

## ADULTS COMMITTEE



**Date: Thursday, 13 October 2016**

**Democratic and Members' Services**

Quentin Baker

LGSS Director: Law and Governance

**14:00hr**

Shire Hall

Castle Hill

Cambridge

CB3 0AP

**Kreis Viersen Room**

**Shire Hall, Castle Hill, Cambridge, CB3 0AP**

## AGENDA

Open to Public and Press

### CONSTITUTIONAL MATTERS

**1 Apologies for Absence**

**2 Declarations of Interest**

*Guidance for Councillors on declaring interests is available at  
<http://tinyurl.com/ccc-dec-of-interests>*

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**3 Minutes & Action Log - 15th September 2016**

**5 - 18**

**4 Petitions**

## DECISIONS

<b>5</b>	<b>Service Committee Review of Draft Revenue Business Planning Proposals for 2017-18 to 2021-22</b>	<b>19 - 132</b>
<b>6</b>	<b>Finance &amp; Performance Report - August 2016</b>	<b>133 - 184</b>
<b>7</b>	<b>Older Peoples Accommodation Strategy</b>	<b>185 - 234</b>
<b>8</b>	<b>Drug &amp; Alcohol Service Update</b>	<b>235 - 242</b>
<b>9</b>	<b>Adults Committee Agenda Plan</b>	<b>243 - 246</b>
<b>10</b>	<b>Appointments to Outside Bodies, Partnership Liaison and Advisory Groups, and Internal Advisory Groups and Panels</b>	

The Adults Committee comprises the following members:

Councillor Anna Bailey (Vice-Chairwoman)

Councillor Chris Boden Councillor Sandra Crawford Councillor Lorna Dupre Councillor Derek Giles Councillor Lynda Harford Councillor Samantha Hoy Councillor Gail Kenney Councillor Richard Mandley Councillor Zoe Moghadas Councillor Graham Wilson and Councillor Fred Yeulett

*For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact*

Clerk Name: Daniel Snowdon

Clerk Telephone: 01223 699177

Clerk Email: [daniel.snowdon@cambridgeshire.gov.uk](mailto:daniel.snowdon@cambridgeshire.gov.uk)

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**ADULTS COMMITTEE: MINUTES**

- Date:** Thursday 15<sup>th</sup> September 2016
- Time:** 2.00 p.m. to 4.00 p.m.
- Present:** Councillors A Bailey (Vice-Chairwoman), P Brown, S Crawford, L Dupre, D Giles, L Harford, G Kenney, R Mandley, Z Moghadas, M Smith and G Wilson.
- Apologies:** Councillors S Hoy (Councillor P Brown substituting) and F Yeulett (Councillor M Smith substituting).

The Committee thanked the outgoing Executive Director: Childrens, Families and Adults, Adrian Loades for the hard work and support that he has provided to the Committee.

The Committee also thanked the former Chairman of the Adults Committee, Councillor Tew for his hard work and dedication to the role.

**183. DECLARATIONS OF INTEREST**

Councillor Bailey declared a non-statutory interest in agenda item 12, "Cambridgeshire Local Assistance Scheme (CLAS) as she was a member of East Cambridgeshire District Council that had undertaken work in the areas the CLAS Scheme was developing and may, in the future, submit a tender response.

**184. MINUTES – 7<sup>th</sup> JULY 2016 AND ACTION LOG.**

The minutes of the meeting held on 7<sup>th</sup> July 2016 were agreed as a correct record and signed by the Vice-Chairwoman.

The Action Log was noted together with the following updates provided at the Committee. Item 181; it was confirmed that "direction travel arrows" had been incorporated into the Finance and Performance report. Item 115; work was progressing regarding the identification of cases that should have been funded through Continuing Health Care funding but negotiations with the Clinical Commissioning Group were progressing more slowly. A joint approach with Peterborough City Council was being adopted and it was agreed that Spokes would be informed about the proposed actions and timings. **ACTION**

**185. PETITIONS**

No petitions were received.

**186. BUSINESS PLANNING: DEVELOPMENT OF REVENUE PROPOSALS**

Members received a report that updated the Committee on the development of business planning revenue proposals for the financial years 2017/18 to 2022/23.

Members noted the continuing service re-design and initiatives that included the expansion of early help, development of Assistive Technology, increasing the take up of Direct Payments and the proposed adoption of the Buurtzorg model of community care via a small initial implementation.

Following a question from a Member, officers informed the Committee that there were approximately 80 ideas progressing through the Transformation Pipeline that had arisen from a range of sources including staff, managers and partner organisations. The ideas were being assessed by the Children's, Families and Adults (CFA) leadership group.

It was resolved to note and comment on the plans for the development and presentation of business planning revenue proposals.

#### **187. SERVICE COMMITTEE REVIEW OF THE DRAFT 2017-18 CAPITAL PROGRAMME.**

The Committee received a report that set out an overview of the draft Business Plan Capital Programme for Adults Services. Members were informed that changes to the Department of Health funding of the Better Care Fund in 2016/17 meant that the Council no longer received the £1.3m in direct grant to support the capital programme. In order to continue to meet the capital needs of Adults Services it would be necessary to borrow in line with the Chartered Institute of Public Finance and Accountancy (CIPFA) Prudential Code for Capital Finance.

During discussion Members:

- Expressed concern regarding Community Hubs and whether work was being effectively coordinated with District Councils. Officers confirmed that the Interim Service Director for Infrastructure Management and Operations had met with District Council colleagues to ensure that a collaborative approach was adopted.
- Confirmed that borrowing was monitored closely by the Council's Section 151 officer and noted that although borrowing may increase in one area it did not necessarily translate to an increase in net borrowing.
- Questioned how effective the Council was at collecting and recycling assistive technology and equipment after it was no longer required. Officers informed Members that the collection and recycling of equipment was subject to a performance management process at the Council was highly effective at meeting targets.

It was resolved to:

- a) Note the overview and context provided for the 2017-18 Capital Programme and endorse their development
- b) Comment on the draft proposals for Adults' 2017-18 Capital Programme and endorse their development

#### **188. FINANCE AND PERFORMANCE REPORT – JULY 2016**

The July Finance and Performance Report was received by the Committee. Members noted that 2 changes to the format of the report had been incorporated; direction of travel arrows and report now showed the original budget as well as the current budget. Officers highlighted the revenue position with a forecast overspend of £700k with pressures in Learning Disability services due to care spending increases exceeding expectations, updated estimates of savings deliverable in the remainder of the year and the rescheduling of planned savings measures in the in-house Provider Services. Members noted the increase in the forecast underspend in Mental Health services in anticipation of the NHS taking over primary funding for Section 45 cases.

During discussion of the report Members:

- Sought clarification regarding vacancy savings and questioned how forecasts were made and if the vacant posts were required. Officers explained that the vacancies were spread across the service and it was standard practice to forecast the level of savings that would be achieved through vacancies across the year. Although there had been focus on recruitment and retention with the adoption of a recruitment strategy, vacancies persisted in some teams including Reablement, partly due to the cost of accommodation but also the availability of other employment.
- Confirmed that for areas where agency staff were more prevalent in their use to mitigate vacancies, the vacancy saving allowance would be less. Officers explained that vacancy savings forecasts were based on historic trends.
- Expressed concern that underspends highlighted in the report were to the detriment of people trying to access services. Officers advised that spending had not been restricted that changes in service delivery with increased focus on early intervention and preventative measures had resulted in people's needs being met in different ways. It was explained that all budgets were reviewed each year to understand the causes for underspends and overspends and whether the budgets required adjustment for the following year.
- Welcomed the creative approaches to staff recruitment that included attending jobs fairs where interviews were undertaken and provisional job offers made at the event, an arrangement had been agreed with Jobsgopublic to design a recruitment website and a dedicated small recruitment team that was in daily contact with successful candidates, updating them on the progress of their job offer. Officers drew Members attention to the Recruitment and Retention Strategy that had been approved by the Committee and the agreement reached with 10 neighbouring local authorities not to compete on price for agency staff thereby controlling costs.
- Confirmed with officers that there was a longer term issue with the home care sector being able to compete in the current jobs market in Cambridgeshire.
- Highlighted the opportunity for the Council as a land developer to support services by building affordable accommodation specifically to cater for care sector workers. Officers agreed to discuss the possibility of developing land for such purposes with the Council's Section 151 officer and recommended it as an item for discussion at the Assets and Investments Committee. **ACTION**

- Expressed concern regarding the assumption in the Older People's Services forecast underspend that Continuing Healthcare (CHC) funding would be forthcoming from the CCG and requested regular updates be provided to Spokes. **ACTION**
- Noted that £350k, which equated to one years' worth clients had been included within the underspend in Mental Health Services. Members requested regular updates through Spokes on the progress of negotiations with the CCG regarding funding responsibilities related to Section 41 and Section 117 of the Mental Health Act **ACTION**
- Queried whether progress on the implementation of the Transforming Lives model of providing care in Cambridgeshire should have been marked as green in the report. Officers explained that progress was scored against milestones previously set.
- Noted that care workers were able to start in employment relatively quickly and there was flexibility built into the induction programme to account for experience. The Reablement Team placed new members of staff on double up rounds with an experienced member of staff. Care agencies were also being challenged to utilise double up rounds as a means of progressing staff training and development.

It was resolved to note and comment on the report.

## **189. PROGRESS REPORT ON THE ADULT AUTISM STRATEGY**

An update was provided to Members on the progress of implementing the Cambridgeshire Adult Autism Strategy. Members were informed that diagnosis rates in 2014/15 for Cambridgeshire were average for England but had doubled for 2015/16. Diagnoses were provided by a clinic at Fulbourn Hospital and a limited service was available in Peterborough that covered the north of the county.

During the course of discussion Members:

- Questioned why the rate of diagnosis had increased so significantly. It was explained by officers that public awareness of Autism had increased leading to an increase in the numbers of people seeking diagnosis. Officers also confirmed that the numbers of females being diagnosed with Autism was increasing and highlighted anecdotal evidence that suggested females were more effective at masking and managing the symptoms of autism.
- Confirmed that a separate strategy was in place for children and was based around Special Educational Needs and Disability (SEND) guidance. The next step was to bring the strategies together.
- Requested further information regarding the county wide advocacy service. Officers informed Members that the advocacy service brought together several strands of advocacy that covered all client groups. The value of the contract was approximately £800k.
- Requested an update regarding the Council's consideration of providing internships to young people on the autistic spectrum so they can gain work experience in order



to prepare them for employment detailing when a decision would be made and internships offered if that decision was positive. **ACTION**

- Queried whether there was a trend for being diagnosed with autism earlier or later in life. Officers explained that diagnoses in children were increasing as the service improved. Research was taking place into the causes for increased diagnosis rates in children. There was however, no definitive answer as to why diagnosis rates had increased for all age groups.
- Expressed concern regarding waiting times for diagnosis. Officers explained that Cambridgeshire and Peterborough Foundation Trust (CPFT) were experiencing difficulties in coping with demand and would benefit from additional resource. Councillor Wilson in his capacity as a Governor of CPFT agreed to raise the issue and report the outcome to Spokes.

It was resolved to note the progress made on implementing the Autism Strategy

#### **190. BETTER CARE FUND 2016/17**

Members received a report that provided an update on the progress against the Better Care Fund (BCF) plan for 2016/17. The BCF created a joint budget intended to help health and social care services work more closely together. The total BCF budget for 2016/17 was approximately £48m. Key activity areas for the BCF were highlighted to the Committee including; promoting independence, intermediate care and re-ablement, neighbourhood teams, carers support and investment in transformation projects.

During discussion Members:

- Clarified that social prescribing was designed to equip G.Ps with additional tools to reduce the number of frequent attenders at G.P. surgeries.
- Questioned the amount of staff time invested in BCF planning and how much staffing costs were. Officers advised that £300k had been budgeted for staffing costs but the actual spend was approximately £190k. It was likely that the BCF planning for 2017/18 would be for a 2 year plan following representations made to the Government.
- Noted that all BCF projects were monitored closely and there was confidence that the majority of the projects would be delivered. Officers confirmed that 7 day working had been implemented within the Discharge Planning Teams (DPT).
- Confirmed that pooled budgets with the Clinical Commissioning Group (CCG) had not been created but aligned what was being spent in order to maintain greater control and better understanding of what was being spent.
- Confirmed that a key area of the data sharing project was governance and obtaining agreement for data to be shared. Presently anonymised data was being shared for research and learning but the goal for the project was to share data more effectively with appropriate consents in place.

- Confirmed that Intermediate Care Teams were focussed in the south of the county consisting of approximately 25 workers.
- Questioned whether the Care Home Educators programme was time limited. Officers envisaged that there would be a point in the future where the programme was no longer required as their role will have been fulfilled.

It was resolved to note the update on the Better Care Fund.

#### **191. PROPOSED CHANGES TO LOCAL HOUSING ALLOWANCE AND POTENTIAL IMPACT ON EXTRA CARE AND OTHER TYPES OF SUPPORTED HOUSING.**

The Committee received a report that informed Members of the proposed changes to Local Housing Allowance and the implications for Social Care. The report proposed that further work to be carried out including the raising of awareness within the County Council of the financial and service risks posed by the potential change to Housing Benefit arrangements, that services at risks be identified together with potential mitigating factors, and to work with other organisations such as the City and District Councils in order that concerns be communicated to the Department for Communities and Local Government (DCLG) with the aim of mitigating those risks.

An announcement issued by the Government just prior to the start of the Adults Committee deferred the Local Housing Allowance cap for supported housing providers until 2019/20 and devolved top up funding to local authorities thereafter.

Members requested that a copy of the announcement be circulated to the Committee and when the announcement and its implications had been fully understood a report be presented to the Committee. **ACTION**

It was proposed by the Vice-Chairman with the unanimous agreement of the Committee to amend the recommendation set out in the report following the announcement by the Government.

It was resolved to continue to monitor the proposed changes and the impact of recent announcements regarding proposed funding changes to the Local Housing Allowance.

#### **192. TRANSFORMING LIVES**

Members received a report that provided information on the impact of the Transforming Lives Programme for different groups of service users. The report divided the assessment of Transforming Lives progress into several areas, each based on a major area of transformation currently in progress. They were the criteria by which it was intended to understand how well Transforming Lives was progressing.

During discussion Members:

- Clarified the data shown in paragraph 3.3 of the report. Officers explained that it was intended to capture all Transforming Lives outcomes that had occurred.
- Welcomed the further development of the report and requested that in future reports

percentages be displayed on the graphs and tables where appropriate.

- Noted the importance of following up on the cases handled through Early Help expressed in paragraph 4.1.5 of the report in order to understand if they were approaching the Council for further assistance later.
- Noted that the Ambulance Service tended to raise safeguarding concerns that did not turn out to be safeguarding concerns when assessed. The work undertaken to raise awareness of safeguarding within the Ambulance Service was welcomed but work was required to refine and promote understanding of what constituted a safeguarding concern.
- Highlighted the measures set out in section 7 of the report and the high quality of the questions being asked.
- Drew attention to the high proportion of people unable to manage their own finances or personal affairs. Officers advised that if individuals required support with such matters then support would be put in place.
- Expressed concern regarding home care provider capacity following a period of reablement. Officers confirmed that care would continue to be provided by the Reablement Team until a home care provider could be sourced.
- Noted that the Reablement Team provided services to assist people with a broad range of care needs from the Early Help service through to more complex needs.
- Questioned where resources were most stretched in the Reablement Team. Officers explained that there was a degree of pressure regarding hospital discharges and would like to achieve a more effective balance between timely discharge from hospital and preventative measures in the community to reduce the number of hospital admissions. Recruitment had been difficult but had improved recently.

### **193. CAMBRIDGESHIRE LOCAL ASSISTANCE SCHEME (CLAS)**

A report was presented to the Committee that updated Members on the future arrangements for CLAS and the research carried out. Officers informed Members of the specific focus on the provision of information and advice and providing recycled white goods and household items when required.

During the course of discussion, Members:

- Noted that there had been issues in setting up the recycling scheme for white goods but had identified a supplier in WEEE Reuse that operated from a site owned by Amey Cespa to refurbish and recondition white goods ready for distribution.
- Noted and welcomed the high quality of the responses to the consultation.
- Noted the quality of the research that had been carried out during the process of developing CLAS.

- Expressed concern regarding the supply of recycled white goods as more local authorities begin to offer similar schemes. Officers explained that the supplier had more than enough stock to meet forecast demand.

It was resolved unanimously to:

- a) Agree the procurement of the proposed scheme in accordance with the outline service specification that was detailed in section 5 of the report.
- b) Agree the procurement of a 3 year contract with the option to extend for a further 2 years.

**194. APPOINTMENTS TO OUTSIDE BODIES, PARTNERSHIP LIAISON AND ADVISORY GROUPS AND INTERNAL ADVISORY GROUPS AND PANELS.**

It was resolved to appoint Councillor Bailey to the Older People's Partnership Board.

**195. ADULTS COMMITTEE AGENDA PLAN**

It was resolved to note the agenda plan and the oral update provided at the meeting

Added: Disabled Facility Grant Review - 3<sup>rd</sup> November 2017

Chairman

**Adults Committee**

**Minutes - Action Log**



**Introduction:**

This log captures the actions arising from the Adults Committee and will form an outstanding action update from meetings of the Committee to update Members on the progress on compliance in delivering the necessary actions.

This is the updated action log as at 4 October 2016

Minute No.	Report Title	Action to be taken by	Action	Comments	Completed
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**Minutes of 1<sup>st</sup> September 2015**

115.	<b>FINANCE AND PERFORMANCE REPORT – JULY 2015</b>	T Kelly	Members requested to hear about progress in making the arrangements for funding of Continuing Health Care cases more transparent in relation to paragraph 1.4 of the report	This relates to 104b.  Officers have confirmed that this work is underway. A formal Review is taking place with the Clinical Commissioning Group. We key managers and Practitioners have also been trained, and a Continuing Healthcare (CHC) lead has been employed for the Council. <b>UPDATE</b> – A joint approach with Peterborough City Council was being adopted	<b>Ongoing</b>
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				and Spokes would be kept informed of progress.	
<b>Minutes of 1<sup>st</sup> December 2015</b>					
<b>131.</b>	<b>Ditchburn Place – Extension of Six Month Contract</b>	R O'Driscoll/ T Kelly	Members requested that the unit cost of the provision be included in the Finance & Performance Report.		<b>In Progress</b>

## Minutes of 12<sup>th</sup> January 2016

143.	<b>Drug and Alcohol Inpatient Detox Beds Contract Exemption.</b>	S Talbot	Members requested information regarding the outcomes of patients.	We are currently undertaking a review in the next couple of months to track patients through the system who have accessed the detox beds. We should have this information available by June 2016.	<b>In progress</b>
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## Minutes of 17<sup>th</sup> May 2016

168.	<b>Disability Related Expenditure</b>	C Bruin/A Leduc	Members noted that the implementation of the new standard rate would be from the date of the next financial assessment and requested that a letter be issued to service users affected		<b>In progress</b>
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<b>170.</b>	<b>Appointments to Outside Bodies.</b>	D Snowdon/D Revens.	Officers to review the Outside Bodies and their memberships.		<b>Ongoing.</b>
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## Minutes of 7 July 2016

<b>176.</b>	<b>The Cambridgeshire and Peterborough NHS Foundation Trust 2014/15 Annual Report on the Delivery of the Council's Delegated Duties for People Over 18 Years With Mental Health Needs</b>	D Cohen	Officers would need to investigate further as to whether there were specific policies in place within the Council that encouraged the employment of people with mental health needs and the role the Council could play in encouraging employers to recruit people with mental health needs		<b>In progress</b>
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180.	<b>Revised Adult Social Care Complaints Policy</b>	C Bruin / J Collinson	Members suggested that it would be beneficial for M.P.s to be supplied information regarding information sharing and for them to be provided with a pro-forma that could be completed with a constituent in order to allow information to be shared.		<b>In progress</b>
180.	<b>Revised Adult Social Care Complaints Policy</b>	C Bruin / J Collinson	Members questioned why there was not an over-arching Cambridgeshire County Council Complaints Policy that contained sub-sections for each service. Officers explained that legislation regarding complaints policy varied across services but agreed to investigate further		<b>In progress</b>
<b>Minutes of 15 September 2016</b>					
188.	<b>Finance &amp; Performance Report – July 2016</b>	C Black / C Malyon	Officers to discuss the possibility of developing land to provide accommodation for care workers with the Council's S151 officer for potential future presentation to the Assets and Investments Committee		<b>In progress</b>

189.	<b>Progress Report on the Adult Autism Strategy</b>	L McManus	Members requested an update regarding the Council's consideration of providing internships to young people on the autistic spectrum.		<b>In progress</b>
191.	<b>Proposed Changes to Local Housing Allowance and Potential Impact on Extra Care and Other Types of Supported Housing.</b>	D Snowdon	Members requested a copy of the announcement be circulated to the Committee and when it had been fully understood a report be presented to the Committee.	Announcement has been forwarded to Members	<b>In progress</b>

**SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING  
PROPOSALS FOR 2017/18 TO 2021/22**

*To:* **Adults Committee**

*Meeting Date:* **13 October 2016**

*From:* **Executive Director: Children, Families and Adult Services  
Chief Finance Officer**

*Electoral division(s):* **All**

*Forward Plan ref:* **Not applicable**      *Key decision:*    **No**

*Purpose:* **This report provides the Committee with an overview of the draft Business Plan Revenue Proposals for Children, Families and Adults Services that are within the remit of the Adults Committee.**

*Recommendation:* **a) It is requested that the Committee note the overview and context provided for the 2017/18 to 2021/22 Business Plan revenue proposals for the Service.**

**b) It is requested that the Committee comment on the draft revenue savings proposals that are within the remit of the Adults Committee for 2017/18 to 2021/22.**

<b><i>Officer contact:</i></b>	
Name:	Sue Nix
Post:	Head of Strategy
Email:	Sue.nix@cambridgeshire.gov.uk
Tel:	01223 699063

## 1 OVERVIEW

- 1.1 The Council's Business Plan sets out how we will spend our money to achieve our vision and priorities for Cambridgeshire. Like all Councils across the country, we are facing a major challenge. Our funding is reducing at a time when our costs continue to rise significantly due to inflationary and demographic pressures, which are greater than others due to being the fastest growing county in the country.
- 1.2 The Council has now experienced a number of years of seeking to protect frontline services in response to reducing Government funding. Looking back, we have saved £68m in the last two years and are on course to save a further £41m this year (2016/17). As a result, we have had to make tough decisions over service levels during this time. Over the coming five years those decisions become even more challenging. That is why this year the Council has adopted a new approach to meeting these financial challenges, which builds upon the outcome-led approach that was developed last year.
- 1.3 The Council last year established the strategic outcomes it will be guided by throughout the Business Planning process, which are outlined on the right. Early in the process this year, a number of Transformation Programmes have been established to identify the specific proposals that will meet these outcomes within the resources available to the Council.

Outcomes	
Older people live well independently.	
Places that work with children help them to reach their full potential.	
People lead a healthy lifestyle and stay healthy for longer.	
People with disabilities live well independently.	
People live in a safe environment.	
The Cambridgeshire economy prospers to the benefit of all Cambridgeshire residents.	
People at risk of harm are kept safe.	

- 1.4 These Transformation Programmes are the lens through which this year's Business Planning Process has been approached, and will feature in the material considered by Members in workshops and Committees. There are 11 Programmes, made up of "vertical" service-based Programmes, and "horizontal" cross-cutting Programmes:

1. Adult Services	2. Children's Services	3. Economy, Transport and Environment	4. Corporate and LGSS	5. Public Health
6. Finance and Budget Review				
7. Customers and Communities				
8. Assets, Estates and Facilities Management				
9. Commissioning				

## 10. Contracts, Commercial and Procurement

## 11. Workforce Planning and Development

- 1.5 In July 2016 General Purposes Committee considered and endorsed a report which summarised the role that the new approach to transformation has played so far this year. In particular, this table captured precisely how transformation – in line with the Council's strategic outcomes – will contribute towards balancing the budget:

Base Budget		Year 0
Review of Outturn		
Corporately agreed changes to	Inflation	X
	Demography	X
	Capital Financing	X
	Service Pressures	X
		Year 1
Base budget (new business plan)		
Projected Resource Envelope		A
Savings Challenge		$Y1 - A = B$
<b>Transformation Programme</b>		
"Horizontal" Cross-cutting programmes	X	
"Vertical" Service-based programmes	X	
Total Transformation Proposals		C
Revised Savings Challenge		$B - C = D$
Savings Challenge applied to Budgets		E

- 1.6 Within this new framework, the Council continues to undertake financial planning of its revenue budget over a five year timescale which creates links with its longer term financial modelling and planning for growth. This paper presents an overview of the proposals being put forward as part of the Council's draft revenue budget, which are relevant to this Committee.
- 1.7 Funding projections have been updated based on the latest available information to provide a current picture of the total resource available to the Council. At this stage in the year, however, projections remain fluid and will be reviewed as more accurate data becomes available.
- 1.8 The Committee is asked to endorse these initial proposals for consideration as part of the Council's development of the Business Plan for the next five years. Draft proposals across all Committees will continue to be developed over the next few months to ensure a robust plan and to allow as much mitigation as possible against the impact of these savings. Therefore these proposals may change as they are developed or alternatives found.

## 2 BUILDING THE REVENUE BUDGET

- 2.1 Changes to the previous year's budget are put forward as individual proposals for consideration by committees, General Purposes Committee and ultimately Full Council. Proposals are classified according to their type, as outlined in Table 3, accounting for the forecasts of inflation, demography, and service pressures, such as new legislative requirements that have resource implications, as well as savings.

