and Social Care. Rather than increase individual budgets the Council will hold a contingency and allocate it when it knows where the demand pressure is e.g. home care, residential care etc
6	Capital financing	<p>The capital financing charges are made up of 2 amounts;</p> <ul style="list-style-type: none"> • Interest Payable - this is fixed over the life of the MTFP at c£1m per annum. This is all payable to the Public Works Loan Board (PWLB) • Minimum Revenue Provision (MRP) - An annual provision that the Council is statutorily required to set aside and charge to the Revenue Account for the repayment of debt associated with expenditure incurred on capital assets. It is assumed that MRP will be charged on an equal instalment basis from 18/19.
7	Interest	This represents the amount the Council expects to earn from investing cash balances held.
8	Appropriations	Directorate budgets include the costs of depreciation to show the full cost of services. This depreciation is removed for the purposes of setting council tax.
9	RSG	The MTFP assumes that RSG reduces to £0 by 2019/20.
10	Business rates	The amount to be retained under "Business Rates Retention" (BRR) scheme has been updated in line with the current year

Ref	Expenditure /Funding	Assumptions/Commentary
		<p>forecast and the likely business rates reset in 20/21 which will result in the Council paying a bigger tariff from its share of rates.</p> <p>The potential loss of income through appeals remains a risk and could have a significant impact on business rates revenue.</p>
11	Social care precept	<p>The MTFP contains an additional social care precept on council tax built in at 2% to deal with the rising costs of social care costs.</p>
12	Council tax	<p>Tax rises built in at 4.99% in 18/19 and 3.99% thereafter. The tax base continues to increase with housing growth and over the next 4 years it is assumed that the number of Band D equivalents will increase by c134 pa.</p> <p>An increase in local council tax support claims could dampen this growth.</p>
13	New Homes Bonus	<p>The MTFP uses projections from Planning on new homes.</p> <p>The MTFP assumes NHB payments will be received for 4 years and that there will be no further modifications to the scheme.</p>
14	Social Care in prisons	<p>The only Care Act funding not part of RSG is the funding for social care in prisons which is funded by a Department of Health grant.</p>
15	Other Income	<p>The other income includes miscellaneous grants.</p>
16	Rural Delivery Grant	<p>The MTFP builds in grant as per the Government 4-year offer amended in the 18/19 settlement.</p>
17	Better Care Fund	<p>The Better Care Fund (BCF) allocations are built in based on allocations announced in 2017/18.</p>
18	Ring fenced grants	<p>These grants are included within cost centres and not shown with other funding streams. The biggest ring fenced grant is for Public Health.</p>
19	Earmarked Reserves	<p>The Council earmarked reserves set aside for specific purposes. Where these are planned to be used the spending has been included within the relevant Directorate costs and the total funding used is shown as a Transfer from earmarked reserves in the MTFP.</p>
20	Collection Fund Surplus	<p>The Collection Fund is the collective name for the financial management of the collection of Business Rates and Council Tax.</p> <p>If a surplus or deficit remains in the Collection Fund at the year-end it is subsequently distributed to, or borne by the billing authority (in this situation the Council) and the preceptors (Police and Fire Authorities). Billing authorities are required to estimate the expected Collection Fund balance for the year to 31 March in order that the sum can be taken into account by billing authorities and preceptors in calculating the amounts of Council</p>

Ref	Expenditure /Funding	Assumptions/Commentary
		Tax for the coming year. The difference between the estimate at 15 January, and actual position at 31 March will be taken into account in the following financial year.
21	Capital met from Direct Revenue	This represents the amount of revenue expenditure that is funding capital projects
22	General Fund	If the Council is spending more than the resources available, the balance is funded from General Fund balances. These balances have a recommended minimum level of £2m.

Appendix G. Approved budget changes

This Appendix shows changes to functional budgets and other budget changes. In accordance with FPR's, Cabinet can approve movements in any functional budget of up to £250k in any one year to a cumulative value of £500k across all functions. Changes above £500k must be approved by Council on a recommendation from Cabinet. In approving requests, Cabinet or Council may agree the use of earmarked reserves (ER), use the General Fund (GF) or make movements between directorates.

For the purposes of the rules, Cabinet is allowed to use earmarked reserves (approved by Council) in an unlimited way as long as they are used for their intended purpose and is allowed to carry forward unused budget from one period to the next so use of these reserves are not counted against the delegated limit for functional budget changes and are therefore shown separately (Cabinet Other).

2018/19

Description	Source of Funding	Net Cost of Services £'000	Capital Financing £'000	Funding £'000	Transfer to/(from) Reserves £'000	Spend on Capital £'000	(Surplus)/Deficit £'000	Cabinet* £500k Limit £'000	Cabinet Other £'000	Council £'000	Ch Exec. s151 Officer £'000
Changes already made											
Approved Budget (43/2018)		38,093	(807)	(34,795)	(2,432)	30	89	0	1,490	0	130
EU Brexit Preparation Grant (i)	Grant			(105)	105		0				
Flexible Homelessness Support Top Up Grant (ii)	Grant	19		(19)			0				
Homelessness Prevention Top Up Grant (iii)	Grant	7		(7)			0				
Parks Improvement Grant (iv)	Grant			(25)	25		0				
Approved Budget at Q4		38,119	(807)	(34,951)	(2,302)	30	89	0	1,484	0	130

- i) Grant received from Government. To be held in reserves pending use.
- ii) Grant received from Government. To be c/fwd to be spent in 2019/20
- iii) Grant received from Government. To be c/fwd to be spent in 2019/20
- iv) Grant received from Government. To be transferred to reserve to draw down in 2019/20 when expenditure plans are known.

2019/20

Description	Source of Funding	Net Cost of Services £'000	Capital Financing £'000	Funding £'000	Transfer to/(from) Reserves £'000	Spend on Capital £'000	(Surplus)/Deficit £'000	Cabinet* £500k Limit £'000	Cabinet Other £'000	Council £'000	Ch Exec. s151 Officer £'000
Changes already made											
Approved Budget (43/2018)		37,189	(746)	(36,827)	438	0	54	0	0	0	0
Interim Social worker from ASC Contingency (i)	GF	0					0				50
Extended Rights to travel grant (ii)	GF	0		(13)			(13)				(13)
ROPE Expenditure Budget (iii)	Grant	98					98				98
ROPE Expenditure Budget (iii)	Grant	(98)					(98)				(98)
SEN Project from ASC Contingency (iv)	GF	0			0		0		200		
Approved Budget at Q4		37,189	(746)	(34,840)	(438)	0	41	0	200	0	37

- Q4**
- i) Interim social worker required, to be funded from the ASC Contingency
 - ii) Additional grant received from government
 - iii) Create income and expenditure to reflect grant received from Housing Infrastructure Fund (HIF)
 - iv) Approval given in report 71/2019 to fund start-up costs of the new Special Educational Needs and Disabilities (SEND) provision to be established at Uppingham Community College. A maximum £200k was agreed but until figures are known no adjustment will be made.