- 2.2 The process of building the budget begins by identifying the cost of providing a similar level of service to the previous year. The previous year's budget is adjusted for the Council's best forecasts of the cost of inflation, the cost of changes in the number and level of need of service users (demography) and proposed investments. Should services have pressures, these are expected to be managed within that service where possible, if necessary being met through the achievement of additional savings or income. If it is not possible, particularly if the pressure is caused by legislative change, pressures are funded corporately, as agreed at GPC in July. It should be noted, however, that there are no additional resources and therefore this results in an increase in the level of savings that are required to be found across all Council Services. The total expenditure level is compared to the available funding and where this insufficient to cover expenditure, the difference is the savings requirement to be met through transformation projects in order to balance the budget.
- 2.3 The budget proposals being put forward include revised forecasts of the expected cost of inflation following a detailed review of inflation across all services at an individual budget line level. Inflation indices have been updated using the latest available forecasts and applied to the appropriate budget lines. Inflation can be broadly split into pay, which accounts for inflationary costs applied to employee salary budgets, and non-pay, which covers a range of budgets, such as energy, waste, etc. as well as a standard level of inflation based on government Consumer Price Index (CPI) forecasts. All inflationary uplifts require robust justification and as such general inflation was assumed to be 0%. Key inflation indices applied to budgets are outlined in the following table:

<b>Inflation Range</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Standard non-pay inflation	1.7%	2.2%	2.0%	2.0%	2.0%
Other non-pay inflation (average of multiple rates)	2.8%	1.9%	1.9%	2.1%	2.0%
Pay (admin band)	1.0%	1.0%	1.0%	1.0%	1.0%
Pay (management band)	0.0%	1.0%	1.0%	1.0%	1.0%
Employer pension contribution (average of admin and management band)	3.2%	2.8%	1.9%	2.7%	2.7%

- 2.4 Forecast inflation, based on the above indices, is as follows:

<b>Service Block</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Children, Families and Adults	2,251	2,915	2,619	2,747	2,770
Economy, Transport and Environment (ETE)	795	875	840	867	832
ETE (Waste Private Finance Initiative)	856	811	881	888	903
Public Health	14	24	22	22	21
Corporate and Managed Services	398	353	383	446	482
LGSS Operational	93	282	240	274	267
<b>Total</b>	<b>4,407</b>	<b>5,260</b>	<b>4,985</b>	<b>5,244</b>	<b>5,275</b>

- 2.5 A review of demographic pressures facing the Council has been undertaken. The term demography is used to describe all anticipated demand changes arising from increased numbers (e.g. as a result of an ageing population, or due to increased road kilometres) and increased complexity (e.g. more intensive packages of care as clients age). All services are required to absorb the financial pressure of the general

increase in population, estimated to be 1.4% in 2017-18. The remaining demographic pressures calculated are:

Service Block	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000
Children, Families and Adults	6,741	6,937	6,812	7,299	7,347
Economy, Transport and Environment (ETE)	195	200	206	211	217
Public Health	0	0	0	0	0
Corporate and Managed Services	23	24	25	25	25
<b>Total</b>	<b>6,959</b>	<b>7,161</b>	<b>7,043</b>	<b>7,535</b>	<b>7,589</b>

- 2.6 The Council is facing some cost pressures that cannot be absorbed within the base funding of services. Some of the pressures relate to costs that are associated with the introduction of new legislation and others as a direct result of contractual commitments. These costs are included within the revenue tables considered by service committees alongside other savings proposals and priorities:

Service Block / Description	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000
CFA: Fair Cost of Care and Placement Costs	0	0	1,500	2,500	0
CFA: Impact of National Living Wage on Contracts	3,269	3,509	3,500	3,277	0
CFA: Local Housing Allowance limits - impact on supported accommodation	0	0	412	595	199
CFA: Children's Social Care Establishment	355	0	0	0	0
CFA: Independent Review Officers and Child Protection Chairs	261	0	0	0	0
CFA: Children Innovation and Development Service	289	50	0	0	0
CFA: Multi Systemic Therapy (MST)	368	63	0	0	0
ETE: Libraries to serve new developments	0	0	0	49	0
ETE: Reinstatement of funding for non-statutory concessionary fares	125	0	0	0	0
CS: Apprenticeship Levy	500	0	0	0	0
CS: Demography	3,405	3,389	3,469	3,535	3,589
CS: Contract mitigation	0	1,500	500	0	0
CS: Renewable energy - Soham	183	4	5	4	5
CS: Increased Revenue Costs for WAN upgrades	63	0	0	0	0
CS: Increased Revenue Costs for WAN upgrades in Libraries	123	0	0	0	0
CS: Corporate Office IT Assets	300	0	0	0	0
Professional and Management Pay Structure - combined	441	0	0	0	0
Impact of National Living Wage on CCC employee costs (combined)	4	18	74	174	174
<b>Total</b>	<b>9,686</b>	<b>8,533</b>	<b>9,460</b>	<b>10,134</b>	<b>3,967</b>

- 2.7 The Council recognises that effective transformation often requires up-front investment and has considered both existing and new investment proposals that we fund through additional savings during the development of this Business Plan. To

this end a Transformation Fund has been created, through a revision to the calculation of the Council's minimum revenue provision (MRP). The table below outlines investments by service. Note that these figures are absolute.

Service Block	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000
Adults Services	146	541	245	0	0	0
Finance & budget review	0	87	0	0	0	0
Customer & communities	100	0	0	0	0	0
Assets, estates & facilities management	46	51	22	0	0	0
Commissioning	363	929	366	27	0	0
Workforce planning & development	0	536	0	0	0	0
<b>Total</b>	<b>655</b>	<b>2,144</b>	<b>633</b>	<b>27</b>	<b>0</b>	<b>0</b>
<b>Cumulative</b>	<b>655</b>	<b>2,799</b>	<b>3,432</b>	<b>3,459</b>	<b>3,459</b>	<b>3,459</b>

### 3 SUMMARY OF THE DRAFT REVENUE BUDGET

- 3.1 In order to balance the budget in light of the cost increases set out in the previous section and reduced Government funding, savings or additional income of £30.8m are required for 2017-18, and a total of £99m across the full five years of the Business Plan. The following table shows the total amount necessary for each of the next five years, separating Public Health in 2017-18 as it is ring-fenced:

Service Block	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000
Council	-28,019	-21,159	-17,242	-19,075	-11,997
Public Health	-961	-	-	-	-
<b>Total</b>	<b>-28,980</b>	<b>-21,159</b>	<b>-17,242</b>	<b>-19,075</b>	<b>-11,997</b>

- 3.2 There are also a number of risks which are not included in the numbers above, or accompanying tables. These will be incorporated (as required) as the Business Plan is developed. Estimates are given below where possible.



	2017-18 £'000	Risk
Vacancy Savings	1,000	Services are required to meet a target each year for staffing savings resulting through turnover of staff, for example through holding vacancies. As organisational changes are implemented, the ability/capacity to deliver this saving on an on-going basis will be reduced.
Dedicated Schools Grant funding	4,300	This potential pressure is the result of a consultation on national funding reforms.
Business rates revaluation	-	The Business Rates re-valuation is due to take effect from 1st April 2017, which could see significant rises in business rate liabilities in some areas and for some types of property.
Pension triennial review	-	The pension fund is being re-valued in 2016-17, with consultation documents due in November. Updates to assumptions following this will be incorporated during the development of the Business Plan.
Housing	-	A comprehensive 10-year pipeline of development projects has now been identified and a capital funding request has therefore been included in the Draft Business Plan. The figures are still being refined however, with the initial projections expected to be confirmed during Autumn 2016. Due to the nature of the schemes the revenue impact could be significant.
<b>Total</b>	<b>5,300</b>	

- 3.3 In some cases services have planned to increase locally generated income instead of cutting expenditure. For the purpose of balancing the budget these two approaches have the same effect and are treated in the same way.
- 3.4 This report forms part of the process set out in the Medium Term Financial Strategy whereby the Council updates, alters and refines its revenue proposals in line with new savings targets. New proposals are developed by services to meet any additional savings requirement and all existing schemes are reviewed and updated before being presented to service committees for further review during November and December.
- 3.5 Delivering the level of savings required to balance the budget becomes increasingly difficult each year. Work is still underway to explore any alternative savings that could mitigate the impact of our reducing budgets on our front line services, and Business Planning proposals are still being developed to deliver the following:

Service Block	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000
Council	-6,104	-3,749	-8,919	-11,785	-11,268
Public Health	-103	0	0	0	0
<b>Total</b>	<b>-6,207</b>	<b>-3,749</b>	<b>-8,919</b>	<b>-11,785</b>	<b>-11,268</b>

- 3.6 The level of savings required is based on a 2% increase in Council Tax, through levying the Adults Social Care precept in all years it is available (up to and including 2019-20), but a 0% general Council Tax increase. This assumption is built into the MTFS which was discussed by GPC in July. For each 1% more or less that Council

Tax is changed, the level of savings required will change by approximately +/-£2.5m.

- 3.7 There is currently a limit on the increase of Council Tax of 2% and above, above which approval must be sought in a local referendum. It is estimated that the cost of holding such a referendum would be around £100k, rising to as much as £350k should the public reject the proposed tax increase (as new bills would need to be issued). The MTFS assumes that the 2% and above limit on increases will remain in place for all five years.
- 3.8 Following October and November service committees, GPC will review the overall programme in December, before recommending the programme in January as part of the overarching Business Plan for Full Council to consider in February.

#### **4 DEVELOPMENT OF ADULTS COMMITTEE REVENUE BUDGET PROPOSALS**

- 4.1 The following sections provide an overview of emerging business planning proposals relating to the remit of the Adults Committee. It should be emphasised that these are initial draft proposals at this stage and will be subject to refinement over the coming months. Additional proposals will come forward to fill the remaining gap and equally some proposals will be amended as the modelling is refined and according to the steers given by Councillors. Full Council in February 2017 is the point at which proposals become final and form the Council's Business Plan.
- 4.2 Table 3, attached as appendix 3 summarises the demographic and other pressures, investments and identified savings or income proposals. Each saving or income proposal has a draft community impact assessment, attached as appendix 2
- 4.3 A range of consultation activity is planned in relation to these proposals. Appendix 1 lists the various fora being used to discuss the emerging proposal with key groups. These consultation sessions will further inform the development of these initial proposals with the feedback from service users, partners and other stakeholders helping us shape the final set of recommendations to committees. They will also be crucial in helping us understand and evaluate the potential impact of the emerging proposals.

#### **5 BUSINESS PLANNING: CONTEXT**

- 5.1 Across service areas the intention through business planning is to transform services so that we can continue to achieve positive outcomes despite the reducing budget available and the identified pressures.
- 5.2 The proposals presented build on the work undertaken through the previous business planning cycle to agree a 5 year strategy, based on the key themes of:
- promoting people's independence and progression
  - promoting the responsibility of individuals for their own health
  - building community and family resilience
  - ensuring a more timely response to need
  - promoting professional judgement and the flexible use of resources
- 5.3 The groundwork undertaken last year to set out a long term strategy has meant we have begun this process with strong programmes already in place. In particular the Transforming Lives Programme, the Community Resilience Strategy, the

establishment of the Adult Early Help Team, the review of in-house provider services, the establishment of the Learning Disability Young Adults Team and the review and repositioning of Reablement are all now helping to manage spend in our major care budgets and deliver other savings.

- 5.4 The proposals presented to Committee do not include any straightforward service cuts or changes to the thresholds at which services are provided, but they do represent challenging and ambitious plans which are not without risk in delivery.
- 5.5 The budget for 2017/18 and beyond is being designed alongside the delivery of the stretching savings targets for this financial year. CFA is reporting the vast majority of in-year savings on track and in Older People's Services in particular we are showing some anticipated over-delivery which will support the targeted achievement of a balanced year-end position for the organisation as a whole. However there continues to be pressure in several areas, including care budgets in Learning Disability, costs pressures in the independent market (especially for residential care), capacity pressures in areas like mental capacity assessments, Reablement, and in tackling waiting lists for assessment and care. It is also important to note that for 2017/18 services are expected to absorb the financial pressure from population growth (1.4%) within existing resource and will not receive an initial demography allocation for this purpose, as they would in previous years.
- 5.6 To help manage these various pressures and to give greater clarity for members and officers we have sought to move away from setting large overall target reductions for care expenditure and have sought to show instead a series of individual transformation proposals and savings, even where they are ultimately 'cashed' in the same service budget.

## **6 DEMOGRAPHY PRESSURES AND APPROACH**

- 6.1 As described in section 2.5, the County Council has changed its approach to the calculation and management of demographic pressures for this business planning cycle.
- 6.2 All services are required to absorb the financial pressure of the general increase in population, estimated to be 1.4% in 2017/18, with services only being allocated upfront demographic funding for the growth in service user numbers beyond the 1.4% level or where other factors unrelated to population growth are present.
- 6.3 The current total recommended demography allocation for Children, Families and Adults Service for 2017/18 is £6,741k. This compares to an equivalent figure of 9,404k for the 2016/17 financial year.
- 6.4 The key areas of demographic pressure within the remit of the Adults Committee and the methodologies used to calculate the funding requirement are summarised below. Additional detail is available on request.
- 6.5 Learning Disability [A/R 3.004: £1,850k in 2017/18]  
This demography pressure is predicated on a number of factors, being
- modelling of the increasing needs and spend for our existing service users as they get older and their disabilities create the need for more care or progress to the point where family carers can no longer cope – this modelling is based on tracking the increases (and decreases) experienced in the previous financial year is estimated at £950k for 2017/18 (a 1.6% increase in total

spend)

- Modelling of the number of likely new service users and the identified trend for an increasing complexity of need. The demography funding allocated to the Young Adults team in this way totals £900k based on an estimated 53 young people transitioning into the service. Note - there is a linked savings target (A/R.6.125) stretching this team to achieve savings during the transition to adulthood.

#### 6.6 Older People's Services [A/R 3.006; £1372k in 2017/18]

This demography pressure is predicated on the growth in the population of people over the age of 65 and in particular the number of people over the age of 85. The numbers of older people are increasing at a much faster rate than the overall rate of population growth therefore requiring an additional demography allocation even after the 1.4% general population growth rate has been absorbed. National population change data refined by the County Council's demographers indicates that the population over 85 is increasing by around 4.5% each year, which would imply 760 more people of that age in Cambridgeshire. Only a proportion of these people will need help from social care services and the authority's demography model converts this growth in the number of over-85s into a predicted 114 more older people requiring service (a 3.4% increase). As per the new policy, the Service is expected to absorb the first 1.4% of this – with the additional funding being sufficient to meet the needs of 67 additional service users (a 2% increase). Later sections of this paper describe savings from demand management which offset the demography allocation and mean that actually there is a net cash reduction in the care budget and an aspiration that we will reduce the number of people requiring statutory care despite the increased population growth.

#### 6.7 Physical Disability and Sensory Services [A/R 3.002; £413k in 2017/18]

We estimate that there will be a net increase of £326k (2.7%) in the cost of services provided to people with physical disabilities as a result of large increases in the number of service users and the changing needs of existing service users. In addition, demography funding is allocated to the Autism and Adult Support Team to reflect estimates of young people moving into the team totalling £107k, equating to an estimated 26 new service users.

#### 6.8 Adult Mental Health [A/R.3.008; £204k in 2017/18]

Funding to support increases in the number of adults aged 18-65 with mental health needs reflects the recent increasing trends in service users numbers and in particular the growing number of people with recognised autistic spectrum disorders. After allowing for the 1.4% general population growth being mitigated, this allocation represents funding for an additional 19 people requiring service.

6.9 In addition to the allocations within service areas, there is a centrally held demography allocation of £3,450k for 2017/18 covering the 1.4% population growth pressure across the whole Council. This appears in the Corporate Services Table, ref C/R.4.007. This fund will only be deployed where demographic pressure occurs such that it would lead to in-year pressures and gives the organisation flexibility to deploy resource where it is needed as we monitor delivery of the overall plan.

## 7 **TRANSFORMATION AND SAVINGS PROPOSALS**

7.1 The following paragraphs provide an overview of proposals which fall within the remit of the Adults Committee. The proposals are for the transformation of existing services into new ways of working which release savings whilst still meeting people

needs and goals. They focus in large part on helping people to be healthier for longer, to retain their independence, to live in their own homes wherever possible and to build on the resilience within communities. They also seek to drive best value for money from the increasingly scarce public resources. The figures provided at the end of each paragraph are total savings for the 2017/18 financial year unless otherwise stated.

## 7.2 **Older People's Services**

7.3 The savings proposals relating to Older People's Services are shown below. These proposals build on and extend the savings committed to as part of the 5-year strategy agreed by Committee in 2016/17 and continue the progress towards meeting the needs of older people within a reducing budget allocation. The Directorate is successfully helping more people to live more independent and health lives for longer and is reducing spend on care through preventative activity and recovery services such as Reablement. However it still faces significant demographic and cost pressures and we also know that there are significant capacity shortfalls in the system which make it very difficult to provide the right type of personalised care as quickly as we would like.

7.4 Expansion of the Adult Early Help Team to minimise the need for statutory care  
The Adult Early Help team provides an enhanced first response to people contacting the local authority regarding social care. The team help people to access local universal and voluntary sector services, advise on ways in which older people and their carers can organise help for themselves, signpost to sources of information and seek to resolve issues without the need for a formal assessment or care plan. This transformed early help offer is enabling us to find solutions to the needs of the significant majority of people without the need for further local authority involvement. This business case builds on the first phase and proposes continuing the expansion of the Adult Early Help team, so that the team is able to meet more of the need at tier 2, preventing further escalation of need and hence minimising care expenditure. This contributes further savings in 2017/18 as part of the care budget targets in Older People's Services. [A/R.6.146 -£384k]

7.5 Reablement for Older People - Improving effectiveness to enable more people to live independently  
The proposal is for the further development of the Reablement Service to ensure its capacity is maximised and targeted to the right people. This will release additional capacity, allowing it to work with more people, achieve better outcomes and so make a bigger contribution to demand management and cost avoidance. The saving will ultimately therefore be cashed in the Older People's Locality Team care budgets. Working practices will be changed to achieve better workflow and to ensure the cases referred to the service are only those where there is good potential for people to be returned to independence. This work sits alongside the implementation of the Adult Early Help service and the intention that the service will be re-positioned to take a much higher proportion of cases via the Early Help team and so offering Reablement to people with emerging needs rather than only those who are recovering following a period in hospital. [A/R.6.164 -£219k]

7.6 Savings from homecare: re-tendering of homecare to develop the market through a number of best practice initiatives including the expansion of direct payments  
This work will focus on developing alternative approaches to traditional homecare - while still improving service user outcomes, promote independence, and realising savings to the Council. Where people have a direct payment and hire a personal

assistant to meet their care needs the overall cost is lower as the overhead to the homecare agency is removed. Therefore if we can increase the take up of direct payments it will translate into reduced expenditure on homecare. Similarly if we can facilitate the development of community led micro-enterprises offering care to people in their area we will be able to arrange care with a lower unit cost as well as potentially a more person-centred service. We are also preparing to re-commission the main homecare framework contract in 2017 and as well as ensuring we secure the right price for care we are exploring how this contract could move away from a traditional time and task model to offer something more flexible, outcomes focussed and which works across client groups. [A/R.6.143 -£306k]

7.7 *Using assistive technology to support older people to remain independent in their own homes*

The proposal is to invest in and expand the use of smart technology such as Just checking (or similar) equipment to support independence and so reduce care spend in older people's services. As part of a social care assessment the equipment gives us a full report of a person's movements during a given period allowing us to test whether they are able to go about daily life (eating, washing, dressing, going to the toilet) unaided and to check that overnight they are safe at home. This full picture of a person's daily patterns and movements allows us to say with significantly more accuracy and confidence whether they can or cannot cope independently at home. This additional information would allow older people, their families and social workers to only make the decision to recommend a move into residential or nursing care where it is absolutely essential. In this way we can reduce care spending overall whilst ensuring we do make provision for those who cannot be independent in their own homes. [A/R.6.145 -£358k]

7.8 *Administer Disability Facilities Grant within reduced overhead costs*

At present the County Council makes a significant revenue investment of £300k into the Home Improvement Agencies which oversee the Disabled Facilities Grants for each of the District Councils. By working closely with partners and taking a more strategic approach it is anticipated that the County Council will be able to reduce its revenue investment in the cost of administering these services. There will be no reduction in the amount of grant available or the level of service provided to service users, in fact the DFG is being significantly expanded nationally. [A/R.6.149 -£150k]

7.9 *Efficiencies from the cost of Transport for Older People*

Efficiency savings can be made through close scrutiny of the expenditure on transport as part of care packages in Older People's Services. We will work to identify where people might access similar services such as day care which will meet their needs but be closer to home - thereby reducing the required spend on transport. We will identify opportunities to share transport arrangements between older people's services and transport for other client groups where people are accessing services in the same area. We will also be more closely scrutinising the charging policy in relation to transport - ensuring that appropriate contributions are made for the transport elements of care packages. [A/R.6.159 -£100k]

7.10 **Adults and Older People with Mental Health Needs**

7.11 The saving proposals relating to the care of people with mental health needs are shown below. This care is commissioned to the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) which manages these services as part of an integrated health and social care model. We are continuing to work with CPFT to refine the level of savings which can be delivered and so updated figures will be

provided to the November Committee. This may include breaking down some of the targets below into individual initiatives and potentially some re-balancing of the level of savings being sought between Adult Mental Health and Older People's Mental Health Services.

- 7.12 *Providing cost-effective care for adults with mental health needs which supports independence and recovery and keep people within their communities*  
Savings will be delivered by increasing the availability of preventative, enabling and recovery-focussed support in the community. This will decrease the reliance on (more costly) residential care and so reduce the cost of the care plans organised to meet the needs of people aged under 65 with mental health needs. This saving also includes some saving from work with health partners to ensure the right split between social care and health funding. [A/R.6.132 -£830k]
- 7.13 *Providing cost-effective care for older people with mental health needs which maximises independence and recovery, keeps people within their communities*  
Savings will be delivered by helping people to live at home or within semi-independent accommodation rather than requiring full time care in a specialist institution. A reduction in the use of residential and nursing placements, will reduce the cost of the care plans organised to meet the needs of people aged over 65 with mental health needs and so achieve savings. This model supports independence and allows people to maintain links to their communities and social networks. The Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) also plan to review the role of support workers and redirect them to provide an in-house review and reablement function for older people with mental health needs to reduce expenditure on domiciliary care packages. This saving also includes some saving from work with health partners to ensure the right split between social care and health funding. [A/R.6.155 -£193k]
- 7.14 *Adult Mental Health - Establishment of enhanced peer-led community support and befriending service*  
CPFT are developing the business case for the establishment of an expanded peer befriending/community support service delivered by people who have previously had periods of support from mental health services to existing service users. The offer is built on the principle of recovery which moves beyond a narrow focus on symptom reduction to helping people to rebuild lives that they find satisfying, meaningful and valued. The befriending service will be run by the Recovery Team, based within CPFT and would replace tradition forms of community based care with support from people who have been through the same sort of experiences and who can demonstrate the path to recovery and discharge from care. In this way the new service would help people to return to greater independence more quickly, reducing the duration of care packages and releasing cost savings. The model would also enable people with previous mental health challenges to enter, or return to the workplace in a supported environment and contributes to their own long-term recovery. [A/R.6.163 -£250k]
- 7.15 *Efficiency savings from Voluntary Sector Contracts for Mental Health Services*  
Rationalisation of voluntary sector contracts. A review of the contracts and contracting arrangements has identified a number of small-scale efficiency savings. [A/R.6.167 -£130k]
- 7.16 **Adult Social Care Services**
- 7.17 Within the remit of the Adults Committee, the budget under the greatest current

financial pressure is the Learning Disability Partnership which is showing a projected overspend of £1.58m in the Finance & Performance Report as at the end of August. This has a corresponding knock-on effect on the total level of savings which can be achieved in 2017/18. The majority of the savings proposals described below are essentially 'standalone' and have been modelled as deliverable even in the context of the overall budget pressure. The exception is saving A/R 6.114 (currently £2.4m in 2017/18) which relates to a reduced expenditure in the LDP resulting from the re-assessment of care plans for each service user (or groups of people in the same care setting), applying the transforming lives model and the new policy framework agreed by Committee last year. This saving in 2017/18 is in part a year 2 effect of the reassessments being undertaken in this financial year as well as a projection of the additional savings from work in 2017/18. The current overspend is caused in part by the reassessments not yielding the level of cost-reduction anticipated. Although there is a corresponding significant reduction in the savings we expect to achieve in this area, compared to the Business Plan agreed by Full Council in the Spring, it will be necessary for the level of cost reduction achieved to step-up significantly from current performance in order to meet the revised targets. We are taking action to ensure this savings plan is being applied as rigorously as possible with external peer review in place and a changed approach to coordinating the reassessments. The level of spend in this area is such that a significant savings ask unavoidably forms a large part of the target for Adults Services. By the time of the November Committee we will be providing members with updated information, and it may be necessary to revise the target for re-assessments further as this work continues to develop. The closer that CFA can get to a balanced position by year-end, the less the overall pressure on the Council's budget gap will be due to this reason. This will be addressed at the November Committee.

7.18 The saving proposals relating to Adult Social Care Directorate are shown below.

7.19 Retendering for residential, supported living and homecare for people with learning disabilities

The framework contracts for residential and supported living care will come to an end in March 2017, and that for home care in November 2017. These contracts will need to be retendered. This represents an opportunity to ensure that the new contracts incorporate best practice, focussing the service specification on the improvement of service user outcomes, encouraging innovation within the sector, promoting service quality and market sustainability, whilst also realising savings. When retendering these contracts, we will try to secure a reduction in the unit cost for residential, supported living care and home care. The home care contract will be retendered as part of a combined process with the contract for older people's home care services.[A/R.6.115 -£331k]

7.20 Using assistive technology to help people with learning disabilities live and be safe more independently without the need for 24hr or overnight care

By using the right assistive technology we can help people with learning disabilities to live more independently with care workers offering support when needed or when called rather needing to be on-hand 24hrs a day. New and existing care packages for people with disabilities will be reviewed by specialist Assistive Technology and Occupational Therapy staff to identify appropriate equipment which could help disabled people to be safe and live more independently. In particular we will seek to mitigate the need for waking-night or sleep in-support. [A/R.6.116 -£214k]

7.21 Supporting young people with learning disabilities to live as independently as possible in adult life



This proposal is focussed on ensuring that the support we provide for children with learning disabilities and their families prepares the young person to live as independently as possible as adults. Support for independence such as travel training, installing assistive technology, preparing for employment, teaching life skills, making links into community resources, building confidence and resilience and helping families to manage their children's behavioural or physical needs should all begin as early as possible and be embedded throughout children's services. If this groundwork is then supported by good transition planning and the right planning by the Young Adults Team it will allow young people to become more independent of adult support services. This work in children's services and in the Young Adult Team will ensure that those young people transferring to the LDP will be expected to have a reduced level of need for services. [A/R.6.125 -£726k]

7.22 *Developing a new learning disability care model in Cambridgeshire to reduce the reliance on out of county placements*

This work will entail a review of the most expensive out-of-county placements to inform the development of the most cost-effective ways of meeting needs by commissioning new services within county. In particular we know we will need to develop additional in-county provision with the expertise to manage behaviours that may be challenging. By replacing high-cost out of county placements with new in-county provision tailored to our needs we will reduce overall expenditure on care placements. [A/R/6.117 -£140k]

7.23 *Transforming in-house learning disability services*

We will review and make necessary changes to in house services focussed on ensuring that resource is appropriately targeted to provide intensive short term support aimed at increasing independence. We will also identify where we can work with the independent sector to provide for assessed needs in a different way and so consider ending any service that is under-utilised. We will be continuing to provide a respite function both as a day provision and an overnight provision and will ensure that this is appropriately staffed and is cost effective. [A/R.6.122 -£250k]

7.24 *Increasing independence and resilience when meeting the needs of people with learning disabilities*

This saving will be delivered by re-assessing service users through the Transforming Lives approach and the application of policy lines approved by Adults Committee in 2016, thereby designing care plans which increase independence and reduce the reliance on local authority commissioned care. This saving is partly a reflection of the year 2 effect of savings being achieved in 2016/17 from re-assessments. Therefore if we under-deliver the savings in this financial year the savings in 2017/18 will also reduce. We have brought in external capacity and are changing the approach to administering the re-assessments to drive this saving as rigorously as possible; however potentially the total scope may be less than the previous modelling had suggested based on the level and speed of saving we are seeing from work to date. A final recommendation on what is achievable will be made to members at the November Committee. [A/R.6.114 -£2,381k]

7.25 *Supporting people with physical disabilities and people with autism to live more independently*

The focus will be on developing independence and resilience of individuals and their networks through the Transforming Lives approach and the application of policy lines approved by Adults Committee in 2016. This saving is similar in nature to the approach for Learning Disability Clients, but the confidence in delivery is higher as the level of saving being achieved from re-assessments to date is higher and the

overall service budget is within parameters. [A.R.6.111 -£791k]

- 7.26 *Specialist Support for Adults with Autism to increase their independence*  
Proposal for the recruitment of 2 FTE of Specialist Support Workers for a 24 month fixed term period to work with service users with autism to support and teach daily living skills. Savings will be achieved by reducing the need for ongoing care in the plans for these service users. The additional staffing expenditure was approved by General Purposes Committee for 2016 and this would remain in place for a further 18 months from April 2017. [A.R.6.113 -£72k]
- 7.27 *Managing the assessment of Deprivation of Liberty cases within reduced additional resources*  
The March 2014 Supreme Court judgement on the deprivation of liberty requires councils to undertake a large number of new assessments, including applications to the Court of Protection. Funding was made available to increase capacity to undertake best interest assessments and process applications for Deprivation of Liberty Safeguards (DOLS). The national demand for staff who are trained as best interest assessors has meant that it has not been possible to deploy all the available funding in this way. This position is not expected to change, and so a saving has been identified against this budget.[A/R.6.121 -£100k]
- 7.28 *Rationalisation of housing related support contracts*  
In 2016/17 we rationalised contracted services commissioned to support individuals and families to maintain their housing. A contract was terminated in November 2016, with the full-year effect of the associated budget reduction affecting 2017/18. The change agreed during the previous business planning cycle followed a full review of the service involving stakeholders which identified that the support needs currently being met through these contracts could be met by linking in with the multi-disciplinary floating support providers in these areas. This saving is the full year effect of the decision already agreed by members rather than any further change for 2017/18. [A/R.6.123 -£58k]
- 7.29 **Income & Funding Arrangement in Adults Services Care**
- 7.30 In addition to identifying savings, there are a range of ways in which the County Council can increase the income it receives and so close the gap between budget and costs. In adult services this usually focuses on the level of contribution received from individuals or health partners towards the total cost of care provision for each service user. This section therefore describes a number of proposals which will lead to additional income.
- 7.31 *Securing appropriate Continuing Healthcare Funding for people with physical disabilities and ongoing health needs*  
We are reviewing the split of care cost between the local authority and health partners for people with physical disabilities whose needs may meet the criteria for Continuing Healthcare funding. This work is ongoing and we are in dialogue with the Clinical Commissioning Group at both the strategic and operational level about the funding responsibilities to meet these needs. A cohort of cases have been identified for review and our modelling suggests that health budgets should be funding a greater proportion of needs than at present. [A.R.6.112 -£320k]
- 7.32 *Ensuring joint health and social care funding arrangements for older people are appropriate*  
Work with NHS colleagues to review continuing health care arrangements including

joint funding, with a view to ensuring that the decision making process is transparent. This will ensure there is clarity about funding responsibility between social care and the NHS when someone has continuing health care needs. A cohort of cases has been identified where potentially health funding should be included or increased based on a review of needs. Our analysis suggests that work to more accurately determine funding responsibilities will lead to a net improvement of the County Council's financial position. [A/R.6.160 -£164k]

7.33 *Review of Health partner contributions to the Learning Disability Partnership*

As with the above proposals for physical disability and older people people's services, we are negotiating with NHS partners for additional funding, through reviewing the Section 75 funding arrangements with a focus on continuing healthcare and joint funded packages. [A/R.6.118 -£500k]

7.34 *Increase in income from Older People and Older People with mental health's client contributions from increased frequency of reassessments*

Recent work concluded that clients are not always being financially reassessed on a yearly basis. Often people's level of income or assets change significantly between reviews and our auditing suggests that on-average people have additional income which should be reflected in additional contributions. The council will therefore reassess all clients more regularly to ensure that the full and appropriate contributions are being collected. [A/R.6.134 -£381k]

7.35 *Helping older people to take up their full benefits entitlements*

The council will work with service users to ensure that they receive the full benefits to which they are entitled, this is expected to increase service user contributions. [A/R.6.140 -£100k]

7.36 *Increase in income from Older People and Older People with Mental Health's client contributions from a change in Disability Related Expenditure*

The Council has, with the support of LGSS, researched and compared the way in which other local authorities approach allowances made for disability related expenditure (DRE) and respite care when calculating the financial assessment of service users' income. Changes to the Council's current arrangements previously agreed by the Adults Committee will result in an increase in income to the Council through client contributions. [A/R.6.157 -£119k]

7.37 **Cross Directorate Proposals**

7.38 *Enhanced Occupational Therapy Support to reduce the need for double-handed care*

The Double-Up Team was set up as a 'spend to save' initiative with a remit to review care plans for service users to assess whether it is possible to either:

- Reduce existing double-up packages of care to single-handed care
- Prevent single-handed care packages being increased to double-up

It has been found that with the right equipment, techniques and support it is often possible for people to be helped to be mobile just as well and just as safely without the need for 2 carers. Through the actions of the existing team, savings were generated in the region of £1.1m in 2015/16 against the Councils home care budget and are on track to achieve a similar figure in the current financial year. This business case proposes the expansion of the service through the recruitment of an additional two OT workers. As well as continuing to minimise the need for double-handed care for older people living at home the additional capacity will work within

residential care homes to help maintain those placements and prevent a further deterioration of mobility which might require a move to a more expensive nursing setting. A final element of this proposal is focussing this work of the Double-up team more closely into Learning Disability Services where there will also be scope to reduce expenditure on double-handed care. [A/R.6.165 -£252k]

7.39 *Recouping under-used direct payment budget allocations for service users*

The proposal is to establish enhanced central monitoring and coordination arrangements for direct payments - ensuring budget allocations are proportionate to need and any underspends are recouped in a timely fashion. [A/R.6.101 -£395k]

7.40 *Managing the Cambridgeshire Local Assistance Scheme within existing resources*

The Adults Committee has considered proposals for future delivery of this function. A proportion of the budget allocated to this area has been under-utilised, and it is anticipated that this will not need to be added to the funding envelope for the redesigned service and so the budget can be reduced without reducing the offer to families. [A/R.6.161 -£163k]

7.41 *Integration of contracts for drug and alcohol misuse services*

The NHS trust, Inclusion, provides countywide specialist drug & alcohol treatment services. Currently there are separate treatment contracts for alcohol and drugs. Inclusion have agreed to commence full service integration in 2016/17. This will require fewer service leads employed in management grades and reduces the overall management on-costs in the existing contract agreement. It is also proposed to reduce Saturday clinics and/or move to a volunteer/service user led model for these clinics [A/R.6.001 -£100k]

## **8 KEY INVESTMENTS**

8.1 In addition to the savings proposals the business plan includes a number of proposed investments. These are summarised in section 2.7 and are largely enabling funding for the proposals described above. Additional detail regarding some of the key investments is below.

8.2 *Piloting a transformed model of Social Care*

Proposal to pilot a new and very different model of social care informed by innovative practice in other areas, including the successful Buurtzorg model developed in Holland and the work of the 'My Support Broker' organisation. We want to pilot a transformed system which gives practitioners far greater control over care, based around small independent teams working in a neighbourhood or community. The teams would organise, and be responsible for all aspects of care within the community and would operate with full autonomy, responding flexibly rather than by applying standard processes. The pilot would also encompass new approaches to developing additional community-led care capacity and helping people to organise their own care rather than relying on a traditional model. The intention is to bring forward a transformation bid to pilot the model of care in a number of patches across Cambridgeshire during 2017/18 and 2018/19. The key outcomes we specifically want from this work are:

- Freeing up staff to work with the people we need them to work with, in the way we want them to work
- Generating capacity where we currently have capacity gaps, particularly in home care

- Reducing the cost of care
- Reducing overhead costs – both in terms of back office and home care
- Setting ourselves up for the future – the learning from the pilot sites would then be the basis for the wider transformation of the whole system

As well as the focus on local authority practice the pilots will also allow us to further deepen the partnership work with local health teams, building on the learning from the Trailblazer sites and being aligned closely with the new Neighbourhood teams, the primary care programme and any other local health leads. At this stage a specific savings cannot be modelled as the pilot is required to test the concepts. However this programme is considered vital the ongoing sustainability of the budgets for care in the longer term and the potential financial impacts will be set out in the business case in November. [A/R.6.147]

## **9 NEXT STEPS**

9.1 Business planning proposals will continue to be refined and developed in the coming months. Updated proposals will be presented to Committees again in November and are finalised in February at Full Council. The schedule is shown in the table below.

9.2	November	Service Committees will review draft proposals again, for recommendation to General Purposes Committee
	December	General Purposes Committee will consider the whole draft Business Plan for the first time
	January	General Purposes Committee will review the whole draft Business Plan for recommendation to Full Council
	February	Full Council will consider the draft Business Plan

9.3 Officers are continuing to develop new proposals and refine existing to address the remaining unidentified savings gap. In particular some of the areas where we think there may be scope for business cases to come forward are include; our crisis response approach in Older People's Services, exploring different models of respite provision and expanding the use of assistive technology into other clients groups – including young adults transitioning into services

## **10 ALIGNMENT WITH CORPORATE PRIORITIES**

10.1 **Developing the local economy for the benefit of all**

10.2 Care providers are major employers across the County. The national living wage is driving pay increases in this part of the economy.

10.3 **Helping people live healthy and independent lives**

10.4 Supporting people's independence is a central principle of our business plan and transformation programme and where this can be achieved through prevention, early help or recovery we will reduce the cost of public services and support people's desire to avoid or delay the need to rely on public services. The individual community impact assessments for each proposal will highlight those which impact on people's ability to be healthy and independent.

10.5 **Supporting and protecting vulnerable people**

- 10.6 The proposals prioritise support and protection for vulnerable people and are designed to ensure we deliver all of our statutory duties to these groups despite the difficult financial position. The detail of the impact of the proposals on our ability to support and protect vulnerable people will be provided within the community impact assessments for each proposal.

## **11 SIGNIFICANT IMPLICATIONS**

### **11.1 Resource Implications**

- 11.2 The proposals set out respond to the financial context described in sections 1-3 and the need to dramatically change our service offer and model to maintain a sustainable budget. An overview of the resource implication is provided in section 3 and described in more detail through the paper. The full detail of the impact of the proposals on existing budgets is described in Table 3 of the business plan, attached as appendix 3.

- 11.3 The proposals seek to ensure that we make the most effective use of available resources and are delivering the best possible services given the reduced funding.

- 11.4 This set of business planning proposals, is subject to some financial risk. In particular the proposals for reduced spending on statutory care budgets represent ambitious targets for budgets which are 'demand-led' and therefore not fully controllable. We will always need to meet statutory needs and so we are reliant on our early help and preventative activity being successful in reducing demand. If this is not successful then further savings will have to be found elsewhere.

### **11.5 Statutory, Risk and Legal Implications**

- 11.6 The proposals set out in this report respond to the statutory duty on the Local Authority to deliver a balanced budget.

- 11.7 The community impact assessment for each relevant proposal provides further detail about the anticipated impact, including reduction in help provided within statutory frameworks. These draft assessments are attached as appendix 2, although they will be refined further as the business plan develops.

- 11.8 There is a level of risk contained within the proposals. As we reduce the number of people who receive our specialist and intensive support, it follows that more risk will be held within communities and families. Similarly, our workforce will need to operate within the context of this higher level of risk and will need very different skills from now. We are likely to see an increase in the number of complaints to the Council and the Local Government Ombudsman, for example, as people seek to challenge the difficult decisions we will be making.

### **11.9 Equality and Diversity Implications**

- 11.10 The Community Impact Assessments describe the impact of each proposal, in particular on vulnerable or minority groups, highlighting in particular any disproportionate impacts on these groups in comparison to the populous as a whole.

#### **11.11 Engagement and Consultation Implications**

- 11.12 Our business planning proposals are informed by our knowledge of what communities want and need. They are also be informed by the CCC public consultation on the Business Plan and will be discussed with a wide range of partners throughout the process (some of which has begun already). Where business planning proposals are linked to specific policy changes these policy revisions are subject to separate consultation with the relevant service user groups and other stakeholders. The feedback from consultation will continue to inform the refinement of proposals. Where this leads to significant amendments to the recommendations a report would be provided to the Adults Committee. Appendix 1 shows a list of partners and external forums for consultation activity over the coming weeks and months.
- 11.13 Draft Community Impact Assessments (CIAs) for the savings proposals are attached to this paper for consideration by the Committee at appendix 2. These are the initial considerations by local authority officers but they will need to be further developed based on consultation with service users and stakeholders which is likely to either alter the proposal or provide a refined view of the impact.

#### **11.14 Localism and Local Member Involvement**

- 11.15 The proposals set out in this report, particularly in the latter years, are predicated on empowering communities (both geographical and of interest) to do more for themselves, as we shift our focus from meeting the needs of individuals to supporting communities and families. The County Council's Community Resilience Strategy, sets out in detail how we will work to support local people and local leaders to play an even more active role in meeting the needs of services, in the context of the diminishing support from statutory services. The success of that strategy will be essential to the delivery of the business planning proposals set out above.
- 11.16 As the proposals develop, we will have detailed conversations with Members about the impact of the proposals on their localities. We are working with members on materials which will help them have conversations with Parish Councils, local residents and other groups about where they can make an impact and support us to mitigate the impact of budget reductions.

#### **11.17 Public Health Implications**

- 11.18 A number of the proposals within this report will have implications for the health of children and young people. We are working closely with Public Health colleagues as part of the operating model to ensure our emerging Business Planning proposals are aligned. In particular the paper discusses work to consider savings from the Drug and Alcohol Action Team budget, the implications of which will be consulted on as part of the development of proposals.

## **Appendix 1 – Consultation Forums**

The draft business planning proposals and their associated community impact assessments will be shared and discussed with the groups and forums listed below to seek feedback and refine the plans. This consultation is in addition to the public consultation on the business plan which is ongoing.

<b>Older People and Mental Health</b>
Mental Health Governance Board
Public Service Board
Health Executive Board
NHS Transformation Board
Voluntary and Community Sector – via relevant umbrella groups
Health and Wellbeing Support Group
On-line on CCC website
Older People Partnership Board
Better Care Fund - Delivery Board
<b>Adult Social Care</b>
Learning Disability Partnership Board
Physical Disability / Sensory Services Partnership Board
Autism Consortium
Carers Partnership Board
Safeguarding Adults Board
Adult Social Care Provider Forums
Learning Disability Forum (Link with ART)
Cambridgeshire Alliance for Independent Living
<b>Children's Social Care &amp; Enhanced and Preventative Services</b>
Community Safety Partnership
Parent Partnership Service
Parents of children with sensory impairment
Using the E and P Voice group to coordinate some engagement and conversations with groups of people
Participation Guidance Group



Local Family Justice Board
Volunteering Matters (previously ViCP)
Local Safeguarding Children Board
MASH Governance Board
Corporate Parenting Board
<b>Learning Services</b>
Cambridgeshire Primary Heads
Cambridgeshire Secondary Heads
Teacher Unions
Governor Advisory Group
Cambridgeshire School Improvement Board
Schools Forum (administered by Democratic Services)
<b>Strategy and Commissioning</b>
Children's Health Joint Commissioning Board
SEND Commissioning Board
Joint Commissioning Unit (with PCC and CCG)
Children, Maternity and Young People's Programme Board
Cambridgeshire Special School Heads
Pinpoint
Children's Trust and Area Partnerships

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Tom Kelly
<b>Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?</b>	No
<b>Are there any Equality and Diversity implications?</b>	Yes – described in individual CIAs and checked by individual leads for each proposal Name of Officer: various
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes – Simon Cobby and Mark Millar
<b>Are there any Localism and Local Member involvement issues?</b>	Not at this stage – proposals are countywide but where the detail of implementation involves individual patches this would be alerted to members
<b>Have any Public Health implications been cleared by Public Health</b>	Yes – discussed with Liz Robin at SMT

### COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Adult Social Care		Name: Teresa Cockette.....
<b>Proposal being assessed</b>		Job Title: Policy Development manager ASC
Ensuring direct payment budget allocations are proportionate to need through closer monitoring		Contact details: 01223 715568.....
		Date completed: 20/9/2016 .....
		Date approved: .....
<b>Business Plan Proposal Number (if relevant)</b>	A/R.6.101	
Aims and Objectives of the Service or Function affected		
<p>Currently the business process for setting up new direct payments and the monitoring of direct payments sits in/across different teams and services:-            Business support process is carried out within each team across adult's services and is usually dependent on one single member of staff with some knowledge of Direct payments to carry out the setting up process.</p> <p>The Direct Payment Monitoring (DPMOs) is carried out by a central team which currently sits in Learning Disability services. The DPMO team are reliant on the locality teams to notify them of any new DP being set up, this notification enables the DPMOs to put in place the monitoring process.</p> <p>A recent audit report identified that the lack of centralised coordination and impact amongst the roles responsible for direct payment monitoring was a root cause of the lack of monitoring. The main reasons were:-</p> <ol style="list-style-type: none"> <li>1. Locality teams were not remembering to notify/refer to the DPMOs for monitoring.</li> <li>2. Information management system was not set up for reporting when a new DP had been set up by the planned care team, or when a DP had been changed or discontinued.</li> <li>3. Information received by the teams to DPMOs was scant and did not include correct details</li> <li>4. Impact of poor loading, adjustments or general poor recording by the locality teams make monitoring challenging</li> </ol> <p>The current process as detailed above contributes to the fact that we are not monitoring around 25% of people who have a direct payment in Cambridgeshire. This has a potential value of £395.00 per annum of unspent monies not returned to the LA in a timely manner.</p>		
What is the proposal?		

Improving central monitoring and coordination arrangements for direct payments - ensuring budget allocations are proportionate to need and any underspends are recovered. Done through making arrangements for direct payments – ensuring budget allocations are proportionate to need and any underspend are recouped in a timely fashion.

Once centralised the team will act as a central control on the setting up and monitoring of direct payments across CFA, this will include:- creating and setting up on Adult Finance management system (AFM) sending out, following up and processing key documentation, monitoring spend, providing information for and too people who have a direct payment, monitoring spend of direct payment notifying teams of any inappropriate or unusual spend, notify teams of reviews that need to be completed and where there appears to be any noncompliance of spend as specified in the Direct payment agreement notify teams. The central team will be a single point of contact for any support organisation and locality teams and have specialist knowledge in the field of Direct Payments.

#### **Who will be affected by this proposal?**

Currently as the knowledge about setting up of a direct payment and the ongoing monitoring of a direct payment is varied, customers will potentially have a very different experience when it comes to the setting up arrangements.

Having a centralised team will start to drive consistency, efficiency and offer a more equal approach which should improve customer experience and overall business monitoring.

The central team will offer the same approach across all of adult service the will build professional relationships with all customers, staff and providers and be the go to team for expert advice in relation to the business and monitoring side of Direct payments.

#### **What positive impacts are anticipated from this proposal?**

Having a centralised team should reduce the oversight of monitoring, enable the central team to develop reports that link practice to DP provision, and maintain oversight of spend and financial reconciliation as well as removing paperwork from Social Care Practitioners.

Additionally the central team will be a single point of contact for customers, LA staff, and direct payment support service.

Provide a more Efficient setting up of a direct payment.

Apply a consistent application of policy and procedures

Improve communication to all

Provide expert knowledge to customers and staff

Reduce workload of locality business support teams.

Potential to bring in more income to the LA due to increased monitoring of all direct payments.

##### **Management Benefits**

Improved management oversight of direct payment process: reduction in number of unsigned agreements, better service user understanding of legal framework, improved signing of authorised person agreements and better compliance with care act directives around capacity and direct payment.

Better budget management reporting in relation to claw back (audit finding)

Fiscal management in relation to fraud and mis spending benefits of close communication between admin and DPMOs

##### **Service user benefits**

Timeliness – will been seen as priority in setting up on the systems

Delays in processing a direct payment request should reduce

One point of contact for service user

##### **Benefits to locality teams**

Reduced work load for SW practitioners (refer to business support role).

Better management info – more accurate budget forecast.

One point of contact for locality teams.

Improvement in communication around service user contribution following financial assessment.

A process for reporting and auditing fraud/ ease of access for the SOVA leads.

**Opportunity**

Increasingly we are being asked for information relating to the number of Personal Assistance employed by Service Users. Currently CCC do not record such data In addition with a central team it is an opportunity to think about management of employer and PA information :

**What negative impacts are anticipated from this proposal?**

Some work will need to be completed with the locality team as they currently do not complete the necessary paperwork to enable the timely processing of a direct payment, without this information being provided correctly the central team will struggle.

Some practice issue will need to be addressed i.e. how to deal with split packages arranged provision and direct payment?

**Are there other impacts which are more neutral?**

## Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

### Details of Disproportionate Impacts on protected characteristics and how these will be addressed

### Version Control

Version no.	Date	Updates / amendments	Author(s)
1.0	19.9.2016		T. Cockette

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Adult Social Care		Name: Sunny Singh  Job Title: Strategic Development Manager  Contact details: 01223 699234  Date Completed: 20/9/2016  Date Approved:
Service / Document / Function being assessed		
Care Act - part reversal of previous savings (Community Navigator service)		
Business Plan Proposal Number (if relevant)	A/R.6.102	
Aims and Objectives of Service / Document / Function		
<p>The Community Navigator service has been an innovative scheme which has helped bridge the gap between local communities and the statutory and voluntary sector, supporting older and vulnerable adults to find local solutions to help people remain independent, safe and well for as long as possible. The project has been funded for four years (October 2012 – October 2016) for a total of £262,603 per year.</p> <p>The Navigators are pro-active, local volunteers who help people to find their ways to activities or services. Community Navigators seek out isolated older people as well as respond to enquiries or referrals and have detailed knowledge of activities and services available in their local area. The Navigators inform older people about locally available services and signpost or help them to access those services to help maintain and/or improve the health, well-being and independence.</p>		
What is changing?		
<p>There is a £60K deficit on Care Act funded schemes going into 2017/18, and a further £60K required to fund a new Community navigator scheme. A previous £400K saving that was taken from Care Act funding will be part-reversed to fund this.</p> <p>An expansion to the current service. Additional funding is being sought to support extra resource within the service with the future service, post October 2016 focusing on the elements outlined below:</p> <ul style="list-style-type: none"> <li>• <b>Support for ASC Older Peoples Team</b> - This element would build upon the relationships the Community Navigators have already formed with our ASC OP teams. Community Navigators staff would work alongside our Older Peoples Teams, providing a resource, offering a person-centred approach by ensuring that Tier one/ two conversations and solutions take place. It is recommended that a District Coordinator will sit within our OP Locality Teams one-day-per-week.</li> <li>• <b>Dedicated Mental Health resource</b> - A recurrent issue within the service is that some people do not take action based on the information they have asked for. The service has identified, that in the majority of cases, this is because people are suffering from low level mental health needs such as depression, anxiety or lack of self-esteem. It is therefore recommended that the Wellbeing Worker is a core element of the Community Navigator service to provide support for Navigator clients who might be perceived as having more complex wellbeing or low level mental health needs.</li> <li>• <b>Expansion of existing service to include people aged 18+ with a disability, long term condition or other vulnerability</b> - Although the original model targeted adults over 65, it is suggested that the work is widened to include all adults who are vulnerable, in particular older people, carers and adults (18 years +) affected by disability (learning disability, physical disabilities, sensory impairments), and/ or mental health problems;</li> </ul>		

- **Information, Advice and Guidance (IAG)** - It is recommended that all Community Navigator staff are trained to an IAG Level 3 standard. This would support the Navigators in providing more practical solutions through the appropriate advice and guidance;
- **Volunteer recruitment and retention** – to provide more capacity for the District Coordinators to develop working relationships with our Older Peoples Team and to work on more complex cases it is recommended that a specific role, focusing on the recruitment and retention of volunteers is established within the Navigators model.

#### Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

Sunny Singh, Strategic Development Manager  
Carol Williams, Strategic Development Manager  
Louise Tranham, Contracts Manager

#### What will the impact be?

Tick to indicate if the impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age	X		
Disability	X		
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	
Deprivation		X	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

#### Positive Impact

The expansion of the service will support older and people with disability, more resource within the service will allow more people to access it.

#### Negative Impact

None identified

#### Neutral Impact

The expansion of the service is not expected to have any impact on protected characteristics.



Issues or Opportunities that may need to be addressed
None identified

**Community Cohesion**

If it is relevant to your area you should also consider the impact on community cohesion.

Neutral impact
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DRAFT

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
CFA, Adult Social Care		Name: Linda Mynott  Job Title: Head of Disability Service  Contact details: 01480 373220  Approved 14/10/15	
Service / Document / Function being assessed			
Supporting people with physical disabilities and people with autism to live more independently			
<b>Business Plan Proposal Number (if relevant)</b>	A/R.6.111		
Aims and Objectives of Service / Document / Function			
<p>The Physical Disability Team and Adult and Autism Team in the context of the Transforming Lives model will focus on maintaining and increasing independence and the use of community resources and family networks where these are able to meet a person's needs. There will be an expectation that people access the Reablement service and Assistive Technology. Through this work we will reduce dependence on and provision of ongoing social care services. For those people who receive social care services, the Teams will ensure that eligible needs are met in the most cost effective way possible. This approach will include the expectation that people pay for chosen activities where the specific activity is a choice rather than the only way that eligible needs can be met. The Teams will continue to use a benchmark cost of what we would expect to pay for each type of care provision.</p>			

What is changing?
<p>The focus will be on developing independence and resilience of individuals and their networks through the Transforming Lives approach and the application of policy lines approved by Adults Committee in 2016.</p> <p>The Physical Disability &amp; Autism &amp; Adults Teams will reduce expenditure on ongoing social care services through:</p> <ul style="list-style-type: none"> <li>Ensuring people have access to information and advice to help them themselves</li> <li>Ensuring people have access to support when they need it to assist them through unstable periods/crisis in order to maintain independence</li> <li>Considering community resource before provision of statutory support</li> <li>Using local resources to avoid the need for transport</li> <li>Setting progressive goals to increase/regain independence to negate or reduce the need for ongoing support</li> <li>Supporting carers through a new model of carers support</li> <li>Increased use of mobile technology for practitioners, saving time and travel expense</li> <li>Working with CYPS to improve preparation for independence - focussing on lifelong skills and employment skills for children with disabilities whilst still in education</li> <li>Ensuring that eligible needs are met in the most cost effective way possible, with benchmarking of unit costs being used to inform this approach</li> <li>An acceptance of greater levels of risk where services are meeting needs but not going beyond this to cover situations that might arise e.g. temporary changes in condition</li> <li>Expectation that people pay for activities that are their choice rather than specifically required to meet assessed eligible needs.</li> <li>Where there are a number of different ways to meet eligible needs, the most cost effective way will be adopted</li> </ul>

In addition practitioners will continue to:

- Work closely with partners; health, voluntary orgs
- Maximise the use the Reablement Service to promote independence
- Maximise use of Housing Related Support Services
- Maximise the use of sensory equipment
- Maximise moving and handling reassessments to reduce the use of 'double of care'
- Continue to maximise access to Visual Impairment Rehabilitation and Occupational Therapy
- Maximise the use of Assistive Technology

**Who is involved in this impact assessment?**

e.g. Council officers, partners, service users and community representatives.

All relevant Adult Social Care managers  
Council Officers

**What will the impact be?**

Tick to indicate if the impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age			X
Disability			x
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			X
Deprivation		X	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

**Positive Impact**

The service is only provided to people with specific needs that meet the national eligibility criteria for social care and so the positive impact of the changes will be focused on people with those "characteristics".

- People will have access to the information and advice they need to help themselves and will be well supported at all levels to maximise their independence and to increase inclusion in their local communities
- Young people will be supported to maximise the skills needed for adulthood before reaching the age of 18.

**Negative Impact**

The service is only provided to people with specific needs that meet the national eligibility criteria for social care and so the negative impact of the changes will be focused on people with those "characteristics".

- Where it is possible to meet eligible needs and reduce the expenditure on the social care package, some people will have a change in their package and an associated reduction in their personal budget.
- Support/provision will be informed by the most cost effective way to meet assessed needs.

- Greater expectation on carers to continue to provide care and support may lead to more pressure on carers

#### **Neutral Impact**

- The characteristics where the impact is deemed as neutral are those which are not relevant as no distinction is made when delivering the service.

#### **Issues or Opportunities that may need to be addressed**

- Ensure adequate capacity of re-ablement and housing related support services
- Ensure practitioners across ASC have adequate knowledge of Sensory Services
- Availability of mobile technology for staff
- Work with partner agencies/organisations to increase local opportunities/activities for people with a disability
- Ensure that information, advice and guidance is accessible for all across the county
- Services in place that support progression/maximising independence
- Ensure that the service/personal budget offered is sufficient to meet eligible needs in the most cost effective way
- Ensure all practitioners across ASC have an up to date awareness of Assistive Technology
- Ensure practice is in line with the councils Transforming Lives approach

#### **Community Cohesion**

If it is relevant to your area you should also consider the impact on community cohesion.

The proposals are underpinned by the intention to reform adult social care which will mean that there is a much stronger focus on supporting people within their community and this will have a positive impact on community cohesion

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Adult Social Care		Name: Linda Mynott  Job Title: Head of Disability Services  Contact details: 01480 373252  Date completed: 13.09.16  Date approved: .....
Proposal being assessed		
Securing appropriate Continuing Healthcare Funding for people with physical disabilities and ongoing health needs		
Business Plan Proposal Number (if relevant)	A/R.6.112	
Aims and Objectives of the Service or Function affected		
Physical Disability and Adult & Autism Team practitioners will identify health needs as part of their assessment process.		
What is the proposal?		
<p>Careful consideration of the needs of people with complex needs to identify where these needs meet the criteria for Continuing Healthcare and full funding by the CCG</p> <p>Physical Disability and Adult &amp; Autism Team will continue to identify health needs as part of their assessment process. Applying for joint or full health funding where appropriate. Managers of the services will ensure that all practitioners in the teams receive Continuing Health Care training and build relationships with relevant health partners.</p>		
Who will be affected by this proposal?		
<p>Service users in receipt of full Continuing Health Care will no longer be required to contribute financially towards their support.</p> <p>The responsibility for the provision of their support will transfer from the local authority to health.</p>		
What positive impacts are anticipated from this proposal?		
<p>Services users will receive the appropriate level of health funding to support their care needs and those in receipt of full Continuing Health Care will no longer be required to contribute towards to care.</p> <p>Increased health funding will reduce demand on the Physical Disability and Adult and Autism Service budgets.</p>		
What negative impacts are anticipated from this proposal?		
No foreseeable negatives		
Are there other impacts which are more neutral?		
No		

### Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

### Version Control

Version no.	Date	Updates / amendments	Author(s)
1.0	13.9.2016		L.Mynott

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Adult Social Care		Name: Linda Mynott  Job Title: Head of Disability Services  Contact details: 01480 373252  Date completed: 13.09.16  Date approved: .....
Proposal being assessed		
Specialist Support for Adults with Autism to increase their independence		
<b>Business Plan Proposal Number (if relevant)</b> A/R.6.113		
Aims and Objectives of the Service or Function affected		
<p>The Adult and Autism Team was created in April 2014 to meet the needs of Vulnerable Adults who do meet access criteria for Learning Disability Partnership, Physical Disability or Mental Health Services.</p> <p>The team consists of a Senior Social Worker, 1.5 Social Workers and 1.5 Adult Support Co-ordinators. The Team is managed by a 0.5 hr Service Manager and 0.5 hr Team Manager.</p> <p>Referrals to the team come through transition from Children's Services and the Contact Centre. Whilst the majority of people who present to the service are on the Autistic Spectrum the team support people with a variety of other vulnerabilities.</p> <p>In recognition that people on the Autistic Spectrum benefit from occasional assistance during an unplanned event or crisis, a preventative service was commissioned from the National Autistic Society (NAS) to provide 1:1 support through 2 x 0.8 hr Support Workers, working across the County. NAS has the benefit of being co-located with CLAS, the Adult Autistic Spectrum Disorder Diagnosis Centre and importantly people are able to self-refer. The work of the NAS support workers spans offering information and advice on diagnosis, assistance (can be re-occurring) during a crisis or unplanned event and one to one short/medium term goal focused support.</p>		
What is the proposal?		
<p>It is recognised that the support offered by NAS is not sufficient to cope with developing demands, in particular the 1:1 support. As it has not yet been possible to determine future commissioning arrangements for people on the Autistic Spectrum, or other vulnerabilities, the proposal is to introduce 2 x full time equivalent Council Support Workers, who would sit with the Adult &amp; Autism Team for a fixed term period of 12 months. The workers will provide short/medium goal focused intervention, assisting people to maximise their independence and reducing the need for ongoing statutory support.</p> <p>The work of the 'in house' Support Workers will be monitored and evaluated to inform future commissioning arrangements.</p>		
Who will be affected by this proposal?		
<p>Recruitment of 2 full time Support Workers for a 24 month period to work with service users to develop skills and access opportunities such as training or employment that would reduce the need for social care support.</p> <p>The proposal will affect people on the Autistic Spectrum and Vulnerable Adults who do meet access criteria for Learning Disability Partnership, Physical Disability or Mental Health Services and are deemed to meet eligibility criteria.</p>		
What positive impacts are anticipated from this proposal?		

Increased independence and wellbeing for people using the service.  
Financial savings for Cambridgeshire County Council.  
Assisting with monitoring and evaluating current and future need.

**What negative impacts are anticipated from this proposal?**

Existing service users may need to adjust to a change in the way that support is provided; working towards greater independence.

**Are there other impacts which are more neutral?**

No

**Impacts on specific groups with protected characteristics**

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	
Disability	X
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

**Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

This proposal directly affects people on the Autistic Spectrum and Vulnerable Adults who meet the eligibility criteria for services; the impact will be a positive one

**Version Control**

Version no.	Date	Updates / amendments	Author(s)
1.0	13.9.2016		L.Mynott



## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Adult Social Care		Name: Tracy Gurney  Job Title: Head of The Learning Disability Partnership  Contact details: 01223 714692  Date completed: 19.09.16.....  Date approved: .....
Service / Document / Function being assessed		
Increasing independence and resilience when meeting the needs of people with learning disabilities  Transforming in-house learning disabilities services		
<b>Business Plan Proposal Number (if relevant)</b>	A/R.6.114, A/R.6.122	
Aims and Objectives of Service / Document / Function		
<p>The Learning Disability service in the context of the Transforming Lives model will focus on maintaining and increasing independence and the use of community resources and family networks where these are able to meet a person's needs. Through this work we will reduce dependence on and provision of ongoing social care services. For those people who receive social care services, the Teams will ensure that eligible needs are met in the most cost effective way possible. This approach will include the expectation that people will pay for chosen activities where the specific activity is a choice rather than the only way that eligible needs can be met, that where possible assistive technology will be used to promote independence and reduce demand on social care services, particularly staffing.</p>		
<p><b>What is changing?</b>          Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.</p>		
<p>The focus will be on helping individuals be independent and resilient through the Transforming Lives initiative, together with policies approved by Adults Committee in 2016. Care and support will focus on developing skills and opportunities, wherever possible, to increase independence. In the short term this may include more intensive support in order to reduce reliance on social care support in the longer term.</p> <p>We will review and make necessary changes to in house services focussed on ensuring that resource is appropriately targeted to provide intensive short term support aimed at increasing independence. We will also identify where we can work with the independent sector to provide for assessed needs in a different way and so consider ending any service that is underutilised. We will continue to provide a respite function both as a day provision and an overnight provision and will ensure that this is appropriately staffed and is cost effective.</p> <p>The funding for the LDP operates a pooled budget bringing together through a section 75 arrangement health and social care funding. Whilst the budget proposals relate to the CCC element of funding it is necessary to maintain the agreed financial contribution to the pool and therefore the LDP service needs to make an additional 20% saving to that outlined in the CCC financial tables.</p> <p>The integrated Learning Disability Teams and in-house providers services will reduce expenditure on ongoing health and social care services through:</p> <ul style="list-style-type: none"> <li>• Ensuring people have access to accessible information and advice to help them themselves</li> <li>• Ensuring people have access to support when they need it to assist them through unstable periods/crisis in order to maintain independence.</li> <li>• Considering community resource and family or social network support before provision of statutory support</li> <li>• Using local resources to avoid or reduce the need for transport</li> <li>• Setting progressive goals to increase/regain independence to negate or reduce the need for ongoing support</li> <li>• Supporting carers through the model of carers support</li> </ul>		

- Increased use of mobile technology for practitioners, saving time and travel expense
- Increased use of Assistive Technology to increase independence and reduce the need for staffing where assessed risks allow.
- Working with CYPS to embed the principles of increasing independence in life skills alongside educational attainment in preparation for greater independence in adulthood therefore reducing need for services over a person's lifetime.
- Ensuring that eligible needs are met in the most cost effective way possible,
- An acceptance of greater levels of risk where services are meeting needs but not going beyond this to cover situations that might arise e.g. temporary changes in condition
- Expectation that people pay for activities that are their choice rather than specifically required to meet assessed eligible needs.
- Reducing the number of activities in care packages that are related to social inclusion where a person already attends education / community groups or lives with others.
- Expectation that where 24 hour care and support is funded that providers will be expected to meet social inclusion and activity needs within that funding.
- Accepting a higher degree of risk within care packages by withdrawing aspects that are currently in place to mitigate likelihood of a situation occurring rather than actual risk.
- Identifying where people attend activities / services with one to one support and where possible commission shared support in these situations which will be more cost effective. This will include identifying opportunities for activities which meet assessed needs being provided more cost effectively in groups rather than individually.
- Review of current performance delivery and capacity of in house services to ensure this is as cost effective as possible. This will include a review of staffing structure and use of agency and relief staff.
- Consider any scope for rationalisation of in house respite services with independent sector providers.

In addition practitioners will continue to:

- Work closely with partners; health, voluntary orgs
- Focus on people placed out of county or in high cost placements and establish new more cost effective provisions within county.
- Use assistive technology to reduce the need for care staff particularly waking night staff.
- Meet the requirements of the winterbourne concordat and transforming care agenda.
- Only commission single person services where this is an assessed eligible need.

#### Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

Council Officers

#### What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age			X
Disability			X
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			X
Deprivation		X	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
<p>The service is only provided to people with specific needs that meet the national eligibility criteria for social care and so the positive impact of the changes will be focused on people with those “characteristics”.</p> <ul style="list-style-type: none"> <li>• People will have access to the information and advice they need to help themselves and will be well supported at all levels to maximise their independence and to increase inclusion in their local communities</li> <li>• Young people will be supported to maximise the skills needed for adulthood before reaching the age of 18.</li> </ul>
Negative Impact
<p>The service is only provided to people with specific needs that meet the national eligibility criteria for social care and so the negative impact of the changes will be focused on people with those “characteristics”.</p> <ul style="list-style-type: none"> <li>• Where it is possible to meet only eligible needs within a reduced level of funding on the health and social care package this will be implemented and therefore it is anticipated that a number of people will have a change in their package and an associated reduction in their personal budget to fund that package.</li> <li>• Choice will be informed and limited by the most cost effective way to meet assessed needs.</li> <li>• Greater expectation on carers to continue to provide care and support may lead to more pressure on carers however carers have a right to their own assessment and care plan under The Care Act and their needs will be taken into account in this way.</li> <li>• Expectations on independent sector providers to meet needs around social inclusion and activity within their funding to a greater extent than is expected currently.</li> <li>• Greater expectation on community resources to help meet the needs of those with a Learning Disability in their local area. Some areas of the county are currently in a better position than others to do this.</li> </ul>
Neutral Impact
<p>The characteristics where the impact is deemed as neutral are those which are not relevant as no distinction is made when delivering the service.</p>
Issues or Opportunities that may need to be addressed
<ul style="list-style-type: none"> <li>• Ensure resources in local communities are accessible to people with learning disabilities though teams working proactively and having a presence in those communities.</li> <li>• Ensure practitioners have knowledge and promote the use of assistive technology</li> <li>• Availability of mobile technology for staff</li> <li>• Work with partner agencies/organisations to increase local opportunities/activities for people with a disability</li> <li>• Ensure that information, advice and guidance is accessible for all across the county</li> <li>• Services in place that support progression/maximising independence</li> <li>• Ensure that the service/personal budget offered is sufficient to meet eligible needs in the most cost effective way</li> </ul>

## Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

The proposals are underpinned by the intention to reform adult social care which will mean that there is a much stronger focus on supporting people within their community and this will have a positive impact on community cohesion

### Version Control

Version no.	Date	Updates / amendments	Author(s)
1.0	19.9.2016		T.Gurney

DRAFT

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Adult Social Care		Name: Tracy Gurney  Job Title: Head of The Learning Disability Partnership  Contact details: 01223 714692  Date completed: 19.09.16.....  Date approved: .....
Service / Document / Function being assessed		
Retendering for residential and supported living care for people with learning disabilities		
Business Plan Proposal Number (if relevant)	A/R.6.115	
Aims and Objectives of Service / Document / Function		
<p>The learning Disability Partnership commissions a number of services from private and voluntary sector providers in response to the assessed eligible needs of individuals. These arrangements are through a number of framework contracts including those for 'residential and nursing' and 'supported living' the current framework contract for these services is due to expire on 31.3.16 with an option to extend for a further year. The framework contracts ensure legal arrangements with providers and clear specifications for quality of the services to be provided.</p> <p>Currently fees set weekly for residential and nursing care and hourly for supported living.</p>		
What is changing?		
<p>Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.</p>		
<p>Contracts will be retendered in 2017-18 with the intention of reducing the unit cost of care. We have the opportunity to re-tender for services with clear parameters around price, imposing a ceiling price for Residential, nursing and Supported Living Services. Ceiling prices will be identified through in-depth analysis of current spend and current contract prices to identify a ceiling price for these services.</p> <p>Pricing schedules will require providers to breakdown their costs and in particular staff pay to assist in inflation related fee increases and negotiations linked to National Living wage in the future.</p> <p>Regional Terms and Conditions will also be adopted for Residential services. This will enable Cambridgeshire to both contribute to regional data and rely on regional data from other Local Authorities, credit agencies and CQC collated at a regional level.</p> <p><u>Who will be affected:</u></p> <p>Impact on the market – consultation with providers about fee structure and service specification to encourage applications, competition, and choice for service users. Support will also be offered to providers to undertake the process to improve successful bids and range of services available to meet need.</p> <p>Consultation with Service User groups</p> <p>Resources are required to facilitate the tender and require support from LDP, ART, procurement colleagues and project support (specifically Business Analyst)</p> <p>High resource demand on providers to complete tender</p> <p>Unsuccessful providers where service users in placement - impact on individuals using the services will be managed based on risk and support to improve/meet specification where appropriate.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
Council Officers		

**What will the impact be?**

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability			X
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			X
Deprivation		X	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

<b>Positive Impact</b> <p>The service is only provided to people with specific needs that meet the national eligibility criteria for social care and so the positive impact of the changes will be focused on people with those “characteristics”.</p> <p>This work will aim to achieve efficiencies in services without impacting on the service that an individual receives to meet their assessed and eligible needs.</p> <p>This also gives an opportunity to strengthen the requirements the service has around the service to be delivered through a revision of the service specifications for example to include outcome focused work and the need to facilitate independence.</p> <p>It is intended that we will gain improved information about pricing structure and staff pay to inform future fee increase requests.</p> <p>We will be able to have greater collaboration with regional processes and data in relation to these services.</p>
<b>Negative Impact</b> <p>The service is only provided to people with specific needs that meet the national eligibility criteria for social care and so the negative impact of the changes will be focused on people with those “characteristics”.</p> <p>There is a possibility that should providers of existing services be unsuccessful through the retender process then this may mean a change in provider for service users potentially meaning a change in staff team or in the worst case scenario where they live. Work will be undertaken with providers in this situation to appropriately manage any risk which will include in the first instance support to improve / meet the specification where this is appropriate.</p>
<b>Neutral Impact</b>

The characteristics where the impact is deemed as neutral are those which are not relevant as no distinction is made when delivering the service.

#### **Issues or Opportunities that may need to be addressed**

Capacity within CCC to manage the resource intensive procurement process.

#### **Community Cohesion**

If it is relevant to your area you should also consider the impact on community cohesion.

The proposals are underpinned by the intention to reform adult social care which will mean that there is a much stronger focus on supporting people within their community and this will have a positive impact on community cohesion

#### **Version Control**

<b>Version no.</b>	<b>Date</b>	<b>Updates / amendments</b>	<b>Author(s)</b>
1.0	19.9.2016		T.Gurney

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Adult Social Care		Name: Andy Mailer  Job Title: Strategy Manager  Contact details: 01223 715 699  Date completed: 20 <sup>th</sup> September 2016  Date approved: .....
Proposal being assessed		
Using assistive technology to help people with learning disabilities live and be safe more independently without the need for 24 hrs or overnight care		
Business Plan Proposal Number (if relevant)	A/R.6.116	
Aims and Objectives of the Service or Function affected		
<p>The LDP has an established changed programme focussed on the increased use of assistive technology to reduce the need for a range of night time care arrangements. The programme involves a small team of occupational therapy and assistive technology specialists reviewing eligible cases to identify alternative solutions that will support safe and independent living, without the need for 24 hour / night time support.</p>		
What is the proposal?		
<p>New and existing care packages will be reviewed by specialist Assistive Technology and Occupational Therapy staff to identify appropriate equipment which could help disabled people to be safe and live more independently. In particular we will seek to mitigate the need for support when people wake in the night. The programme has a proven track record of meeting needs while delivering savings over the last 3 years. Scope still exists for further savings by applying assistive technology to remaining services users and projects. These savings form a part of the overall care budget savings within the Learning Disability Partnership and are primarily driven by reducing the requirement for forms of night-time support.</p> <p>It is proposed that night staff levels and community hours are assessed using assistive technology to ensure that commissioned staffing levels are appropriate to the service user and reflect what they actually use and need.</p> <p>Occupational Therapists will enable independence by teaching daily living skills, recommending aids, technology &amp; adaptations, so that people are more independent and therefore less reliant on paid staff. Service users are then able to move on to the next stage of more independent living.</p> <p>Dual trained learning disability Occupational Therapists and Assistive Technologists will provide report on the persons individual care needs and set out a series of recommendations for implementation that will support and assist the person to live safely and independently. The report will be provided to the LDP team managers and care managers to implement through changes to the persons care package.</p> <p>All cases will be reviewed quarterly with the service and business development manager to ensure they remain appropriate to the needs of the individual. Changes will be identified and made as appropriate to ensure the safety of the individual.</p>		
Who will be affected by this proposal?		
<p>This proposal will impact on all identified residents with a learning disability who meet eligibility for care and support under the Care Act 2014.</p>		
What positive impacts are anticipated from this proposal?		



### Health & Wellbeing

- Improved quality of life, dignity and well-being for service users
- Promotion of as much independence as possible for people who, otherwise, have very complex needs
- Service users are able to live well and to remain as independent as possible
- People at risk of harm are kept safe
- People able to live in a safe environment
- People live a healthy lifestyle and stay healthy for longer
- People have better access to specialist assessment and provision of equipment that best meets their needs

### Finance

- To bring additional savings and avoided costs to the County

### **What negative impacts are anticipated from this proposal?**

The service is only provided to people with specific needs that meet the national eligibility criteria for social care and so the negative impact of the changes will be focused on people with those “characteristics”.

The County Council has an existing policy of meeting need in the most effective way, whilst making best use of available resource. The policy states:

The concept of “meeting needs” is intended to be broader than a duty to provide or arrange a particular service. Because a person’s needs are specific to them, there are many ways in which their needs can be met.

The way that eligible needs are met can change over time as new and innovative ways of working are developed and examples of national and local best practice are shared and adopted across the county. The Council will take decisions on a case by- case basis and will balance assessed risk against the total costs of different potential options for meeting needs, and will include cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option; but the one which delivers the outcomes desired for the best value. As a consequence, the way that needs are being met can change over time.

The Council fully recognises that changes to individual care packages can be unsettling and the team is highly skilled at supporting the service user and their family through the period of change.

### **Are there other impacts which are more neutral?**

N/A

### Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

Details of Disproportionate Impacts on protected characteristics and how these will be addressed
N/A

### Version Control

Version no.	Date	Updates / amendments	Author(s)
1	20 <sup>th</sup> Sept 2016	Initial draft	Andy Mailer

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Adult Social Care		Name: Tracy Gurney  Job Title: Head of The Learning Disability Partnership  Contact details: 01223 714692  Date completed: 19.09.16.....  Date approved: .....
Service / Document / Function being assessed		
Developing new learning disability care models in Cambridgeshire to reduce the reliance on out of county placements		
Business Plan Proposal Number (if relevant)	A/R.6.117	
Aims and Objectives of Service / Document / Function		
<p>The Learning Disability Partnership has commissioned a number of specialists out of area placements within recent financial years due to the immediate need to meet people's assessed eligible needs and specialist health needs, these placements due to their specialist nature tend to be at a high cost.</p> <p>The objective of the business case linked to this assessment is to:</p> <ol style="list-style-type: none"> <li>1. Analysis and understanding of the drivers for expensive health and social care placements being made out of area and what would be needed locally to prevent this taking place both in the market and as an LDP service provision.</li> <li>2. Analysis and understanding of existing local market (health and social care) and how this might be better utilised to prevent out of area placements.</li> <li>3. Development of specifications and a tendering process for any new provisions identified as not currently being available locally or where it is available is at capacity and demand exceeds this.</li> <li>4. A project to relocate identified individuals into the existing or developed local provision.</li> <li>5. Analysis and understanding of respite provision in children's services where a high number of respite nights helps to maintain a families caring role and therefore avoid more expensive 24 hour provision</li> </ol>		
What is changing?		
<p>Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.</p>		
<p>This work will entail a review of the most expensive out-of-county placements to inform the development of the most cost-effective ways of meeting needs by commissioning new services within county. In particular we know we will need to develop additional in-county provision with the expertise to manage behaviours that may be challenging. By replacing high cost out of county placements with new in-county provision tailored to our needs we will reduce overall expenditure on care placements.</p> <p>These savings are predicated on the assumption that a reduction made in out of area placements can be achieved and that a local provision could be provided which is more cost effective. It also assumes that the provision of additional respite capacity will maintain a family's ability to care and prevent or delay the need for more expensive 24 hour provision. There would be no savings attached to this as this is a demand management approach to delay or avoid increased costs for as long as possible.</p> <p>Commissioning capacity has been identified from within the service including through the appointment of an interim senior manager to carry out the analysis work around drivers for out of area placements, the current market and identifying the types of services that need to be developed locally. This will be done working jointly with consultants V4</p> <p>Where capacity is identified in existing local provision it is anticipated that where this would be a more cost effective option people would be able to move to these within year giving a part year effect saving and a project to achieve this will be put in place. This is yet to be scoped.</p> <p>Where it is identified that there is a need for new local specialist provisions to achieve this then the likely lead in time would mean a savings are more likely to be realised in 2018/19 as any new provider would need to identify</p>		

and adapt property (or build) as well as recruit and train a skilled staff team. The work in 2017/18 would focus on the development of specifications and tendering.

Work to scope the potential development of an existing in house service has already been carried out and demonstrates that the current usage of the respite care service has been filling a vital gap in meeting unplanned emergency placements with the risk that this then limits the capacity for provision of mainstream non-emergency respite which is a critical service in helping carers to maintain their caring role.

The current performance data shows that 56% of respite care occupancy over the past twelve months has been through emergency placements, with some very long stay placements (over three months). The average emergency placement being at 63 nights in the respite provisions, this is longer in the alternative option of assessment and treatment flats.

The proposal is therefore to develop a service to accommodate the need for emergency placements in county where a hospital admission is not required. There is demand from all five LDP locality teams for a good quality residential service that is ready and able to respond, often at short notice, to LDP service user accommodation and support needs which could include assessment to inform future commissioning requirements for an individual. In addition analysis of the provision of respite provision in children's services will be undertaken where this is operating as a shared care model and prevents the need for full time care and helps to maintain young adults in their family home for as long as this is appropriate. Once the demand for this is fully understood work will be undertaken to develop the respite provision/ capacity available locally to better meet this need and replicate the model in children's services. Currently the existing respite provision in the LDP is struggling to absorb this demand and there is a risk that the level of demand would prevent others accessing this valuable service and therefore risk the breakdown of other family care situations.

#### Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

Council Officers

#### What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability			X
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			X
Deprivation		X	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

#### Positive Impact

The service is only provided to people with specific needs that meet the national eligibility criteria for social care and so the positive impact of the changes will be focused on people with those “characteristics”.

- People will have the opportunity to access existing or newly developed provisions locally which would meet their needs and may be closer to family and friends as well as access to local community team professionals.
- There will be more local provision / capacity available to manage emerging needs and prevent escalation of these to the point that an out of area placement is required.
- There will be additional respite capacity to manage situations where a high level of provision maintains a person in their family home and prevents or delays the need for twenty four hour support.

#### **Negative Impact**

The service is only provided to people with specific needs that meet the national eligibility criteria for social care and so the negative impact of the changes will be focused on people with those “characteristics”. The County Council has an existing policy of providing services locally where ever possible. In analysing the drivers for out of area placements and developing the local market to better meet needs locally there are a number of people who will be approached to move to alternate in county provision. Where for some this would be seen a positive it is likely that some people or their families would not agree to this and in this case due process would need to be followed where appropriate including the mental capacity act.

#### **Neutral Impact**

The characteristics where the impact is deemed as neutral are those which are not relevant as no distinction is made when delivering the service.

#### **Issues or Opportunities that may need to be addressed**

The approach outlined in this business case fits well with the transforming care agenda aimed at preventing hospital admission where an alternative community provision could be used. Part of the local transforming care plan is to enhance the provision of the LDP locality teams which would again support this business case.

#### **Community Cohesion**

If it is relevant to your area you should also consider the impact on community cohesion.

The proposals are underpinned by the intention to reform adult social care which will mean that there is a much stronger focus on supporting people within their community and this will have a positive impact on community cohesion

#### **Version Control**

Version no.	Date	Updates / amendments	Author(s)
1.0	19.9.2016		T.Gurney

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Adult Social Care		Name: Andy Mailer  Job Title: Strategy Manager  Contact details: 01223 715 699  Date completed: 20 <sup>th</sup> September 2016  Date approved: .....
Proposal being assessed		
Review of Health partner contributions to the Learning Disability Partnership		
Business Plan Proposal Number (if relevant)	A/R.6.118	
Aims and Objectives of the Service or Function affected		
<p>The Learning Disability Partnership (LDP) operates as an integrated health and social care service commissioned by Cambridgeshire County Council (CCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) with the County Council being the lead commissioner.</p> <p>As part of this arrangement the service operates a fully pooled health and social care budget. The current budget is made up of 80% County council funding and 20% health funding and includes a risk share agreement based on these percentages.</p>		
What is the proposal?		
<p>Negotiating with NHS for additional funding through reviewing funding arrangements, with a focus on continuing healthcare and joint funded packages.</p> <p>It has been agreed with CPCCG that work will be undertaken to provide evidence on which a review of the level of contribution to the services budget will be based. Work already undertaken in 2016/17 would evidence that the contribution made by the CPCCG is lower than required.</p>		
Who will be affected by this proposal?		
<p>This proposal will impact on all identified residents with a learning disability who meet eligibility for care and support under the Care Act 2014.</p>		
What positive impacts are anticipated from this proposal?		
<p>The LDP will continue to support service user Health &amp; Wellbeing, though the meeting of eligible need, including;</p> <ul style="list-style-type: none"> <li>Improved quality of life, dignity and well-being for service users</li> <li>Promotion of as much independence as possible for people who, otherwise, have very complex needs</li> <li>Service users are able to live well and to remain as independent as possible</li> <li>People at risk of harm are kept safe</li> <li>People able to live in a safe environment</li> <li>People live a healthy lifestyle and stay healthy for longer</li> <li>People have better access to specialist assessment and provision of equipment that best meets their needs</li> </ul>		
What negative impacts are anticipated from this proposal?		

None
<b>Are there other impacts which are more neutral?</b>
N/A

### Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	

Race	
Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

<b>Details of Disproportionate Impacts on protected characteristics and how these will be addressed</b>
N/A

### Version Control

Version no.	Date	Updates / amendments	Author(s)
1	20 <sup>th</sup> Sept 2016	Initial draft	Andy Mailer

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Adult Social Care		Name: Claire Bruin.....  Job Title: Service Director.....  Contact details: 01223 715665 .....  Date completed: 20-09-16 .....  Date approved: .....
Proposal being assessed		
Managing the assessment of Deprivation of Liberty cases within reduced additional resources		
Business Plan Proposal Number (if relevant)	A/R.6.121	
Aims and Objectives of the Service or Function affected		
<p>The Deprivation of Liberty Safeguards (DOLS) was implemented in April 2009 to protect a group of people who are not able to give valid consent to their placements either in hospital or care home and that their care regime amounts to a deprivation of their liberty. At that time, government only estimated it could be as many as 50,000 of those admitted to care homes and 22,000 hospital in-patients – it was expected to mainly affect people with dementia, autism and learning disabilities and brain injuries.</p> <p>In March 2014 the House of Lords post-legislative scrutiny committee on the Mental Capacity Act (the “House of Lords committee”) published a report, which, amongst other matters, concluded that the DOLS were not “fit for purpose” and proposed their replacement. Following this, we also have the Supreme Court handing down a landmark judgment in the cases of P v Cheshire West and Another and P and Q v Surrey County Council [2014]. The impact of this is explained below.</p>		
What is the proposal?		
<p>The March 2014 Supreme Court judgement extended the definition of deprivation of liberty when determining whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amounts to a deprivation of liberty which meant councils is now required to undertake a large number of new assessments, including applications to the Court of Protection.</p> <p>Funding was made available to increase capacity to undertake best interest assessments and process applications for DOLS. The national demand for staff who are trained as best interest assessors has meant that it has not been possible to deploy all the available funding in this way. This position is not expected to change, and so a saving has been identified against this budget</p> <p>The judgment also extended the application of Article 5 of the European Convention for Human Rights (ECHR) to those who live in their own homes (owned, rented, supported living or shared lives), and who lack the mental capacity to give valid consent as to where they should live or the level and type of care they need and are in receipt of publicly funded or publicly arranged care services. It also ruled that the person’s compliance or lack of objection to their placement, the purpose of it or the extent to which it enables them to live a relatively normal life for someone with their level of disability were all considered irrelevant to whether they were deprived of their liberty or not.</p> <p>This major change in the interpretation of the law has led to a very significant increase in the number of DOLS applications received by Local Authorities in England and Wales in their capacity as Supervisory Bodies. For example, Government figures show that there were a total of only 13, 000 DOLS applications in 2013/14. However, following the judgement, there were 119,500 applications in the first quarter of 14/15, with the number of applications increasing each quarter.</p> <p><b>Locally, the Council allocated £1,340K in 15/16 to meet the expected upsurge in referrals however due to the issues set out below, it was clear that not all of the allocation would be spent. Therefore, the business plan for 16/17 set out plans to reverse this investment by £540K in 16/17 and by £400K in 18/19. A review of the position has led to a revision of the reversal of £400K in 18/19. The revised proposal is to phase the reversal over two years, taking £100K in 17/18 and £300K in 18/19.</b></p>		



**Issues impacting on spend:**

- Although we have seen a 10 fold increase in applications for DOLS, our ability to keep up with the demand for DOLS assessments has been hampered by an inability to recruit staff to carry out the assessments.
- Independent Best Interest Assessors have been used to complement the staff employed by the Council but they are in high demand, with all Local Authorities trying to increase capacity.
- The option of training more social workers to be Best Interest Assessors was considered but rejected because of the demands on the social work teams and the length of time (six months) that it takes staff away from their core role whilst they undertake the necessary training.

The cases waiting for authorisation are dealt with according to priority and the position is monitored on a regular basis by the MCA/DOLS management and development group which reports to the Safeguarding Adults Board.

**Who will be affected by this proposal?**

The proposal covers all of Cambridgeshire.

Those affected are:

- people who are not able to give valid consent to their placements either in hospital or care home and that their care regime amounts to a deprivation of their liberty, and
- people who live in their own homes (owned, rented, supported living or shared lives), and who lack the mental capacity to give valid consent as to where they should live or the level and type of care they need and are in receipt of publicly funded or publicly arranged care services.

**What positive impacts are anticipated from this proposal?**

In its role of Supervisory Body for DOLS, the Council continues for maintain close oversight on all DOLS applications ensuring that these are dealt with according to priority and the position is monitored on a regular basis by the MCA/DOLS management and development group which reports to the Safeguarding Adults Board.

**What negative impacts are anticipated from this proposal?**

Prior to the Supreme Court's judgement, Cambridge County Council in its capacity as Supervisory Body ensured that the legal timescales to conduct DOLS' assessments were being adhered to. However, with the 10 folds increase in applications for DOLS following the Supreme Court 's judgment, we no longer are in this position and have a waiting list for applications on our waiting list. The reversal of the investment agreed to manage the increase in DOLS applications, in itself, will not have a negative impact, but the lack of availability of Best Interest Assessors will continue to be an issue.

**Are there other impacts which are more neutral?**

NA

## Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	X
Disability	x
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

### Details of Disproportionate Impacts on protected characteristics and how these will be addressed

DOLS is specific to those older people and people with disabilities who

- are not able to give valid consent to their placements either in hospital or care home and that their care regime amounts to a deprivation of their liberty, and
- who live in their own homes (owned, rented, supported living or shared lives), and who lack the mental capacity to give valid consent as to where they should live or the level and type of care they need and are in receipt of publicly funded or publicly arranged care services.

The ongoing monitoring of the work to process applications for DOLS will help to mitigate the impact of the reversal of the allocation, but it is the lack of availability of Best Interest Assessors that is the most significant issue in being able to respond in a timely way to applications for DOLS.

### Version Control

Version no.	Date	Updates / amendments	Author(s)
V0.1	20-09-16		C Bruin

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Adult Social Care Services		Name: Louise Tranham .....
Service / Document / Function being assessed		Job Title: Contracts Manager, CFA .....
Rationalisation of housing related support contracts		Contact details: 01223 729139 .....
<b>Business Plan Proposal Number (if relevant)</b>	A/R.6.123	Date completed: 29.9.2016.....
		Date approved: .....
Aims and Objectives of Service / Document / Function		
<p>To provide support to vulnerable households placed in temporary accommodation by local councils where a statutory homelessness duty exists. The support provided ensures that households in need of additional support are able to maintain their accommodation and link with other statutory and voluntary services. The intention is to reduce repeat homelessness, provide support to maintain accommodation and ensure residents maximise their income and benefit entitlement.</p> <p>The accommodation based support is linked to the accommodation and is paid to the landlord. The support cannot continue after the resident has left.</p>		
What is changing?		
<p>Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.</p> <p>In 2016-17 we completed a review of contracted services which support individuals and families to maintain their housing. A contract was terminated in November 2016, with the full-year effect of the associated budget reduction affecting the 2017-18 year.</p> <p>The funding for the accommodation based support contracts with Cambridge City Council (30 units) and Sanctuary Housing (8 units) will end on 31<sup>st</sup> March 2016. The funding for the Metropolitan Housing scheme (30 units) in Huntingdonshire will end at the end of the contract on 30<sup>th</sup> November 2016.</p> <p>A full review has been carried out which identified that the support needs currently being met through these contracts can be met by linking in with the multi-disciplinary floating support providers in these areas. The main stakeholders are the Service providers themselves and the district councils who make the referrals to the accommodation. These are clients who are owed an accommodation duty under the relevant homelessness legislation. Stakeholders were consulted as part of the service review and raised concerns about the support needs of residents living within the accommodation. However, it was decided that these support needs can adequately be met through an alternative model of floating support. Provided this is managed smoothly and the service can be accessed relatively quickly there should be little adverse impact on clients.</p> <p>The provision of floating support will ensure that service users can continue to be supported by the support provider when they move into more settled accommodation whereas at the moment the support ends when they move out.</p> <p>The government announcement last week does not effect this as the contract ends linked to the accommodation in Huntingdon and people who will receive support in the future will access it via the floating support contracts .</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
<p><b>Led by:</b> Louise Tranham, CFA Contracts Manager</p> <p><b>Supported by:</b> Trish Reed, Interim Service Development Manager – Housing related support</p> <p><b>Council officers involved:</b> Alison Bourne/Louise Tranham, Contracts Manager</p>		

**What will the impact be?**

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

<b>Positive Impact</b>
None
<b>Negative Impact</b>
None
<b>Neutral Impact</b>
The service user's needs continue to be met through the delivery of the service in a different way. So while the provider of the support is no longer the landlord, the implementation plan for the change will ensure that the floating support provider is closely linked in with the accommodation provider, and has appropriate referral and assessment procedures in place to ensure that the service can be delivered in an effective way.
<b>Issues or Opportunities that may need to be addressed</b>
An implementation plan will be agreed with the relevant service providers and stakeholders to ensure a smooth transition to the new way of working at the appropriate time.

## Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

Not applicable – the client group affected are homeless households living in temporary accommodation. This change does not impact on the wider community.

#### Version Control

Version no.	Date	Updates / amendments	Author(s)
1.0	20/9/2016		L. Tranham

DRAFT

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
CFA, Adult Social Care Services		Name: Tracy Gurney  Job Title: Head of The Learning Disability Partnership  Contact details: 01223 714692  Date completed: 19.09.16.....  Date approved: .....	
Service / Document / Function being assessed			
Supporting young people with learning disabilities to live as independently as possible in adult life			
<b>Business Plan Proposal Number (if relevant)</b>	A/R.6.125		
Aims and Objectives of Service / Document / Function			
The Learning Disability service in the context of the Transforming Lives model will focus on maintaining and increasing independence and the use of community resources and family networks where these are able to meet a person's needs. Through this work we will reduce dependence on and provision of ongoing social care service.			
<b>What is changing?</b> Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.			
<p>This work in children's services and in the Young Adult Team will ensure that young people transferring to the LDP will be expected to have less need for services. In addition, the Transforming Lives scheme will ensure that a wider range of family and community resources are used to help people meet their needs as well as promoting independence through short term funding, before considering long term provision</p> <p>In the field of Learning Disability, there is less opportunity to respond to emerging need, because the person will have a range of needs since birth or early childhood and over 90% of new people accessing the LDP young adults team on reaching 18 will already be in receipt of a funded service. Once people are receiving a service from the LDP it is likely this will be needed for many years and in many cases to the end of their lives. The collaborative working through the Preparing for Adulthood protocol, between Children's social care teams and the LDP young adult's team will ensure that eligible needs are met in the most cost effective way possible. This approach will include the expectation that people will pay for chosen activities where the specific activity is a choice rather than the only way that eligible needs can be met, that where possible assistive technology will be used to promote independence and reduce demand on social care services, particularly staffing. Working in this way, applying the transforming lives approach and the agreed policy lines will when an adult support plan is first developed or when emerging needs are identified once a plan is in place will reduce the cost of care and support plans.</p>			
<b>Who is involved in this impact assessment?</b> e.g. Council officers, partners, service users and community representatives.			
Council Officers			

## What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age			X
Disability			X
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			X
Deprivation		X	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
<p>The service is only provided to people with specific needs that meet the national eligibility criteria for social care and so the positive impact of the changes will be focused on people with those “characteristics”.</p> <ul style="list-style-type: none"> <li>People will have access to the information and advice they need to help themselves and will be well supported at all levels to maximise their independence and to increase inclusion in their local communities</li> <li>Young people will be supported to maximise the skills needed for adulthood before reaching the age of 18.</li> <li>Closer collaborative working between the LDP young adults team and Children’s social care practitioners under the Preparing for Adulthood Protocol will ensure that the move to adult services is as smooth as possible with the support plan changing at a time that is appropriate to the young person.</li> </ul>
Negative Impact
<p>The service is only provided to people with specific needs that meet the national eligibility criteria for social care and so the negative impact of the changes will be focused on people with those “characteristics”.</p> <ul style="list-style-type: none"> <li>Practitioners working with young adults in children’s social care services will work with individuals and families to devise an adult care and support plan with advice from the LDP young adults team as required. This may mean a change to people’s support or care provider although this will only be where necessary and will continue to ensure that eligible needs are met.</li> <li>For existing packages where it is possible to meet only eligible needs within a reduced level of funding on the health and social care package this will be implemented and therefore it is anticipated that a review some people will have a change in their package and an associated reduction in their personal budget to fund that package.</li> <li>Choice will be informed and limited by the most cost effective way to meet assessed needs.</li> <li>Greater expectation on carers to continue to provide care and support may lead to more pressure on carers however carers have a right to their own assessment and care plan under The Care Act and their needs will be taken into account in this way.</li> <li>Expectations on independent sector providers to meet needs around social inclusion and activity within their funding to a greater extent than is expected currently.</li> </ul>

- Greater expectation on community resources to help meet the needs of those with a Learning Disability in their local area. Some areas of the county are currently in a better position than others to do this.

#### Neutral Impact

The characteristics where the impact is deemed as neutral are those which are not relevant as no distinction is made when delivering the service

#### Issues or Opportunities that may need to be addressed

- CFA has the opportunity to formally roll out the transforming lives approach in Children's services
- Ensure resources in local communities are accessible to people with learning disabilities though teams working proactively and having a presence in those communities.
- Ensure practitioners have knowledge and work to the preparing for adulthood protocol.
- Ensure practitioners have knowledge and promote the use of assistive technology
- Availability of mobile technology for staff
- Work with partner agencies/organisations to increase local opportunities/activities for people with a disability
- Ensure that information, advice and guidance is accessible for all across the county
- Services in place that support progression/maximising independence
- Ensure that the service/personal budget offered is sufficient to meet eligible needs in the most cost effective way

#### Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

The proposals are underpinned by the intention to reform adult social care which will mean that there is a much stronger focus on supporting people within their community and this will have a positive impact on community cohesion

#### Version Control

Version no.	Date	Updates / amendments	Author(s)
1.0	19.9.2016		T.Gurney



## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
LGSS Transactions		Name: Ashley Leduc.....
Proposal being assessed		Job Title: Service Delivery Manager .....
Increase in income from Older People's client contributions from increased frequency of reassessments		Contact details: 07912 891860 .....
Date completed: 12 <sup>th</sup> September 2016 .....		Date approved: .....
Business Plan Proposal Number (if relevant)	A/R.6.134	
Aims and Objectives of the Service or Function affected		
Previously, financial reassessments for people who are receiving council funded services in the community were completed on an ad hoc basis. This meant that financial contributions did not increase in line with uplifts to state benefits or new income and capital being received.		
What is the proposal?		
<p>We realised recently that older people and those with mental health are not always being financially reassessed every year. The council will therefore reassess all clients more regularly to ensure that the full contributions are being collected.</p> <p>There are 2 things changing in terms of reassessing customers who receive community based services.</p> <ol style="list-style-type: none"> <li>1. A temporary reassessment team is being created to reassess all the customers in the community who have not had an up to date financial assessment in the last 12 months. This will enable the Council to up to date their records and increase contributions based upon inflationary increases in their income which they have received since their last financial assessment. It also gives the Council the opportunity review all financial circumstances including allowances afforded for housing and disability costs.</li> <li>2. All those customers who have received a financial assessment in the last 12 months will receive an automatic reassessment every April in line with increases to state benefits and private pensions. This will alleviate the need for the Financial Assessment team to manual reassess every 12 months and ensure that the Council can maximise financial contributions at the earliest possible point.</li> </ol> <p>The aim of this work is so that the Council can ensure that the customer has an up to date financial assessment regularly. This will enable the Council to maximise income being generated and to ensure that the charge is fair.</p>		
Who will be affected by this proposal?		
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The proposal will affect all Adult Social Care customers across all of Cambridgeshire.		
What positive impacts are anticipated from this proposal?		
It is anticipate that income generation for the authority will be increased to the correct levels and will provide the Council the opportunity to identify those customers who have not maximised their benefit entitlement. The proposal also means that less staff time is being spent reassessing customers and can be better focussed on improving the customer experience.		
What negative impacts are anticipated from this proposal?		

Customer's financial contributions may increase which may mean that they feel additional financial pressure. This could lead to customer complaints and people refusing to pay their care invoices.

#### Are there other impacts which are more neutral?

Automatic reassessments are not always 100% accurate which can mean that customers have to contact us to provide correct information.

### Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact	Impact	Tick if disproportionate impact
Age		Religion or belief	
Disability		Sex	
Gender reassignment		Sexual orientation	
Marriage and civil partnership		Rural isolation	
Pregnancy and maternity		Deprivation	
Race			

#### Details of Disproportionate Impacts on protected characteristics and how these will be addressed

#### Version Control

Version no.	Date	Updates / amendments	Author(s)
1.0	12.9.2016		A. Leduc

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
CFA, Older People and Mental Health Services		Name: .....Geoff Hinkins	
Proposal being assessed		Job Title: ..... Senior Integration Manager	
Savings from Homecare: re-tendering of home care to develop the market through a number of best practice initiatives including the expansion of direct payments		Contact details: ..... 01223 699679	
Date completed: ..... 22 September 2016		Date approved: .....	
Business Plan Proposal Number (if relevant)	A/R.6.143		
Aims and Objectives of the Service or Function affected			
This business case / transformation bid will focus specifically on the piloting of an alternative but complementary approach to home-based care that would seek to offer alternate solutions to traditional homecare - while still improving service user outcomes, promote independence, and realise savings to the Council. Specifically this approach would focus on personalised care delivered via micro-enterprises and personal assistants funded via direct payments as alternatives to traditional homecare.			
What is the proposal?			
This proposal will focus specifically on piloting an alternative but complementary approach to home-based care that would try and find alternative solutions to traditional homecare - whilst still improving outcomes for service users, promote independence, and achieve savings to the Council. Specifically this approach would focus on personalised care delivered via local carers working on a self-employed basis/ as part of a 'micro enterprise' and personal assistants funded via direct payments as alternatives to traditional homecare.			
Who will be affected by this proposal?			
The work will affect older people who have eligible social care needs across the whole of Cambridgeshire. It may be taken forward in specific local areas but this is to be determined.			
What positive impacts are anticipated from this proposal?			
It is anticipated that this proposal will offer greater choice and control to service users, providing new ways of commissioning care that are more flexible and more closely suited to their individual needs.			
What negative impacts are anticipated from this proposal?			

No negative impacts are anticipated – people’s eligible care needs will continue to be met; people will be able to choose whether or not they wish to take advantage of the new services.

**Are there other impacts which are more neutral?**

### Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact	Race	
Age			
Disability			
Gender reassignment			
Marriage and civil partnership			
Pregnancy and maternity			

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

**Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

### Version Control

Version no.	Date	Updates / amendments	Author(s)
0.1	22/09/2016	Created	Geoff Hinkins

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Older People & Mental Health		Name: Diana Mackay.....
<b>Proposal being assessed</b>		Job Title: Service Development Manager.....
Using assistive technology to support older people to remain independent in their own homes		Contact details: Diana.mackay@cambridgeshire.gov.uk .....
<b>Business Plan Proposal Number (if relevant)</b>	A/R.6.145	Date completed: 20 <sup>th</sup> September 2016.....  Date approved: .....
Aims and Objectives of the Service or Function affected		
<p>Older People's Services provide and commission preventative and ongoing care for older people in Cambridgeshire. The needs of older people are assessed and where care is required a plan is designed and is usually commissioned to provider organisations. Very broadly the care provided to older people with eligible needs can be categorised as either (a) domiciliary and community-based , where people live in their own homes and receive regular care visits and (b) residential care, where people move into a different care setting which might be a form of supported accommodation, a residential home or a nursing setting.</p> <p>Assistive Technology is used alongside the provision of care to help meet people's needs and to enable them to remain as independent as possible. The use and installation of technology in people's homes can help them to continue to live there and delay or avoid the need to move into residential care settings. 'Assistive Technology' can refer to a wide range of forms of technology and equipment used to help with communications, mobility, security, alarms, hygiene and to support people to complete daily tasks. It also sits alongside 'community equipment' which tends to refer to physical alterations to homes such as grab rails, hoists, locks and similar which again help adapt a home to make it possible for an elderly person to continue to live there.</p> <p>For Older People the provision of assistive technology is led by the Assistive Technology Team (ATT) who undertake assessments, advise on appropriate technology, monitor its use and support the wider organisation to embed technology in care planning for service users.</p> <p>This proposal relates to an expansion of assistive technology and how this might impact on the care provision described above.</p>		
What is the proposal?		
<p>The proposal is to invest in and expand the use of Just Checking (or similar) equipment to reduce spending in older people's services. As part of a social care assessment the equipment gives us a full report of a person's movements during a given period allowing us to test whether they are able to go about daily life (eating, washing, dressing, and going to the toilet) unaided and to check that overnight they are safe at home. This full picture of a person's daily patterns and movements allows us to say with significantly more accuracy and confidence whether they can or cannot cope independently at home. This additional information and confidence would allow older people, their families and social workers to only make the decision to recommend a move into residential or nursing care where it is absolutely essential. In this way we can reduce care spending overall whilst ensuring we do make provision for those who cannot be independent in their own homes. We want to maximise the potential of assistive technology to help meet people's needs and to help them to remain as independent as possible for as long as possible. We are working to embed the use of assistive technology into our thinking and ways of working at every stage of the care journey. We are building on the existing arrangements and working to reach the point where every care plan for every person has technology embedded. We also want to ensure that technology is used preventatively as widely as possible for people well before they reach the point of requiring formal care.</p> <p>For Older People's Services it is suggested that there is potential to achieve new savings by preventing or delaying the need for people to transition into residential care. The use of technology will also help ensure we</p>		

reduce the expenditure on forms of overnight support in people's homes (e.g. sleep in or on-call support)

We also intend to link the expanded use of Just Checking equipment to the discharge process - it could potentially help us by supporting complex discharges, avoiding delays and reducing the cost of post-hospital care packages.

#### **Who will be affected by this proposal?**

The proposal would cover the whole of Cambridgeshire.

It will impact on older people (age over 65 and mainly aged over 80) and specifically those with eligible social care needs who are receiving domiciliary care in their own homes but where consideration is being given to the needs for them to move into a residential setting as they may be struggling to cope at home.

288 older people moved from domiciliary care to residential or nursing care during the 2015/16 financial year and the proposal assuming that in future years the same number would make this transition under a do nothing scenario. Broadly therefore we would estimate that the technology might be used for approximately this number of older people.

#### **What positive impacts are anticipated from this proposal?**

This is a savings proposal which reduces care costs to the local authority. It also delivers improved outcomes.

Helping older people to retain their independence and links to their communities for as long as possible has a significant positive impact on quality of life and wellbeing.

In particular we know that remaining in your own home improves your quality of life, dignity and well-being, it helps people continue to live an active and healthy lifestyle for longer, avoids isolation and has a significant benefit to mental and well as physical health.

Service user feedback consistently indicates that people would like to remain in their own homes and communities for as long as possible and that they highly value the links to their communities and friends which can be disrupted by a move into a full time care setting.

The equipment will also give social workers better information on which to base their judgements about whether people do need to move into care settings, identifying those people who can no longer cope at home and ensuring they do get the full time care they need. In this way it will improve the targeting of our interventions and help avoid crises.

#### **What negative impacts are anticipated from this proposal?**

Significant negative impacts are not anticipated.

Judgements about whether and when a person might need to move into a residential setting are complex and sensitive and can sometimes involve differences in opinion between the service user themselves, family members and social workers. This equipment should provide better information on which to base those discussions but potentially it might mean that social workers more regularly advocate for a person remaining in their own homes for longer which can put additional strain on family carers or family members who either may

need to continue to provide support themselves or worry about their relative and their ability to cope without full time care. Usually a consensus is reached between all parties about what is in best interests but the potential for the use of this equipment to impact on those discussions should be noted.

**Are there other impacts which are more neutral?**

N/A

**Impacts on specific groups with protected characteristics**

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	<input checked="" type="checkbox"/>
Disability	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>
Marriage and civil partnership	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>
Race	<input type="checkbox"/>

Impact	Tick if disproportionate impact
Religion or belief	<input type="checkbox"/>
Sex	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>
Rural isolation	<input type="checkbox"/>
Deprivation	<input type="checkbox"/>

**Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

This proposal only impacts on older people rather than the general population. These impacts are described in the earlier sections and are positive

## Version Control

Version no.	Date	Updates / amendments	Author(s)
0.1	20/9/2016		James Wilson

DRAFT



## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
CFA, Adult Early Help		Name: Stuart Brown.....	
Proposal being assessed		Job Title: Adult Early Help Manager .....	
Expansion of the Adult Early Help Team to minimise the need for statutory care		Contact details: 01480 373251 .....	
Business Plan Proposal Number (if relevant)		Date completed: September 21 <sup>st</sup> , 2016 .....	
	A/R.6.146	Date approved: .....	

### Aims and Objectives of the Service or Function affected

The Adult Early Help team was established in April 2016 to provide an enhanced first response to people contacting the County Council with social care concerns. The team help people to retain independence, access services and advise on ways in which older people and their carers can organise help for themselves. The goal is to try to resolve issues without the need to wait for a formal assessment or care plan.

Through either telephone support or through a face to face discussion, we hope to work with older people to find solutions without the need for further local authority involvement. The initial phase is already resulting in a reduced number of referrals to social care teams. This business case builds on the first phase and

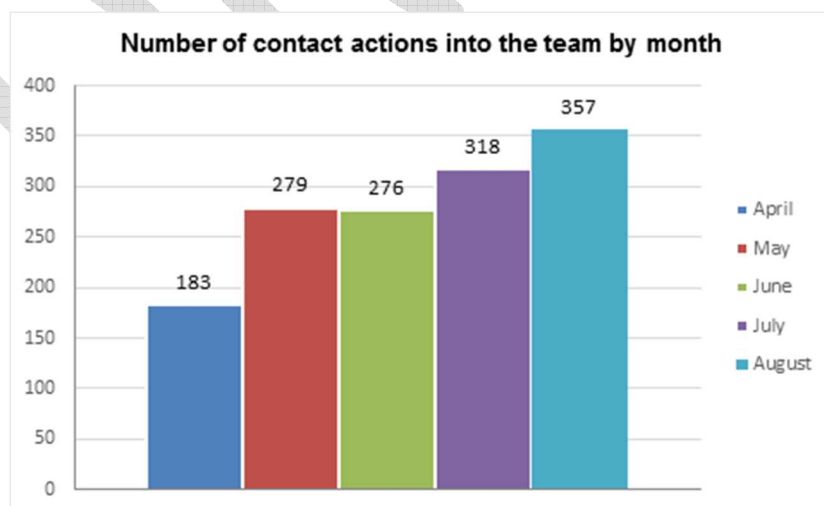
We carry out a proportionate, person centred and strength based assessment with a focus on improving the wellbeing and independence of our customers. We help our customers by providing responses that fall into 3 tiers:

Tier 1 - Explore their natural support and local community based services, provide information and advice.

Tier 2 – Referrals on to voluntary organisations, short term services such as reablement support, equipment provision through Occupational Therapists and assistive technology.

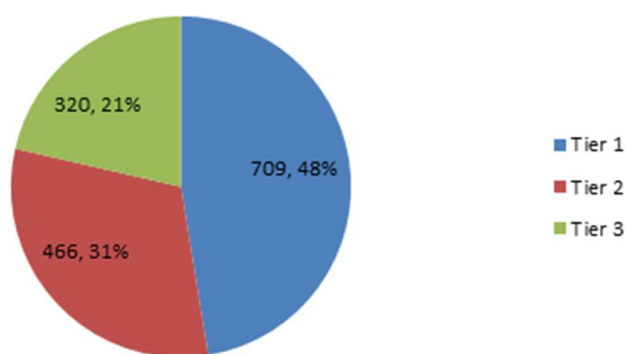
Tier 3 – Ensuring that those with the highest need receive the support of the long term care teams.

We have had 1413 contacts to the team from April to August with a clear progression of increasing contacts. It is anticipated that this trend will continue particularly as more professional learn about our service and refer people at an earlier stage for preventative support.



We measure the main outcomes from our work against the 3 tiers and this shows that we are achieving a 79% divergence from the Long Term teams. This does not take account of the divergence rate from reablement, by referring into this team we anticipate a high number will exit the service fully independent and the remaining who require long term care will present with a reduced level of need.

**Total tier 1, 2 & 3 comparioson April to August**



Phase 3 of the service will involve the team dealing with requests for increases to current care packages, unplanned reviews. It is anticipated that we will be able to reduce the number of cases requiring the increase and potentially reduce some overall packages by increasing the individuals independence.

To this end we are currently recruiting to vacant posts on our original staffing model of 1 Team Manager, 1 Business Support Officer, 1 Senior Social Worker, 1 Senior Occupational Therapist, 2 Social Workers, 2 Occupational Therapists, 7 Adult Support Coordinators. Work is underway to analyse the potential volume of unplanned reviews to ensure this model is adequate. We anticipate that we will be reviewing these cases ahead of the new financial year. Savings should begin to show early 2017/18.

#### **What is the proposal?**

This proposal is a continuation to the expansion of the Adult Early Help team, so that the team is able to meet more of the need at Tier 2, preventing further escalation of need and hence minimising care expenditure. This contributes further savings in 2017-18 as part of the care budget targets in Older People's Services.

The impact of Adult Early Help's work has already been demonstrated on the duty teams within the Older Persons locality teams and the Physical Disabilities team. It is anticipated that they will use these resources over the next few months to address any priority areas and beyond this we will be able to redeploy either resources or budget to Adult Early Help to facilitate the growth of the team.

We are beginning to actively promote the service to professionals including GP surgeries and as part of Public Health's Winter Warmth campaign 45,000 packs will be given out that contain the CCC Care and Support leaflet. It is anticipated that both steps will increase the number of referrals into the team for preventative support.

Further developments will be done gradually to ensure our resourcing levels remain right. It is anticipated that more services will be moved "upstream" from the locality teams and that we will continue to provide a responsive and proportionate service not only to reduce the demand on long term teams but also to improve the overall customer experience.

#### **Who will be affected by this proposal?**

Adult Early Help work specifically with older people and adults with physical disabilities or sensory impairments. However as we increase the preventative work that we do we are also likely to work with more customers who are not easily categorised. Examples of this may be people with learning difficulties and high functioning aspergers syndrome and undiagnosed mental health conditions.

As such we will reach a wide audience and be well placed to support those other CCC services cannot.

**What positive impacts are anticipated from this proposal?**

We anticipate that as the Adult Early Help team expands its function to cover more areas of work we will improve the experience of customers by providing a timely and proportionate response. We meet CCC's duty under the care act to provide information and advice to all and support to those who most need it. We are well placed to assess both the cared for and carers.

As our overall aims are to increase independence, provide choices and control and empower people to make positive changes in their lives we will reduce the number of cases referred to long term care teams and prolong the need for others to access these services. The natural consequence of this will be reducing the number of new cases opening in the long term teams with a resulting reduction to the budget from new referrals. This needs to be balanced by the fact that as the population of Cambridgeshire ages grow so will the numbers needing long term care and as people live longer so will the number with complex needs who need long term care.

**What negative impacts are anticipated from this proposal?**

Adult Early Help will need to manage the expectations of customers in order to fulfil an effective role. A good example of this will be someone who calls for a social care assessment. By carrying out our own Community Action Plan we have carried out an assessment and will have a very clear indication of whether the customer has a qualifying social care need. It is possible that this could lead to some dissatisfaction.

**Are there other impacts which are more neutral?**

Feedback on the work of Adult Early help from professionals and customers has been positive so we do not anticipate any neutral impacts.

**Impacts on specific groups with protected characteristics**

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	
Disability	
Gender reassignment	

Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	

Sexual orientation	
Rural isolation	
Deprivation	

Details of Disproportionate Impacts on protected characteristics and how these will be addressed
<p>As we are a county wide service we can potentially work with people with any of the characteristics and provide a positive response. As such we would not anticipate a disproportionate benefit or detriment to any of the groups.</p>

#### Version Control

Version no.	Date	Updates / amendments	Author(s)
1.0	21/9/2016		Stuart Brown

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Older People and Mental Health Services		Name: .....Geoff Hinkins
<b>Proposal being assessed</b>		Job Title: ..... Senior Integration Manager
Administer Disabled Facilities Grant within reduced overhead costs		Contact details: ..... 01223 699679
Date completed: ..... 19/09/2016		Date approved: .....
<b>Business Plan Proposal Number (if relevant)</b>	A/R.6.149	
Aims and Objectives of the Service or Function affected		
<p>The County Council currently makes an investment of £300k each year to support Home Improvement Agencies (HIAs); organisations that administer Disabled Facilities Grant on behalf of District Councils. Disabled Facilities Grants are used to fund adaptations for people with a disability or other long term condition.</p> <p>The investment is used to subsidise the operations of the HIAs; the revenue is provided to District Councils. HIAs can also generate income from the DFG capital – they charge a fee as a percentage of the total cost of the adaptation.</p>		
What is the proposal?		
<p>At present the County Council invests £300k into the Home Improvement Agencies, which oversee the Disabled Facilities Grants by each of the Districts. The County Council is working in partnership with the District Councils to reduce the cost of the administration of these services. There will be no reduction in the level of grant or service and the intention is to speed up the decision making process</p> <p>The County's approach to DFG and the HIAs was subject to a review during 2016, which had three main recommendations:</p> <ul style="list-style-type: none"> <li>New services are needed that consider people's needs in context, including early conversations and planning for the longer term: services need to engage with people before they need an adaptation, and should encourage people to think about whether the accommodation they are living in is suitable for the longer term.</li> <li>Existing services will need to adapt to support a growing population: performance in many parts of the county is too slow in the delivery of DFGs. It is recommended that a 'fast track' for commonly requested small works be introduced and that a full review of existing processes and procedures is needed to speed up the DFG process.</li> <li>Funding arrangements across the system will need to change to support a shift in focus: the significant increase in capital funding offers new opportunities for the HIAs to generate more fees and become financially self-sustainable. HIAs are able to charge fees for the adaptation work that they undertake. This is often in the region of 15% of the cost of the work. HIAs that are dependent on fees as their sole source of income have a built in incentive to complete work quickly and in so doing increase the overall number of adaptations completed in the year. It is recommended that a proportion of existing revenue funding should be diverted to prevention and early intervention services in order to divert individuals from inappropriate adaptation work.</li> </ul> <p>It is proposed that 50% of the current funding provided to HIAs by the County Council is removed in 2017/18; and that the County Council's Early Help service takes on some responsibility for advice on housing options. 50% of the revenue would be taken as a saving in 2017/18; with the remaining revenue funding reviewed in 2018/19.</p>		

<b>Who will be affected by this proposal?</b>
DFG funds adaptations to properties for people with a disability or long term condition, of any age.
<b>What positive impacts are anticipated from this proposal?</b>
The inclusion of additional early advice and support will ensure that more people are living in accommodation that is suitable to fulfil their long-term needs.
<b>What negative impacts are anticipated from this proposal?</b>
There is a risk that if the funding is not removed in a managed way, it may destabilise the HIAs, worsening services for people requiring an adaptation. However, the funding reduction will be phased over two years to minimise this risk.
<b>Are there other impacts which are more neutral?</b>

### Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

### Version Control

Version no.	Date	Updates / amendments	Author(s)
0.1	19 September 2016	Initial version	Geoff Hinkins

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
LGSS Transactions		Name: Ashley Leduc..... Job Title: Service Delivery Manager ..... Contact details: 07912 891860 ..... Date completed: 12 <sup>th</sup> September 2016 ..... Date approved: .....
Proposal being assessed		
Increase in income from Older People and Older People with Mental Health's client contributions from a change in Disability Related Expenditure		DRAFT
Business Plan Proposal Number (if relevant)	A/R.6.157	
Aims and Objectives of the Service or Function affected		
<p>For all customers who received Council funded support and receive a disability benefit, an allowance must be considered for Disability Related Expenditure (DRE). At present, CCC has a standard DRE allowance of £26 per week and this is for any customer who has a disability benefit but does not wish to provide a full breakdown and evidence of their DRE.</p>		
What is the proposal?		
<p>The County Council has, with the support of LGSS, researched and compared the way in which other local authorities approach allowances made for disability related expenditure (DRE) and respite care when calculating the financial assessment of service users' income. This has concluded that the Council's current arrangements need to be updated. This will result in an increase in income to the Council through client contributions.</p> <p>The standard rate of DRE is reducing from £26 per week to £20 per week. This has already been implemented for new customers.</p> <p>As part of the reassessment team project (A/R,6.156) customers who have previously been financially assessed with the standard DRE allowance of £26 will be reviewed and offered the opportunity to either select the new standard rate of £20 or have a personalised assessment. For customers who elect to have the new standard rate, they're contribution towards their care will increase by £6 per week. For customers who wish to have a personalised assessment, they will need to provide us with a full breakdown of their expenses including evidence. These cases would be then passed to a Social Work professional for approval.</p>		
Who will be affected by this proposal?		
<p>The proposal will affect all Adult Social Care customers across all of Cambridgeshire.</p>		



**What positive impacts are anticipated from this proposal?**

It is anticipated that income generation for the authority will increase as a result of this proposal. The standard rate of £26 was considered to be high in comparison to other authorities and therefore the reduction allows CCC to offer a standard rate in comparison to its statistical neighbours.

**What negative impacts are anticipated from this proposal?**

Customer's financial contributions may increase which may mean that they feel additional financial pressure. This could lead to customer complaints and people refusing to pay their care invoices. The reduction can also mean that more customers will request a personalised assessment which can cause delays in completing the assessment. Personalised assessments are more resource intensive so staff time will be negatively affected.

**Are there other impacts which are more neutral?****Impacts on specific groups with protected characteristics**

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

<b>Details of Disproportionate Impacts on protected characteristics and how these will be addressed</b>

**Version Control**

Version no.	Date	Updates / amendments	Author(s)
1.0	19.9.2016		A. Leduc

DRAFT

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
CFA, Older people and mental health		Name: Jackie Galwey ..... Job Title: Head of Operations , Older People ..... Contact details: 07917174737 ..... Date completed: 19.09.2016 Date approved: .....	
Proposal being assessed			
Efficiencies from the cost of transport for older people			
<b>Business Plan Proposal Number (if relevant)</b>	A/R 6.159		
Aims and Objectives of the Service or Function affected			
To review the 2016-17 costs of transporting older people to day services to with a view to reducing expenditure.			
What is the proposal?			
<p>A preliminary analysis if the cost of transporting older people to day services indicated that there is potential to reduce this cost.</p> <p>This will be done by reviewing the utilisation of the contracts funded from the OP Locality team's budgets and spot purchases for transport made by these teams. This may involve looking at alternative transport options but the intention is that older people will still be able to access the day services that meet their needs.</p>			
Who will be affected by this proposal?			
<p>This proposal will look at all transport contracts affecting older people across the county. However the greatest opportunity for efficiencies is likely to emerge from the contract in the Fenland area.</p> <p>Savings can be made through close scrutiny of the expenditure on transport as part of care packages in Older People's Services to ensure that travel requirements are being met in as cost efficient a way as possible</p>			
What positive impacts are anticipated from this proposal?			
The outcome of the proposal; will be impact neutral in that there is no intention to limit access to day services or expect older people to use alternative transport solutions that are not appropriate for them.			
What negative impacts are anticipated from this proposal?			

NA
<b>Are there other impacts which are more neutral?</b>
NA

### Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

<b>Details of Disproportionate Impacts on protected characteristics and how these will be addressed</b>

### Version Control

Version no.	Date	Updates / amendments	Author(s)
1	19.09.2016		J Galwey

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Older People and Mental Health Services		Name: Richard O'Driscoll  Job Title: Head of Service Development  Contact details: 01223 729186  Date completed: 30/9/2016  Date approved: .....
Proposal being assessed		
Ensuring joint health and social care funding arrangements for older people are appropriate		
<b>Business Plan Proposal Number (if relevant)</b>	A/R.6.160	
Aims and Objectives of the Service or Function affected		
<p>This proposal relates to Older People's Services which provide care and support for people with eligible social care needs who are over the age of 65.</p>		
What is the proposal?		
<p>We have been working with NHS colleagues to review continuing health care arrangements including joint funding, with a view to ensuring that the decision making process is transparent and we are clearer about funding responsibility between social care and the NHS when someone has continuing health care needs.</p> <p>Several cases has been identified where potentially health funding should be included or increased based on a review of needs. Our analysis suggests that work to determine funding responsibilities more accurately will lead to an improvement in the County Council's financial position.</p> <p>Careful consideration of the needs of people with complex needs to identify where these needs meet the criteria for Continuing Healthcare and full funding by the CCG</p> <p>Older People's teams will continue to identify health needs as part of their assessment process. Applying for joint or full health funding where appropriate.</p> <p>Managers of the services will ensure that all practitioners in the teams receive Continuing Health Care training and build relationships with relevant health partners.</p> <p>Where new or existing cases are identified as potentially being suitable for continuing healthcare funding the appropriate joint funding tools will be used to agree this with health partners.</p>		
Who will be affected by this proposal?		
<p>.</p>		
<p>This proposal relates to service users in Older People's Services whose needs include certain types of ongoing health need which should mean that their care is funded in full or in part by health partners.</p>		
What positive impacts are anticipated from this proposal?		
<p>Services users will receive the appropriate level of health funding to support their care needs and those in receipt of full Continuing Health Care will no longer be required to contribute towards their care.</p>		

For the local authority the appropriate health funding will reduce the required expenditure from local authority budgets. It is anticipated that the net financial impact in Older People's services will be a reduction in care costs of £164k

**What negative impacts are anticipated from this proposal?**

No negative impacts are foreseen for service users or communities from this proposal.

Clearly if the judgement about the likely impact on local authority and health system funding is accurate there will be an additional cost to health budgets of the same amount as the saving to the local authority. This is an appropriate redistribution of cost to accurately reflect statutory responsibilities, but clearly it is acknowledged that the health system is under similar financial pressure to the local authority and so additional costs will not be easily absorbed.

**Are there other impacts which are more neutral?**

There will be no impact on people's care arrangements or the support they receive – the change only relates to the funding responsibilities for the care between the local authority and the health system.

**Impacts on specific groups with protected characteristics**

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

**Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

None.

This proposal relates to older people and so it affects services users in the protected age characteristics. However the impacts are as described above and are not negative and so there is no concern about a disproportionate impact on protected characteristics

**Version Control**

Version no.	Date	Updates / amendments	Author(s)
0.1	30/9/2016		James Wilson

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Older People and Mental Health Services		Name: Vicky Main  Job Title: Head of Operations Access and Short Term Team  Contact details: 01223 729131  Date completed: 30/9/2016  Date approved: .....
Proposal being assessed		
Reablement for Older People - Improving effectiveness to enable more people to live independently		
<b>Business Plan Proposal Number (if relevant)</b>	A/R.6.164	
Aims and Objectives of the Service or Function affected		
<p>This proposal relates to Older People's Services which provide care and support for people with social care needs who are over the age of 65.</p> <p>In particular it relates to the Reablement Service which is a programme of short term support tailored to individual needs, to help older people (re)learn the skills needed for daily living and maintaining independence.</p>		
What is the proposal?		
<p>Development of the Reablement Service to ensure it promotes independence and reduces the costs of care by being directed at the right people. Changes to the way the service operates will release additional capacity, allowing it to work with more people, achieve better outcomes and so reduce demand and cut costs. It is proposed that within existing staffing levels we can increase the number of people receiving a reablement service and increase the number of people for whom the reablement intervention is ended without the need for ongoing care or with a reduced need for ongoing care.</p> <p>To achieve this we will improve team structures and working practices and ensure the cases referred to the service are appropriate, where there is good potential for people to live independently again</p> <p>Changes to the operation of the service will release additional capacity, allowing it to work with more people, achieve better outcomes and so make a bigger contribution to demand management and cost avoidance. The saving will ultimately therefore be cashed in the Older People's Locality Team care budgets. A restructure is proposed moving to a North and South reablement services, working practices will be changed to achieve better workflow and to ensure the cases referred to the service are only those where there is good potential for people to be returned to independence. This work sits alongside the implementation of the Adult Early Help service and the intention that the service will be re-positioned to take a much higher proportion of cases via the Early Help team and so offering Reablement to people with emerging needs rather than only those who are recovering following a period in hospital.</p> <p>[A/R.6.164 -£219k]</p>		
Who will be affected by this proposal?		



Older people in Cambridgeshire and in particular those referred to the Reablement Service and aiming to return to independence either following a period in hospital or whose are living at home but beginning to struggle to cope independently.

**What positive impacts are anticipated from this proposal?**

The proposal and saving is for an increase (of 10%) in the number of people going through the Reablement Service and being able to live fully independently or at least with a reduced need for ongoing care following the support from the Reablement team.

Supporting people to live health and independent lives is a central objective of the Older People's directorate and the organisation as a whole and the proposed changes to the service will allow us to help more people to live more independently.

In particular we will support older people who might otherwise have had to move into residential or nursing provision to remain living in their own homes and communities for longer and will help people to retain their mobility, ability to cook and clean themselves, stay in contact with friends and family, to stay healthy and to continue to do the things they enjoy. The proposal will therefore have a significantly positive impact on people's wellbeing and outcomes.

**What negative impacts are anticipated from this proposal?**

None are anticipated

**Are there other impacts which are more neutral?**

none

### Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

#### Details of Disproportionate Impacts on protected characteristics and how these will be addressed

None.

This proposal relates to older people and so it affects services users in the protected age characteristics. However the impacts are as described above and are not negative and so there is no concern about a disproportionate impact on protected characteristics

### Version Control

Version no.	Date	Updates / amendments	Author(s)
0.1	30/9/2016		James Wilson

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Older People & Mental Health		Name: Diana Mackay.....
<b>Proposal being assessed</b>		Job Title: Service Development Manager.....
Enhanced Occupational Therapy Support to reduce the need for double-handed care		Contact details: Diana.mackay@cambridgeshire.gov.uk .....
Date completed: 20/9/2016		Date approved: .....
<b>Business Plan Proposal Number (if relevant)</b>	A/R.6.165	
Aims and Objectives of the Service or Function affected		
<p>Since January 2014 CCC's Double-Up Team have been reviewing adult service users with the aim of reducing or preventing the need for long term packages of domiciliary care that require two carers at each visit. The need for two carers is usually related to the service user's moving and handling needs.</p> <p>The Double-Up Team currently consists of two Senior Occupational Therapists (OT) and two OT Technicians. They review service users with a view to providing information and advice or alternative moving and handling equipment that facilitates single-handed care.</p> <p>Since the beginning of the initiative, the team has brought nearly £1.5m savings / avoided costs to the domiciliary care budget. These savings are primarily in Adult Services (older people and adults with physical disabilities). The impact of the team's work has also improved people's quality of life and wellbeing – demonstrated through a number of case studies, available on request.</p>		
What is the proposal?		
<p>The Double-Up Team was set up as a 'spend to save' initiative in 2013 based on evidence from other local authorities. Initially set up as a pilot project, it was endorsed as part of the County Council's prevention agenda, the implementation of Transforming Lives and the requirements of The Care Act.</p> <p>The team consists of two Senior Occupational Therapists (OTs) and two OT Technicians employed directly by the County Council. The team's remit is to focus on the review of service users to assess whether it is possible to either:</p> <ul style="list-style-type: none"> <li>• Reduce existing double-up packages of care to single-handed care</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Prevent single-handed care packages being increased to double-up</li> </ul> <p>This team is currently based outside of the existing mainstream OT service to ensure focus on the delivery of actions that will benefit the recipients whilst returning a saving direct to the Council. Through the actions of the existing team, savings from the Councils homecare budget were generated in the region of £1.1m in 2015-16 and are on track to achieve a similar figure in the current financial year. This business case proposes the expansion of the service through the recruitment of an additional two OT workers so they can share learning and benefits associated with the current model to other settings (further details are listed in the 'scope' section of this document) as well as providing additional review capacity.</p> <p>The proposal is to increase the resources within the team by recruiting an additional two Senior Occupational Therapists so that more reviews can be undertaken in order to bring further savings to the CFA Directorate as a whole. This will include assessments of more service users in the following areas:</p> <ul style="list-style-type: none"> <li>• Learning Disability</li> <li>• Service users in community hospitals whose discharge is delayed due to perceived need for a double-up care package (the team already work with the acute hospitals)</li> <li>• People in receipt of NHS CHC packages, particularly where there is joint funding with Social Care</li> <li>• Self funders (in order to delay the point at which they might need their care package funded by the County Council)</li> <li>• Care Homes – in order to progress with a pilot project already agreed, with the aim of developing a Care Home Educator role with a focus on improving moving and handling in the care home sector. This could bring savings and improvements in terms of falls prevention, admission avoidance, prevention of</li> </ul>		

pressure sores, prevention of moves from residential to nursing care and general promotion of better moving & handling practice in the care home sector

#### **Who will be affected by this proposal?**

The proposal would cover the whole of Cambridgeshire

See above for which service users groups would be affected.

The team is likely to continue to target older people more than other groups purely do to the needs of that demographic group.

#### **What positive impacts are anticipated from this proposal?**

##### Health & Wellbeing

- Improved quality of life, dignity and well-being for service users (full case studies available on request)
- Promotion of as much independence as possible for people who, otherwise, have very complex needs
- 45% of service users report to be able to do more for themselves following the team's intervention and provision of alternative equipment
- Older people and adults with disabilities able to live well and to remain as independent as possible
- Children and young people enabled to live well and to be more independent
- People at risk of harm are kept safe
- People able to live in a safe environment
- People live a healthy lifestyle and stay healthy for longer
- People have better access to specialist assessment and provision of equipment that best meets their moving & handling needs

##### Finance

- To bring additional savings and avoided costs to the County Council, and service users themselves (self-funders)
- Existing care packages reduced in 50% of cases

#### **What negative impacts are anticipated from this proposal?**

The changes to individual care packages resulting from the Teams intervention can be unsettling to the service user and their family, and a small number of family carers have raised concerns about the reduction in support. These issues are worked through on a case by case basis through extensive dialogue with the service user and their family to address their concerns.

Enhancing the service to work with learning disability cases may result in some challenges from families and formal care providers, but the team are experienced at supporting relevant parties through the change period.

**Are there other impacts which are more neutral?**

N/a

### Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact	Race	
Age		Impact	Tick if disproportionate impact
Disability		Religion or belief	
Gender reassignment		Sex	
Marriage and civil partnership		Sexual orientation	
Pregnancy and maternity		Rural isolation	
		Deprivation	

### Details of Disproportionate Impacts on protected characteristics and how these will be addressed

N/A

### Version Control

Version no.	Date	Updates / amendments	Author(s)
0.1	15/9/2016		Diana Mackay

The following items are currently in progress and will be provided at the November 2016 Committee

Reference	Description
A/R.6.132	Providing cost-effective care for adults with mental health needs which supports independence and recovery and keep people within their communities
A/R.6.155	Providing cost-effective care for Older People with mental health which maximises independence and recovery, keeps people within their communities
A/R.6.163	Adult Mental Health - Establishment of enhanced peer led community support service
A/R.6.167	Voluntary Sector Contracts for Mental Health Services

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## Section 4 - A: Children, Families and Adults Services

October Committee

**Table 3: Revenue - Overview**

Budget Period: 2017-18 to 2021-22

Detailed Plans	Outline Plans
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Ref	Title	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Transformation Workstream	Description
<b>1</b>	<b>OPENING GROSS EXPENDITURE</b>	<b>358,106</b>	<b>355,330</b>	<b>358,378</b>	<b>367,054</b>	<b>377,836</b>		
A/R.1.001	Decrease in spend funded from external sources	-1,593	-	-	-	-		Technical adjustment resulting from the ceasing of Care Act funding as a ring-fenced grant and inclusion in general County Council funding. No impact on service delivery.
A/R.1.003	Transferred Function - Independent Living Fund (ILF)	-62	-40	-38	-36	-34		The ILF, a central government funded scheme supporting care needs, closed in 2015. Since then the local authority has been responsible for meeting eligible social care needs for former ILF clients. The government has told us that their grant will be based on a 5% reduction in the number of users accessing the service each year.
A/R.1.006	Youth Offending Service	50	-	-	-	-		As part of the Transforming Rehabilitation Programme the responsibility for the provision of Junior Attendance Centres (JACs) transferred from the National Offender Management Service to the Local Authorities on 1st April 2015. Funding was provided through grant payments on an annual basis in 2015-16 and 2016-17 with a two year ring fenced protection in line with the new burdens doctrine from the Department of Communities and Local Government. Grant protection ends from 2017-18. Junior Attendance Centres form part of an overall strategy to reduce re-offending and reduce first time entrants to the criminal justice system and are within the range of interventions available for sentencing youth offenders. In addition, The National Probation Service funding for the YOS will reduce by 75% in 2017-18 and separate funding for Youth Rehabilitation Orders withdrawn too. Permanent costs will continue to be incurred by the YOS to support this work
<b>1.999</b>	<b>REVISED OPENING GROSS EXPENDITURE</b>	<b>356,501</b>	<b>355,290</b>	<b>358,340</b>	<b>367,018</b>	<b>377,802</b>		
<b>2</b>	<b>INFLATION</b>							
A/R.2.001	Centrally funded inflation - Staff pay and employment costs	691	974	858	972	975		Forecast pressure from inflation relating to employment costs. On average, 1.8% inflation has been budgeted for, to include inflation on pay, employer's National Insurance and employer's pension contributions (which are subject to larger increases than pay as a result of the on-going review of the employer's percentage contribution required).
A/R.2.002	Centrally funded inflation - Care Providers	692	879	792	798	807		Forecast pressure from inflation relating to care providers. An average of 0.7% uplift would be affordable across Care spending.
A/R.2.003	Centrally funded inflation - Looked After Children (LAC) placements	341	433	390	393	397		Inflation is currently forecast at 1.7%, but we plan to restrict this to 0.7% on external placements where possible (see saving A/R.6.213)
A/R.2.004	Centrally funded inflation - Transport	360	461	415	418	423		Inflation relating to transport estimated at 1.6%.

## Section 4 - A: Children, Families and Adults Services

October Committee

**Table 3: Revenue - Overview**

**Budget Period: 2017-18 to 2021-22**

Detailed Plans	Outline Plans
----------------	---------------

Ref	Title	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Transformation Workstream	Description
A/R.2.005	Centrally funded inflation - Miscellaneous other budgets	167	168	164	166	168		Forecast pressure from inflation relating to miscellaneous other budgets, on average this is calculated at 1.3% increase.
<b>2.999</b>	<b>Subtotal Inflation</b>	<b>2,251</b>	<b>2,915</b>	<b>2,619</b>	<b>2,747</b>	<b>2,770</b>		
<b>3</b>	<b>DEMOGRAPHY AND DEMAND</b>							
A/R.3.002	Physical Disability & Sensory Services	413	352	348	323	434		We estimate that there will be a net increase of £326k (2.7%) in the cost of services provided to people with physical disabilities as a result of large increases in the number of service users and the changing needs of existing service users. In addition, demography funding is allocated to the Autism and Adult Support Team to reflect estimates of young people moving into the team, totalling £107k and equating to an estimated 26 new service-users.
A/R.3.004	Learning Disability Partnership (LDP)	1,850	1,556	1,302	1,297	1,291		We estimate that there will be approximately a £950k (1.6%) increase in the cost of services provided to people with learning disabilities as a result of increased complexity of need and placement breakdowns, taking into account service users leaving the service. In addition, demography funding is allocated to the Young Adults Team to reflect estimated costs of new young adults transferring into the team, totalling £900k. The expected number of young people moving into adult services based on current information and recent trends is 53. As the LDYA Team is relatively new, it requires an increase in budget each year as a new cohort of young adults move in, until its service users are old enough to transfer into the LD locality teams. There is a linked savings target (A/R.6.125) stretching this team to achieve savings during the transition to adulthood.
A/R.3.006	Older People	1,372	1,716	1,689	2,037	1,799		We estimate that the number of older people requiring support will increase by 3.4% per year. There will be 760 more Cambridgeshire residents aged over 85 in 2017 compared to 2016. We model that this would lead to an additional 114 clients for the Older People Service if no action was taken. Services must absorb the first 1.4% of population growth, meaning that this line represents funding for 67 additional older people. The Older People's service has been successfully diverting increasing demand in recent years through its savings programme - this approach continues this year (see savings section below). The amounts show the additional funding required to support older people if the Council continues to support the current proportion of the older people's population and the average cost of care per person remains the same.



## Section 4 - A: Children, Families and Adults Services

October Committee

**Table 3: Revenue - Overview**

**Budget Period: 2017-18 to 2021-22**

Detailed Plans	Outline Plans
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Ref	Title	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Transformation Workstream	Description
A/R.3.008	Adult Mental Health	204	204	204	204	204		Funding to support increases in the number of adults age 18-65 with mental health needs. This reflects a rise in the overall population of Cambridgeshire, in particular the rise in mental health needs and autistic spectrum disorders. This reflects the additional funding required if recent trends in the number of service users and the costs of care continue. The number of persons known to the Mental Health service increased by 47 in 2015/16 compared to the previous year. After allowing for 1.4% general population growth and other expected reductions in demand, this line represents funding for an additional 19 people to become known to the service in 2017/18.
A/R.3.010	Home to School Special Transport	652	642	645	648	652		Increased costs of journeys to school for children with Special Educational Needs (SEN) due to increasing numbers and complexity of need of children being transported, based on information gathered from previous years.
A/R.3.011	LAC Numbers	2,070	2,195	2,331	2,474	2,627		Along with much of the rest of the country we are experiencing a steady rise on the number of Looked after Children. The number of Looked after Children is predicted to increase by 6% over the coming year. In addition to ensuring our Early Help services work with families to support children living in their families, we are proposing savings in respect of the length of time children are in the care system and the type and cost of their placements. For 17-18 this represents an average increase of 35 LAC from 16-17.
A/R.3.016	Special Guardianship Orders/Adoption	180	272	293	316	340		Central Government Adoption Reform Grant has now ceased and we are predicting a 17% year on year increase in Special Guardian Orders over the next five years which represents a rise of 78 on current numbers – this is good practise in relation to supporting children securing a permanent family arrangement. Separately as part of our savings we are reviewing all allowances presently in place and all new allowance arrangements to ensure they are appropriate and equitable.
<b>3.999</b>	<b>Subtotal Demography and Demand</b>	<b>6,741</b>	<b>6,937</b>	<b>6,812</b>	<b>7,299</b>	<b>7,347</b>		
<b>4</b>	<b>PRESSURES</b>							
A/R.4.002	Fair Cost of Care and Placement Costs	-	-	1,500	2,500	-		The Care Act says Councils need to make sure the price paid for Adult Social Care reflects the actual costs of providing that care. A strategic investment in the residential sector is envisaged in from 2019 onwards. The timing and extent of this will be kept under close review as several factors develop including the impact of the national living wage, local market conditions and the overall availability of resources.

## Section 4 - A: Children, Families and Adults Services

October Committee

**Table 3: Revenue - Overview**

**Budget Period: 2017-18 to 2021-22**

Detailed Plans	Outline Plans
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Ref	Title	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Transformation Workstream	Description
A/R.4.009	Impact of National Living Wage (NLW) on Contracts	3,269	3,509	3,500	3,277	-		As a result of the introduction of the National Living Wage it is expected that the cost of contracts held by CCC with independent and voluntary sector care providers will increase. This is due to providers' costs increasing as a result of introducing the NLW leading to price increases. Our analysis suggests the changes from April 2017 will lead to price increases between 1% and 3.5%, dependent on the cost of providing different types of care.
A/R.4.012	Local Housing Allowance Limits	-	-	412	595	199		Government recently announced an intention to defer the possible cap on Housing Benefit payable for certain property service charges. It is unclear at this stage whether the recent announcement of additional funding from government will fully address this pressure. A number of the people the Council supports are social housing tenants, and an assessment had been made of the impact on the Council of costs increasing as a result of the change either at existing schemes or due to withdrawal of current services. The changes would take effect on new tenancies and so the implications take effect gradually.
A/R.4.013	Children's Social Care Establishment	355	-	-	-	-		Case holding continues to rise causing pressure within Unit Model. Capacity required over establishment to manage casework.
A/R.4.014	Independent Review Officers and Child Protection Chairs	261	-	-	-	-		Over the past two years there has been a substantial increase in both the numbers of Children subject of a Child Protection Plan (82%) and Children in Care (22%- inc Asylum Seekers) – outside of increases across care budgets this has placed severe pressure on the social work units and the reviewing and chairing service. Consequently a number of additional social workers and Independent Reviewing Officers have been created without securing funding to support these. It is now anticipated that this level of posts will be required going forward.
A/R.4.015	Children Innovation and Development Service	289	50	-	-	-		In 2015-16 a target was set for the Head of Service (CIDS) in Learning to secure extra funding from grants. Hard work has meant this target will be met in full for 2016-17 and in part for 2017-18. However, our initial work found that this will not be a long-term source of funding and will continue to be a pressure from 2017-18.

## Section 4 - A: Children, Families and Adults Services

October Committee

**Table 3: Revenue - Overview**

**Budget Period: 2017-18 to 2021-22**

Detailed Plans	Outline Plans
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Ref	Title	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Transformation Workstream	Description
A/R.4.016	Multi Systemic Therapy (MST)	368	63	-	-	-		Multi Systemic Therapy (MST) Standard and MST Problematic Sexualised Behaviour are key components to our intensive family support service. MST is an evidence based intervention which operates under an operating licence. It has a clear methodology for creating long term change and a continuous quality assurance process which ensures high adherence to the intervention. MST is internationally recognised as delivering consistent and sustainable outcomes for young people at risk of care or custody. MST is part of a suite of interventions and services which make a significant contribution to the delivery of the savings assumed through the Commissioning Strategy for reducing the numbers of Looked after Children (LAC) and reducing longer term reliance on statutory services. The most recent cost benefit analysis of the impact MST has is shown that there is a return on investment of 3.0 – for every £1 invested in MST staff resource there is a return of £3. Part of the funding for MST, that has comprised external grant and County Council reserves funding, will come to an end. The reserves element have been used over a two year period to cover part of the service cost, which has enabled the service to continue in spite of the Council's reducing budget. Given the strong evidence base for delivery of sustained positive outcomes for families core budget is to be used to secure this provision.
A/R.4.017	Professional and Management Pay Structure	360	-	-	-	-		The revised management band pay structure was implemented in October 2016. The revised pay grades will not be inflated during 2017-18, as the inflation funding was factored into the available funding for the new pay structure. This pressure replaces inflation and funds the additional cost of the new pay structure expected to be incurred in 2017-18.
A/R.4.018	Impact of National Living Wage (NLW) on CCC employee costs	4	15	68	151	151		The cost impact of the introduction of the NLW on directly employed CCC staff is minimal, due to a low number of staff being paid below the proposed NLW rates. Traded services whose staff are paid below the NLW will be expected to recover any additional cost through their pricing structure.
<b>4.999</b>	<b>Subtotal Pressures</b>	<b>4,906</b>	<b>3,637</b>	<b>5,480</b>	<b>6,523</b>	<b>350</b>		
<b>5</b>	<b>INVESTMENTS</b>							
A/R.5.003	Flexible Shared Care Resource	-174	-	-	-	-		Funding to bridge the gap between fostering and community support and residential provision has ended. Investment will be repaid over 7 years from savings in placement costs.
<b>5.999</b>	<b>Subtotal Investments</b>	<b>-174</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>		

## Section 4 - A: Children, Families and Adults Services

October Committee

**Table 3: Revenue - Overview**

**Budget Period: 2017-18 to 2021-22**

Detailed Plans	Outline Plans
----------------	---------------

Ref	Title	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Transformation Workstream	Description
<b>6</b>	<b>SAVINGS</b>							
	<b>Cross Committee</b>							
A/R.6.001	DAAT - Saving from integrating drug and alcohol misuse service contracts	-100	-	-	-	-	- Contracts, commercial & procurement	The NHS trust 'Inclusion' provides countywide specialist drug & alcohol treatment services. Currently there are separate treatment contracts for alcohol and drugs. Inclusion have agreed to commence full service integration in 2016/17. This will require fewer service leads employed in management grades and reduces the overall management on-costs in the existing contract agreement. It is also proposed to reduce Saturday clinics and/or move to a volunteer/service user led model for these clinics.
	<b>Adults</b>							
A/R.6.101	Recouping under-used direct payment budget allocations for service users	-395	-	-	-	-	- Finance & budget review	Improving central monitoring and coordination arrangements for direct payments - ensuring budget allocations are proportionate to need and any underspends are recovered.
A/R.6.102	Care Act (part reversal of previous saving)	120	-	-	-	-	- Finance & budget review	There is a £60k deficit on Care Act funded schemes going into 2017-18, and a further £60k required to fund a new Community Navigators scheme. A saving of £400k was taken from the Care Act funding in 2016-17. Part of this (£120k) will be reversed to fund these schemes.
A/R.6.111	Supporting people with physical disabilities and people with autism to live more independently	-791	-440	-505	-455	-	- Commissioning	The focus will be on helping people lead independent lives through the Transforming Lives programme and measures approved by Adults Committee in 2016.
A/R.6.112	Securing appropriate Continuing Healthcare Funding for people with physical disabilities and ongoing health needs	-320	-	-	-	-	- Finance & budget review	Careful consideration of the needs of people with complex needs to identify where these needs meet the criteria for Continuing Healthcare and full funding by the CCG.
A/R.6.113	Specialist Support for Adults with Autism to increase their independence	-72	-	-	-	-	- Adults' services	Recruitment of 2 full time Support Workers for a 24 month period to work with service users to develop skills and access opportunities such as training or employment that would reduce the need for social care support.
A/R.6.114	Increasing independence and resilience when meeting the needs of people with learning disabilities	-2,381	-1,925	-1,747	-1,983	-	- Commissioning	The focus will be on helping individuals be independent and resilient through the Transforming Lives initiative, together with policies approved by Adults Committee in 2016. Care and support will focus on developing skills and opportunities, wherever possible, to increase independence. In the short term this may include more intensive support in order to reduce reliance on social care support in the longer term.
A/R.6.115	Retendering for residential, supported living and domiciliary care for people with learning disabilities	-331	-57	-	-	-	- Contracts, commercial & procurement	Contracts will be retendered in 2017-18 with the intention of reducing the unit cost of care.

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A/R.6.116	Using assistive technology to help people with learning disabilities live and be safe more independently without the need for 24hr or overnight care	-214	-	-	-	-	- Adults' services	New and existing care packages will be reviewed by specialist Assistive Technology and Occupational Therapy staff to identify appropriate equipment which could help disabled people to be safe and live more independently. In particular we will seek to mitigate the need for support when people wake in the night.
A/R.6.117	Developing a new learning disability care model in Cambridgeshire to reduce the reliance on out of county placements	-140	-	-	-	-	- Commissioning	This work will entail a review of the most expensive out-of-county placements to inform the development of the most cost-effective ways of meeting needs by commissioning new services within county. In particular we know we will need to develop additional in-county provision with the expertise to manage behaviours that may be challenging. By replacing high-cost out of county placements with new in-county provision tailored to our needs we will reduce overall expenditure on care placements.
A/R.6.118	Review of Health partner contributions to the Learning Disability Partnership	-500	-	-	-	-	- Finance & budget review	Negotiating with NHS for additional funding through reviewing funding arrangements, with a focus on continuing healthcare and joint funded packages.
A/R.6.120	Short term reduction in budget to support family carers	-	300	-	-	-	- Finance & budget review	Reversing in 2018-19 a temporary saving from 2016-17.
A/R.6.121	Managing the assessment of Deprivation of Liberty cases within reduced additional resources	-100	-300	-	-	-	- Finance & budget review	The March 2014 Supreme Court judgement on the Deprivation of Liberty requires councils to undertake a large number of new assessments, including applications to the Court of Protection. Funding was made available to increase capacity to undertake best interest assessments and process applications for DOLS. The national demand for staff who are trained as best interest assessors has meant that it has not been possible to deploy all the available funding in this way. This position is not expected to change, and so a saving has been identified against this budget.
A/R.6.122	Transforming In-House Learning Disability Services	-250	-250	-	-	-	- Workforce planning & development	We will review and make necessary changes to in house services focussed on ensuring that resource is appropriately targeted to provide intensive short term support aimed at increasing independence. We will also identify where we can work with the independent sector to provide for assessed needs in a different way and so consider ending any service that is under-utilised. We will continue to provide a respite function both as a day provision and an overnight provision and will ensure that this is appropriately staffed and is cost effective.
A/R.6.123	Rationalisation of housing related support contracts	-58	-	-	-	-	- Commissioning	In 2016-17 we completed a review of contracted services which support individuals and families to maintain their housing. A contract was terminated in November 2016, with the full-year effect of the associated budget reduction affecting the 2017-18 year.

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A/R.6.125	Supporting young people with learning disabilities to live as independently as possible in adult life	-726	-867	-1,039	-1,034		- Adults' services	This work in children's services and in the Young Adult Team will ensure that young people transferring to the LDP will be expected to have less need for services. In addition, the Transforming Lives scheme will ensure that a wider range of family and community resources are used to help people meet their needs as well as promoting independence through short term funding, before considering long term provision.
A/R.6.132	Providing cost-effective care for adults with mental health needs which supports independence and recovery and keep people within their communities	-830	-370	-722	-584		- Adults' services	Savings will be achieved by reducing the cost of care plans for people aged under 65 with mental health needs. We aim to reduce residential care costs and increase the availability of support in the community.
A/R.6.133	Continuation of one-off capitalisation of equipment and assistive technology for a further year	-	285	-	-		- Finance & budget review	We expect to continue spending on additional equipment and assistive technology into the 2017-18 financial year as part of our work to promote independence. At the moment this is funded by grants carried forward from previous years, but these will no longer be available when the grant ends by 2018-19, leading to a pressure in our revenue budgets.
A/R.6.134	Increase in income from Older People and Older People with mental health's client contributions from increased frequency of reassessments	-381	-	-	-		- Finance & budget review	We realised recently that older people and those with mental health are not always being financially reassessed every year. The council will therefore reassess all clients more regularly to ensure that the full contributions are being collected.
A/R.6.140	Helping older people to take up their full benefits entitlements [EI]	-100	-	-	-		- Finance & budget review	The council will work with service users to make sure they receive all the benefits to which they are entitled and this is expected to increase service user contributions.
A/R.6.143	Savings from Homecare: re-tendering of home care to develop the market through a number of best practice initiatives including the expansion of direct payments	-306	-306	-	-		- Commissioning	This proposal will focus specifically on piloting an alternative but complementary approach to home-based care that would try and find alternative solutions to traditional homecare - whilst still improving outcomes for service users, promote independence, and achieve savings to the Council. Specifically this approach would focus on personalised care delivered via local carers working on a self employed basis/ as part of a 'micro enterprise' and personal assistants funded via direct payments as alternatives to traditional homecare.

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A/R.6.145	Using assistive technology to support older people to remain independent in their own homes	-358	-239	-	-	-	- Adults' services	The proposal is to invest in and expand the use of Just Checking (or similar) equipment to reduce spending in older people's services. As part of a social care assessment the equipment gives us a full report of a person's movements during a given period allowing us to test whether they are able to go about daily life (eating, washing, dressing, going to the toilet) unaided and to check that overnight they are safe at home. This full picture of a person's daily patterns and movements allows us to say with significantly more accuracy and confidence whether they can or cannot cope independently at home. This additional information and confidence would allow older people, their families and social workers to only make the decision to recommend a move into residential or nursing care where it is absolutely essential. In this way we can reduce care spending overall whilst ensuring we do make provision for those who cannot be independent in their own homes.
A/R.6.146	Expansion of the Adult Early Help Team to minimise the need for statutory care	-384	-	-	-	-	- Customer & communities	The Adult Early Help team was established in April 2016 to provide an enhanced first response to people contacting the County Council with social care concerns. The team help people to retain independence, access services and advise on ways in which older people and their carers can organise help for themselves. The goal is to try to resolve issues without the need to wait for a formal assessment or care plan. Through either telephone support or through a face to face discussion, we hope to work with older people to find solutions without the need for further local authority involvement. The initial phase is already resulting in a reduced number of referrals to social care teams. This business case builds on the first phase and proposes continuing the expansion of the Adult Early Help team, so that the team is able to meet more of the need at tier 2, preventing further escalation of need and hence minimising care expenditure. This contributes further savings in 2017-18 as part of the care budget targets in Older People's Services.
A/R.6.149	Administer Disability Facilities Grant within reduced overhead costs	-150	-	-	-	-	- Finance & budget review	At present the County Council invests £300k into the Home Improvement Agencies, which oversee the Disabled Facilities Grants by each of the Districts. The County Council is working in partnership with the District Councils to reduce the cost of the administration of these services. There will be no reduction in the level of grant or service and the intention is to speed up the decision making process.
A/R.6.155	Providing cost-effective care for Older People with mental health which maximises independence and recovery, keeps people within their communities	-193	-212	-257	-230	-	- Finance & budget review	Savings will be achieved by changing the way in which we meet the needs of older people with mental health needs through using a Transforming Lives approach when developing care plans with older people with mental health needs and their families.

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A/R.6.157	Increase in income from Older People and Older People with Mental Health's client contributions following a change in Disability Related Expenditure	-119	-	-	-	-	- Finance & budget review	Following a comparative exercise, the Adults Committee agreed a change to the standard rate of disability related expenditure (DRE) during 2016. This means that additional income is being collected through client contributions. This line reflects the 'full-year' impact of this change, reflecting that the new standard rate is applied at the planned point of financial assessment or reassessment for each person.
A/R.6.159	Efficiencies from the cost of Transport for Older People	-100	-	-	-	-	- Commissioning	Savings can be made through close scrutiny of the expenditure on transport as part of care packages in Older People's Services to ensure that travel requirements are being met in as cost efficient a way as possible.
A/R.6.160	Ensuring joint health and social care funding arrangements for older people are appropriate	-164	-	-	-	-	- Finance & budget review	We have been working with NHS colleagues to review continuing health care arrangements including joint funding, with a view to ensuring that the decision making process is transparent and we are clearer about funding responsibility between social care and the NHS when someone has continuing health care needs. Several cases has been identified where potentially health funding should be included or increased based on a review of needs. Our analysis suggests that work to determine funding responsibilities more accurately will lead to an improvement in the County Council's financial position.
A/R.6.161	Managing the Cambridgeshire Local Assistance Scheme within existing resources	-163	-	-	-	-	- Finance & budget review	The Adults Committee has considered several proposals on how to deliver the Cambridgeshire Local Assistance Scheme (CLAS). A contingency budget for CLAS has not been used, and we don't expect extra funding to be needed for the redesigned service.
A/R.6.163	Adult Mental Health - Establishment of enhanced peer-led community support service	-250	-	-	-	-	- Adults' services	A business case is being developed in partnership with CPFT for the establishment of an expanded peer befriending/community support service delivered by people who have previously had periods of support from mental health services to existing service users. The offer is built on the principle of recovery, which moves beyond a narrow focus on symptom reduction to helping people to rebuild lives that they find satisfying, meaningful and valued. The befriending service will be run by the Recovery Team, based within CPFT and would replace traditional forms of community based care with support being provided by people who have been through the same sort of experiences. The new service would help people to return to greater independence more quickly, reducing the duration of care packages and so reducing cost. The scheme would also enable people with previous mental health challenges to enter, or return to the workplace in a supported environment which would contribute to their own long-term recovery.



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A/R.6.164	Reablement for Older People - Improving effectiveness to enable more people to live independently	-219	-	-	-	-	Adults' services	Development of the Reablement Service to ensure it promotes independence and reduces the costs of care by being directed at the right people. Changes to the way the service operates will release additional capacity, allowing it to work with more people, achieve better outcomes and so reduce demand and cut costs. It is proposed that within existing staffing levels we can increase the number of people receiving a reablement service and increase the number of people for whom the reablement intervention is ended without the need for ongoing care or with a reduced need for ongoing care. To achieve this we will improve team structures and working practices and ensure the cases referred to the service are appropriate, where there is good potential for people to live independently again.
A/R.6.165	Enhanced Occupational Therapy Support to reduce the need for double-handed care [E]	-252	-	-	-	-	Adults' services	The Double-Up Team was set up as a 'spend to save' initiative in 2013 based on evidence from other local authorities. Initially set up as a pilot project, it was endorsed as part of the County Council's prevention agenda, the implementation of Transforming Lives and the requirements of The Care Act. The team consists of two Senior Occupational Therapists (OTs) and two OT Technicians employed directly by the County Council. The team's remit is to focus on the review of service users to assess whether it is possible to either: <ul style="list-style-type: none"> <li>• Reduce existing double-up packages of care to single-handed care</li> <li>OR</li> <li>• Prevent single-handed care packages being increased to double-up</li> </ul> This team is currently based outside of the existing mainstream OT service to ensure focus on the delivery of actions that will benefit the recipients whilst returning a saving direct to the Council. Through the actions of the existing team, savings from the Councils homecare budget were generated in the region of £1.1m in 2015-16 and are on track to achieve a similar figure in the current financial year. This business case proposes the expansion of the service through the recruitment of an additional two OT workers so they can share learning and benefits associated with the current model to other settings (further details are listed in the 'scope' section of this document) as well as providing additional review capacity.
A/R.6.167	Voluntary Sector Contracts for Mental Health Services	-130	-	-	-	-	Adults' services	This involves a review and rationalisation of voluntary sector contracts for adult mental health support. This will include a review of all the contracts and contracting and procurement arrangements.

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A/R.6.201	<b>C&amp;YP</b> Staffing reductions in Statutory Assessment and Resources Team	-13	-376	-	-	-	Workforce planning & development	In 2017-18, savings will be achieved through not filling vacancies as they arise. Future years' savings include a proposed reduction in staffing within the Statutory Assessment and Resources Team following completion of SEND Reform changes, in particular transfers from statements to Education Health and Care Plans and also a change in working arrangement to ensure greater efficiencies in practice.
A/R.6.202	Children's Change Programme: Changes to Management Structure in Children's Services	-525	-265	-	-	-	Workforce planning & development	The Children's Change Programme is reviewing and transforming the system of children's services across early help, safeguarding and protection teams. Phase 1 of the programme will realise savings from staffing by deleting duplication and simplifying processes. Specifically, we will integrate social work and early help services into a district-based delivery model, unifying services around familiar and common administrative boundaries so they can align with partners better; and reducing the number of team manager level posts required.
A/R.6.203	Amalgamating Family Support Services	-50	-	-	-	-	Workforce planning & development	Amalgamation of Specialist Family Support Service Family Support Workers in localities to produce better efficiency and subsequent a reduction of associated relief staff costs.
A/R.6.204	Children's Change Programme (later phases)	-	-500	-300	-	-	Children's services	The Children's Change Programme will improve services and outcomes for families. A series proposals have been developed, including: - Bringing together, in one role, a Service Director for Children's Services, including line management of Early Help Services and Children's Social Care. - Developing an integrated service working with children and families in their community. Services will be integrated and located on a geographical basis - probably across the five district council areas. - Bringing together all services for children and young people with Special Educational Needs or Disability (SEND 0-25). - Being the very best Corporate Parent – Improving our fostering and adoption offer
A/R.6.207	Reducing cost of legal support in the Family Courts	-	-189	-	-	-	Children's services	Reduction in legal costs as a result of a review of the LGSS Law contract for Children's Services.

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A/R.6.210	Home to School Transport (Special)	-417	-1,051	-1,114	-1,157		- Children's services	<p>Most children and young people with Statements of SEND and Education, Health and Care (EHC) plans do not require special transport arrangements. Wherever possible and appropriate, the child or young person with SEN should be treated in the same way as those without. e.g. in general they should walk to school, travel on a public bus or rail service or a contract bus service or be taken by their parents. They should develop independent travel skills which should be assessed at each Annual Review. The majority of children/ young people of statutory school age (5-16) who have a Statement of Special Educational Need (SSEN) will attend their designated mainstream school. Only if, as detailed in their SSEN/EHC Plan, a child or young person has a special educational need or disability which ordinarily prevents them from either walking to and from school or accessing a bus or rail service or contract bus service, will they be eligible for free transport.</p> <p>With effect from 1 September 2015, the Council stopped providing free transport for young people with SEND over the age of 16, except those living in low income families. In addition to the £396k of savings in this business case, there are two separate invest to save proposals which are being funded by CFA underspend and ETE capital funding (Meadowgate footpath and Independent Travel Training) which relate to home to school transport (special). There is less likelihood of achieving savings from 2018/19 onwards as these are more reliant on a reduction in the number of children on EHC plans. The ability to make considerable savings from 2018/19 onwards is based on increased in-county education provision and reduction in EHC Plans due to more need being met within mainstream provision, both of which are needed to reduce the number of pupils requiring transport - even with demographic increase in population. We plan to achieve savings through a change to post-16 funding policy introducing contributions to all post-16 pupils. This is subject to Member approval.</p>
A/R.6.212	Looked After Children Savings	-734	-168	-353	-119		- Commissioning	<p>This will be by making £320K savings from the use of virtual beds. The remaining saving will come from reducing the cost of the top 50 high cost placement, make further savings through fee negotiations and making savings from on cost of supported lodgings.</p>
A/R.6.213	LAC Inflation Savings	-124	-110	-96	-88		- Commissioning	<p>Award inflation at 0.7% rather than 1.7%</p>

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A/R.6.214	Moving towards personal budgets in home to school transport (SEN)	-232	-378	-	-	-	- Contracts, commercial & procurement	The Personal Transport Budget (PTB) is a sum of money that is paid to a parent/carer of a child who is eligible for free school travel. The cost of a PTB would not be more than current transport arrangements. A PTB gives families the freedom to make their own decisions and arrangements about how their child will get to and from school each day. Monitoring and bureaucracy of PTBs is kept to a minimum with parents not being expected to provide evidence on how the money is spent. However, monitoring of children's attendance at school is done and PTBs are removed if attendance falls below an agreed level.
A/R.6.215	Adaptation and refurbishment of Council Properties to reduce the unit cost of placements	-600	-	-	-	-	- Commissioning	Three properties owned by Cambridgeshire County Council have become vacant, or are becoming vacant over the coming months. This presents an opportunity to increase the capacity for in-county accommodation the Council has for children who are looked after and to contribute to the savings arising from the unit cost of placements. Refurbishment of the properties will take place to make these buildings fit for purpose.
A/R.6.216	Pathways to access contraception and sexual health services for priority groups	-185	-	-	-	-	- Commissioning	To provide intermediate level training to 100 staff from targeted services in residential children's homes, drug and alcohol services, adult mental health services, the Youth Offending Service, the 18-25 team and Domestic Violence Adviser team. We will purchase 12 contraception boxes for offices of services attending training for use with clients.
A/R.6.217	Enhanced intervention service for children with disabilities	-174	-522	-	-	-	- Commissioning	Establish an Enhanced Intervention Service in Cambridgeshire. The purpose of the team would be to reduce the number of children with disabilities placed in out of county residential homes, to enable children to safely live with their family and access education in their local area.

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A/R.6.218	SPACE Programme – helping mothers to prevent repeat removals	-111	-111	-	-	-	Commissioning	The Space Programme works to engage with mothers who have had their baby permanently removed from their care, with the aim of reducing the likelihood of it happening again. The programme works with mothers and their partners where appropriate, to help them understand the range of issues they face and which may have contributed to their child becoming permanently removed in the first place. In partnership with other agencies, the programme works to promote positive relationships, self esteem and confidence and assertiveness, whilst encouraging access to universal and specialist services that can help mothers live healthier lives. The programme has been funded by CFA reserves from October 2015 to March 2017 and works on the assumption that the programme prevents six babies entering foster care in 2017-18 and 2018-19 as a result of the intervention work that's taken place in 2015-16 and 2016-17. Outcome data for the programme is currently being prepared and reviewed and options to secure permanent funding to sustain this work are being explored.
A/R.6.219	Systemic family meetings to be offered at an earlier stage to increase the number of children being diverted from LAC placements	-461	-150	-	-	-	Commissioning	Change the referral criteria for systemic family meetings so they take place with families at an earlier stage - at the point just before beginning a child protection plan. This would enable us to work with a larger group of 390 children at Child Protection level, rather than 240 at court proceedings level.
A/R.6.220	Increase the number and capacity of in-house foster carers	-195	-396	-64	-101	-	Commissioning	Reduce spending on foster placements from external carer agencies by increasing the capacity of the in-house service.
A/R.6.221	Link workers within Adult Mental Health Services	-	-480	-	-	-	Commissioning	Two Link Workers will embed a Think Family approach in adult mental health services and increase access to preventative and early help services to keep families together wherever possible.
A/R.6.222	Independent travel training for children with SEND	-96	-	-	-	-	Children's services	Proposal to introduce Independent Travel Training (ITT) for young people with SEND to help them cope with the often more complex journeys required to access further education. Once trained and assessed to be safely able to travel independently, we will no longer have to provide home to school transport for these young people.
A/R.6.223	SEND home to school transport - Meadowgate footpath	-76	-	-	-	-	Contracts, commercial & procurement	Build a footpath to the Meadowgate School to create a safe route that would enable children to walk or cycle to school, meaning they would no longer require transport.

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A/R.6.224	Re-commissioning of Children's Centres and Children's Health services	-	-1,000	-	-	-	- Workforce planning & development	The future delivery model for Children's Centres will be looked at as part of the wider Children's Change Programme which will design how services will be provided, setting out how early help and targeted services can be integrated so that the whole system works together to improve outcomes for children and enables them to thrive. A revised model for Children's Centres will form part of this, which is likely to locate some Children's Centres' community-based service delivery within the development of Community Hubs across Cambridgeshire, and prioritise targeted services for vulnerable children in the wider system of service delivery in the Council, and through the 0-19 Healthy Child Programme.
A/R.6.225	Alternative model of delivery for school catering and cleaning [EI]	-50	-	-	-	-	- Workforce planning & development	A new way of providing school catering and cleaning as either a joint venture or a partnership with another provider is at an advanced stage. A minimum of £50K has been set as a project priority.
A/R.6.227	Strategic review of the LA's ongoing statutory role in learning [EI]	-270	-324	-	-	-	- Workforce planning & development	A programme to transform the role of the local authority in education in response to national developments such as the 2016 Education White Paper, and the local context, (e.g. the increasing number of academies and the educational performance of schools) has been started. This has four strands - the LA's core duties, traded services, local authority-initiated Multi-academy Trusts and the recruitment and retention of school staff. Early work has identified savings from reducing core funding to the Education Adviser team to meet the statutory minimum requirement (one f.t.e.) and develop trading with schools and academies to fund non-statutory work; Mathematics, English and Improvement advisers to be fully traded from 2017-18; Primary advisers to be part traded from 2017-18 and fully traded from 2018-19; Senior Advisers to be part traded; and a reduction in the intervention budget, supporting only maintained schools where we have a statutory responsibility to do so. The Education Advisers will generate a £10k surplus in 2018-19.
A/R.6.230	Reduction in Heads of Service	-80	-	-	-	-	- Workforce planning & development	Reduce the number of Heads of Service in the Learning directorate from six to five in line with the reduction in staffing and changing role of the Directorate.

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Ref	Title	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Transformation Workstream	Description
A/R.6.234	Home to School Transport (Mainstream)	-94	-	-	-	-	- Contracts, commercial & procurement	The 2017-18 saving is made up of the summer term changes to post 16 and spare seats charging policy, implemented in 2016-17.  As a result of a decision taken by SMT, all services are now required to absorb the impact of the general growth in population and no demography funding will be allocated for this purpose. This represents £598k for this budget. Full year savings of £438k from route retendering (which normally would be offered as savings) will instead be diverted to meet this pressure in part.
A/R.6.236	Business Support	-51	-	-	-	-	- Workforce planning & development	Development and implementation of course booking and customer feedback systems and new ways of working will enable us to reduce our business support capacity.
A/R.6.999	<b>Cross Committee</b> Unidentified Savings	-	-	-	-	-	-	Savings to be identified during future years' Business Planning processes.
<b>6.999</b>	<b>Subtotal Savings</b>	<b>-14,895</b>	<b>-10,401</b>	<b>-6,197</b>	<b>-5,751</b>	<b>-</b>		
	<b>TOTAL GROSS EXPENDITURE</b>	<b>355,330</b>	<b>358,378</b>	<b>367,054</b>	<b>377,836</b>	<b>388,269</b>		
<b>7</b>	<b>FEES, CHARGES &amp; RING-FENCED GRANTS</b>							
A/R.7.001	Previous year's fees, charges & ring-fenced grants	-115,543	-115,918	-109,778	-109,961	-110,145	Finance & budget review	Previous year's fees and charges for the provision of services and ring-fenced grant funding rolled forward.
A/R.7.002	Increase in fees, charges and schools income compared to 2016-17	-	-	-	-	-	Finance & budget review	Adjustment for permanent changes to income expectation from decisions made in 2016-17.
A/R.7.003	Fees and charges inflation	-287	-166	-167	-168	-169	Finance & budget review	Increase in external charges to reflect inflation pressures on the costs of services.
A/R.7.101	<b>Changes to fees &amp; charges</b> Early Years subscription package	-28	-16	-16	-16	-	- Children's services	Proposal to develop Early Years subscription package for trading with settings.
A/R.7.103	Education ICT Service	-100	-	-	-	-	- Children's services	Increase in trading surplus through expanding out-of-county provision.
A/R.7.104	Cambridgeshire Outdoors	-50	-	-	-	-	- Children's services	Increase in trading surplus through cost reduction and external marketing.
A/R.7.105	Admissions Service	-10	-	-	-	-	- Children's services	Increase in trading surplus through an increased use of automated systems.
A/R.7.201	<b>Changes to ring-fenced grants</b> Change in Public Health Grant	100	6,322	-	-	-	-	Change in ring-fenced Public Health grant to reflect change of function. This will be treated as a corporate grant from 2018-19 due to removal of the ring-fence.
A/R.7.202	SEND Implementation Grant	-	-	-	-	-	-	Removal of one-off grant from previous year

## Section 4 - A: Children, Families and Adults Services

October Committee

**Table 3: Revenue - Overview**

**Budget Period: 2017-18 to 2021-22**

Detailed Plans	Outline Plans
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Ref	Title	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Transformation Workstream	Description
A/R.7.203	Care Act (New Burdens funding) Additional Assessments and care cap	-	-	-	-	-		New funding to support responsibilities under the Care Act.
A/R.7.204	Reduction in Youth Justice Board Grant	-	-	-	-	-		Anticipated reduction in Youth Justice Board Good Practice Grant.
A/R.7.205	Care Act (New Burdens Funding)	1,593	1,593	1,593	1,593	1,593		Technical adjustment resulting from the ceasing of Care Act funding as a ring-fenced grant and inclusion in general County Council funding. Funding changes deferred until 2020 meaning that the County Council did not need to undertake additional assessments on self-funders. No impact on service delivery.
A/R.7.206	Increase in DSG	-	-	-	-	-		Increase in Dedicated Schools Grant (DSG) directly managed by CFA, to fund Special school equipment budget in Commissioning Enhanced Services.
<b>7.999</b>	<b>Subtotal Fees, Charges &amp; Ring-fenced Grants</b>	<b>-114,325</b>	<b>-108,185</b>	<b>-108,368</b>	<b>-108,552</b>	<b>-108,721</b>		
	<b>TOTAL NET EXPENDITURE</b>	<b>241,005</b>	<b>250,193</b>	<b>258,686</b>	<b>269,284</b>	<b>279,548</b>		

FUNDING SOURCES								
<b>8</b>	<b>FUNDING OF GROSS EXPENDITURE</b>							
A/R.8.001	Budget Allocation	-241,005	-250,193	-258,686	-269,284	-279,548		Net spend funded from general grants, business rates and Council Tax.
A/R.8.002	Fees & Charges	-52,480	-52,662	-52,845	-53,029	-53,198		Fees and charges for the provision of services.
A/R.8.003	Expected income from Cambridgeshire Maintained Schools	-15,426	-15,426	-15,426	-15,426	-15,426		Expected income from Cambridgeshire maintained schools.
A/R.8.004	Dedicated Schools Grant	-23,214	-23,214	-23,214	-23,214	-23,214		DSG directly managed by CFA.
A/R.8.005	Better Care Fund (BCF) Allocation for Social Care	-15,453	-15,453	-15,453	-15,453	-15,453		The NHS and County Council pool budgets through the Better Care Fund (BCF), promoting joint working. This line shows the revenue funding flowing from the BCF into Social Care.
A/R.8.006	Arts Council Funding	-591	-591	-591	-591	-591		Arts Council funding for the Music Hub.
A/R.8.007	Youth Justice Board Good Practice Grant	-500	-500	-500	-500	-500		Youth Justice Board Good Practice Grant.
A/R.8.009	Care Act (New Burdens Funding) Social Care in Prisons	-339	-339	-339	-339	-339		Care Act New Burdens funding.
A/R.8.401	Public Health Funding	-6,322	-	-	-	-		Funding transferred to Service areas where the management of Public Health functions will be undertaken by other County Council officers, rather than directly by the Public Health Team.
<b>8.999</b>	<b>TOTAL FUNDING OF GROSS EXPENDITURE</b>	<b>-355,330</b>	<b>-358,378</b>	<b>-367,054</b>	<b>-377,836</b>	<b>-388,269</b>		



## Section 4 - A: Children, Families and Adults Services

October Committee

**Table 3: Revenue - Overview**

Budget Period: 2017-18 to 2021-22

Detailed Plans	Outline Plans
----------------	---------------

Ref	Title	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Transformation Workstream	Description
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MEMORANDUM: SAVINGS / INCREASED INCOME						
Savings	-14,895	-10,401	-6,197	-5,751	-	-
Changes to fees & charges	-188	-16	-16	-16	-	-
<b>TOTAL SAVINGS / INCREASED INCOME</b>	<b>-15,083</b>	<b>-10,417</b>	<b>-6,213</b>	<b>-5,767</b>	<b>-</b>	<b>-</b>

MEMORANDUM: TOTAL CFA GROSS EXPENDITURE INCLUDING DSG-FUNDED ELEMENT								
	Non DSG-funded expenditure	332,116	335,164	343,840	354,622	365,055	Modified	Total gross expenditure for CFA not funded by the Dedicated Schools Grant.
	DSG-funded expenditure	23,214	23,214	23,214	23,214	23,214	Modified	Total gross expenditure for CFA funded by the Dedicated Schools Grant.
	<b>TOTAL GROSS EXPENDITURE</b>	<b>355,330</b>	<b>358,378</b>	<b>367,054</b>	<b>377,836</b>	<b>388,269</b>		



## APPENDIX 4 – SUMMARY OF CHANGES TO BUSINESS PLAN SINCE BEGINNING OF PLANNING CYCLE

Changes since Spring		Change in Savings	Change in Demography	Table Refs
ASC	Learning Disability	There were previously three savings targets for the LDP totalling £6,914k. The total saving requirement has been reduced to £4,542, now split across 7 themes.	The net demography requirement for LD has reduced by £438k.	A/R.6.114-118, A/R.6.122, A/R.6.125 & A/R.3.004
	Disability (PhysD/Autism)	There were previously two savings targets for PD totalling £1,211k. The total savings target is now £1,183k split across 3 themes.	The net demography requirement for PD has reduced by £116k	A/R.6.111- A/R.6.113 & A/R.3.002
	Other areas	A saving of £442k from <u>housing related support</u> has been removed in 2017/18, and a saving of £300k from 2018/19 as non-deliverable		
		A saving from previous changes to <u>housing related support</u> , totalling £58k, will be realised in 2017/18 following implementation in November 2016.		A/R.6.123
		A £100k saving from the Mental Capacity Act team has been brought forward from 2018/19.		A/R.6.121
OP and MH	Older People	There were previously two savings targets for OP totalling £1,778k. The total saving requirement has been increased to £2,383, now split across 10 themes.	The net demography requirement for OP has reduced by £1,030k. The real impact on the gap is £65k due to removal of £965k saving as part of 1.4% review.	A/R.6.134-146, A/R.6.157-160, A/R.6.164-165 & A/R.3.006
	Mental Health	There was previously one savings target for MH totalling £830k. The total savings target is now £1,273k split across 3 themes.	The net demography requirement for Adult MH has reduced by £236k.	A/R.6.132, A/R.6.155, A/R.6.163 & A/R.3.008
	Other areas	A saving of £120k from ICES (equipment) has been removed.	Demography for ICES (£118k) has been removed	
		A new saving related to disabled facilities grant (£150k) has been added		A/R.6.149
		The saving on Voluntary Sector Contracts has increased by £80k, following progress this year.		A/R.6.167
	Adults Cross-Cutting Direct Payments		There is a new saving of £395k from increased monitoring of direct payments	
S&C	Local Assistance	New reduction in budget of £163k is possible.		A/R.6.161



**FINANCE AND PERFORMANCE REPORT – AUGUST 2016**

*To:* **Adults Committee**

*Meeting Date:* **13 October 2016**

*From:* **Chief Finance Officer**  
**Executive Director: Children, Families and Adults Services**

*Electoral division(s):* **All**

*Forward Plan ref:* **Not applicable**      *Key decision:* **No**

*Purpose:* **To provide the Committee with the August 2016 Finance and Performance report for Children's, Families and Adults Services (CFA).**

**The report is presented to provide the Committee with the opportunity to comment on the financial and performance position as at the end of August 2016.**

*Recommendation:* **The Committee is asked to review and comment on the report**

<b><i>Officer contact:</i></b>	
Name:	Tom Kelly
Post:	Strategic Finance Manager
Email:	<a href="mailto:tom.kelly@cambridgeshire.gov.uk">tom.kelly@cambridgeshire.gov.uk</a>
Tel:	01223 703599

## 1.0 BACKGROUND

- 1.1 A Finance & Performance Report for the Children, Families and Adults Directorates (CFA) is produced monthly and the most recent available report is presented to the Committee when it meets.
- 1.2 The report is presented to provide the Committee with the opportunity to comment on the financial and performance position of the services for which the Committee has responsibility.
- 1.3 This report is for the whole of the CFA Service, and as such, not all of the budgets contained within it are the responsibility of this Committee. Members are requested to restrict their attention to the budget lines for which this Committee is responsible, which are detailed in Appendix A.

## 2.0 MAIN ISSUES IN THE AUGUST 2016 CFA FINANCE & PERFORMANCE REPORT

- 2.1 The August 2016 Finance and Performance report is attached at Appendix C. At the end of August, CFA forecast an overspend of £2,521k. This is a significant deterioration from the previous month when the forecast overspend was £693k.

### 2.2 Revenue

Despite the worsening forecast overspend in CFA as a whole, the budgets within this Committee's remit continue to forecast an underspend overall. This is currently stable at -£966k, within 0.6% of the budget.

The forecast financial position on the major areas of service for Adults Committee is as follows:

Area	Forecast year-end variance £000	Forecast year-end variance %
Learning Disability Services (LD)	1,581	+2.7%
Disability Services (PD/Sensory/Autism)	-209	-2.4%
Older People's Services	-1,154	-2.3%
Mental Health	-858	-4.4%

- 2.3 The key changes since last month are:
- The forecast overspend in Learning Disability has worsened by £320k, reflecting care purchasing costs, slow progress so far against savings targets and staffing costs in in-house Provider Services
  - Older People's & Mental Health report new underspends totalling £410k across centrally commissioned contracts for domiciliary care cars, respite block beds and 24 hour supported living – the result of good progress on planned savings and efficiencies
- 2.4 Given the overspend forecast by the Council as a whole, the contingency of NHS funding in some areas, and the risk of a further worsening in the LD forecast as savings plans take time to fully implement, attention is being directed to accurate forecasting and identifying further potential mitigations.

- 2.5 **Performance**  
Of the twenty-one CFA service performance indicators, four are shown as green, ten as amber and seven are red.
- 2.6 Three of the red indicators are within the Adults domain, these are:
- average number of ASC attributable bed-day delays
  - average number of all bed-day delays, and
  - the proportion of adults with learning disability in paid employment (although performance is improving).
- 2.9 **CFA Portfolio**  
The major change programmes and projects underway across CFA are detailed in Appendix 8 of the report – none of these is currently assessed as red.
- 3.0 ALIGNMENT WITH CORPORATE PRIORITIES**
- 3.1 Developing the local economy for the benefit of all**
- 3.1.1 There are no significant implications for this priority.
- 3.2 Helping people live healthy and independent lives**
- 3.2.1 There are no significant implications for this priority
- 3.3 Supporting and protecting vulnerable people**
- 3.3.1 There are no significant implications for this priority
- 4.0 SIGNIFICANT IMPLICATIONS**
- 4.1 Resource Implications**
- 4.1.1 This report sets out details of the overall financial position of the CFA Service.
- 4.2 Statutory, Risk and Legal Implications**
- 4.2.1 Significant financial risk owing to the nature of demand led budgets and savings targets.
- 4.3 Equality and Diversity Implications**
- 4.3.1 There are no significant implications within this category.
- 4.4 Engagement and Consultation Implications**
- 4.4.1 There are no significant implications within this category.
- 4.5 Localism and Local Member Involvement**
- 4.5.1 There are no significant implications within this category.
- 4.6 Public Health Implications**
- 4.6.1 The average number of adult social care attributable bed delays and average number of all bed delays needs indicators are a concern as the health & social care system enters into the winter planning around Delayed Transfers of Care.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Cleared - 04/10/2016 T Kelly, <i>Strategic Finance Manager</i>
<b>Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?</b>	Cleared – 28/09/2016 F McMillan <i>Head of Districts &amp; Planning, LGSS Law</i>
<b>Are there any Equality and Diversity implications?</b>	No – 03/10/2016 M Teasdale, <i>Service Director – S&amp;C</i>
<b>Have any engagement and communication implications been cleared by Communications?</b>	Cleared – 29/09/2016 S Cobby, <i>Strategic Marketing &amp; Communications Manager</i>
<b>Are there any Localism and Local Member involvement issues?</b>	No – 03/10/2016 M Teasdale, <i>Service Director – S&amp;C</i>
<b>Have any Public Health implications been cleared by Public Health</b>	Cleared – 30/09/2016 K Parker, <i>Head of Public Health Programmes</i>

<b>Source Documents</b>	<b>Location</b>
As well as presentation of the F&PR to the Committee when it meets, the report is made available online each month.	<a href="http://www.cambridgeshire.gov.uk/info/20043/finance_and_budget/147/finance_and_performance_reports">http://www.cambridgeshire.gov.uk/info/20043/finance_and_budget/147/finance_and_performance_reports</a>



## Appendix A

### *Adults Committee Revenue Budgets within the Outturn Finance & Performance report*

#### **Adult's Social Care Directorate**

Strategic Management - ASC

Procurement

ASC Strategy and Transformation

ASC Practice & Safeguarding

#### Learning Disability Services

LD Head of Services

LD Young Adults

City, South and East Localities

Hunts and Fenland Localities

In House Provider Services

#### Disability Services

PD Head of Services

Physical Disabilities

Autism and Adult Support

Sensory Services

Carers Services

#### **Older People and Mental Health Directorate**

Strategic Management – OP&MH

Central Commissioning

OP - City & South Locality

OP - East Cambs Locality

OP - Fenland Locality

OP - Hunts Locality

Discharge Planning Teams

Shorter Term Support and Maximising Independence

Integrated Community Equipment Service

#### Mental Health

Mental Health Central

Adult Mental Health Localities

Older People Mental Health

Voluntary Organisations

#### **Enhanced and Preventative Directorate**

Safer Communities Partnership

#### **Strategy and Commissioning Directorate**

Local Assistance Scheme

## A Guide to the FPR Finance Tables

This column shows the previous month's Forecast Variance Outturn. If you compare this column with Column 8 (which is the latest month's forecast variance outturn) – you can see how the forecast position has changed during the last month.

Budgets are grouped together into "Policy Lines", which is the level of detail at which budgets are reported within each CFA Directorate.

The "Current Budget" is the budget as agreed within the Business Plan with any virements (changes to budget). Virements to / from CFA as a whole are detailed in Appendix 4.

When a budget is uploaded to the financial system a "profile" is allocated, and this profile reflects the assumptions on the likely timing of expenditure / income. If it is a salary budget it will assume that one-twelfth of the budget will be required each month. This column shows what level of expenditure or income one would expect to have occurred by this time in the financial year. It is a helpful prompt but in many cases actual expenditure and income does not occur as profiles would suggest.

**APPENDIX 1 – CFA Service Level Budgetary Control Report**

Forecast Variance Outturn (Apr) £'000	Service	Current Budget for 2015/16 £'000	Expected to end of May £'000	Actual to end of May £'000	Current Variance £'000	%	Forecast Variance Outturn (May) £'000	%
<b>Adult Social Care Directorate</b>								
0 1	Strategic Management – ASC	4,742	731	294	-437	-60%	-1,200	-25%
0 0	Procurement	577	103	298	195	189%	0	0%
0 0	ASC Strategy & Transformation	1,710	367	352	-15	-4%	0	0%
0 0	ASC Practice & Safeguarding	2,158	158	21	-138	-87%	0	0%
0 0	Local Assistance Scheme	386	67	79	13	19%	0	0%
<b>Learning Disability Services</b>								
0 2	LD Head of Services	250	22	860	838	3849%	11	4%
0 2	LD Young Adults	660	231	40	-191	-83%	29	4%
0 2	City, South and East Localities	30,981	5,806	5,381	-425	-7%	1,378	4%
0 2	Hunts & Fenland Localities	21,640	4,001	5,037	1,036	26%	962	4%
0 2	LD Hub Services	554	1,012	1,014	174	100%	0	0%

This refers to the commentary in Appendix 2.

This column shows actual expenditure and income to date.

This column is the difference between Column 4 and Column 5 (col 5 less col 4) – and highlights where expenditure is higher or lower than is planned / profiled.

It is expressed in hundreds of thousands and as a percentage difference.

This is the most important column of the table – it shows what the budget holder is forecasting as an over- or – underspend at year-end (the variance compared to budget). The budget holder may have detailed commitment records or local knowledge which suggests that the year-end position is similar or different to the current variance (Column 6). This column shows the Budget Holder's best estimate of what the overspend (+) or underspend (-) or balanced position (0) will be at year-end.

It is expressed in both hundreds of thousands and as a percentage of total budget.

From: Tom Kelly and Martin Wade  
 Tel.: 01223 703599, 01223 699733  
 Date: 9 September 2016

## **Children, Families & Adults Service**

### **Finance and Performance Report – August 2016**

#### **1. SUMMARY**

##### **1.1 Finance**

<b>Previous Status</b>	<b>Category</b>	<b>Target</b>	<b>Current Status</b>	<b>Section Ref.</b>
<b>Amber</b>	Income and Expenditure	Balanced year end position	<b>Red</b>	2.1
<b>Green</b>	Capital Programme	Remain within overall resources	<b>Green</b>	3.2

##### **1.2. Performance and Portfolio Indicators – July 2016 Data (see sections 4&5)**

<b>Monthly Indicators</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>Total</b>
July Performance (No. of indicators)	7	10	4	21
July Portfolio (No. of indicators)	0	5	3	8

#### **2. INCOME AND EXPENDITURE**

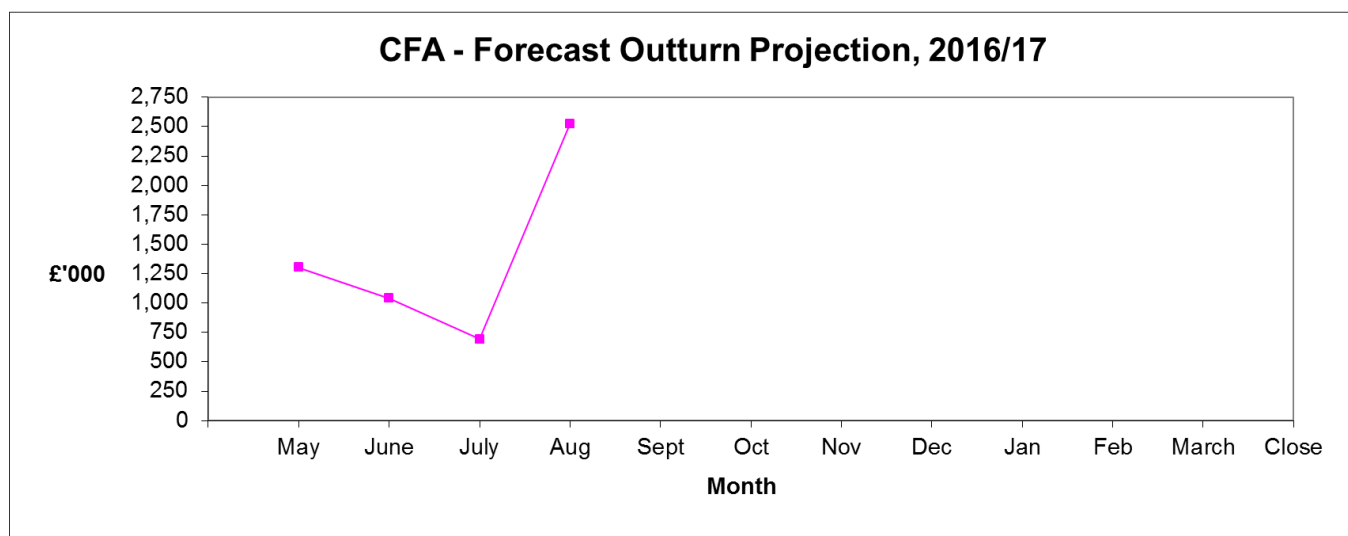
##### **2.1 Overall Position**

<b>Forecast Variance Outturn (July) £000</b>	<b>Directorate</b>	<b>Original Budget 2016/17 £000</b>	<b>Current Budget 2016/17 £000</b>	<b>Current Variance £000</b>	<b>Forecast Variance Outturn (Aug) £000</b>	<b>Forecast Variance - Outturn (Aug) %</b>
918	Adult Social Care	81,850	81,753	105	1,235	1.5%
-1,773	Older People & Mental Health	81,925	82,639	-1,409	-2,201	-2.7%
1,201	Children's Social Care	36,204	38,608	671	1,505	3.9%
387	Strategy & Commissioning	43,148	39,468	99	1,837	4.7%
-40	Children's Enhanced and Preventative	30,439	30,592	-125	-40	-0.1%
-0	Learning	19,808	20,166	-182	184	0.9%
<b>693</b>	<b>Total Expenditure</b>	<b>293,373</b>	<b>293,226</b>	<b>-841</b>	<b>2,521</b>	<b>0.9%</b>
0	Grant Funding	-50,810	-50,916	0	0	0.0%
<b>693</b>	<b>Total</b>	<b>242,563</b>	<b>242,310</b>	<b>-841</b>	<b>2,521</b>	<b>1.0%</b>

Original budget is newly included in the table above (see appendix 4 for details of changes between Full Council and current budget).

The service level finance & performance report for August 2016 can be found in [appendix 1](#).

Further analysis of the forecast position can be found in [appendix 2](#).



## 2.2 Significant Issues

At the end of August 2016, CFA is forecasting a year end overspend of £2,521k. Significant issues are detailed below:

- In Adult Social Care, the Learning Disabilities forecast overspend has increased by £320k as a result of increased costs expected from the change in ownership of a large care provider. There is a further £200k overspend is reported by In-House Provider Services as a result of increasing staff costs required to provide cover for service-users, but this is offset by a newly reported underspend of £200k in staffing elsewhere in the LD service.
- In Adult Social Care, the Physical Disabilities forecast underspend has decreased by £116k due to increased costs from a number of new, high-cost service users.
- In Adult Social Care, the expected underspend on services to Carers has increased by £100k as personal budget allocations continue to be lower than anticipated.
- In Older People and Mental Health, Central Commissioning forecasts new underspends totaling £260k due to rationalisation of domiciliary cars as part of the transition service and a reduction in respite block beds.

- In Older People and Mental Health, the OP – East Cambs Locality team underspend forecast has reduced from £400k to £231k reflecting an increase in spending commitments on cost of care and a reduction in client contributions.
- In Older People and Mental Health, the OP – Fenland Locality team underspend forecast has increased from £195k to £303k following a favourable month of decreasing spending commitments for care placements.
- Older People and Mental Health, a new underspend of £150k is forecast on Voluntary Organisations due to a delay in the start of 24 hour supported living.
- In Children's Social Care (CSC) the forecast overspend has increased from £1,201k to £1,505k as a result of increased staffing requirements in Safeguarding and Standards, and across the CSC Units.
- In Strategy and Commissioning the Looked After Children (LAC) Placement budget is now reporting an increased forecast of £2,200k. This is due to a combination of the underlying pressures from 2015/16 and the number of children in care and in placements not reducing as originally budgeted. Additionally, the recent cohort becoming LAC has included children requiring high cost placements due to their complex needs.
- The catering and cleaning service is now reporting a shortfall on anticipated recovery of £174k following the reduction of the CCS cook/freeze operation and its potential closure by the end of the year.

### **2.3 Additional Income and Grant Budgeted this Period**

(De Minimis reporting limit = £160,000)

A full list of additional grant income anticipated and reflected in this report can be found in [appendix 3](#).

### **2.4 Virements and Transfers to / from Reserves (including Operational Savings Reserve) (De Minimis reporting limit = £160,000)**

A list of virements made in the year to date can be found in [appendix 4](#).

### **2.5 Key Activity Data**

The Actual Weekly Costs for all clients shown in section 2.5.1-2 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

**2.5.1 Key activity data to the end of August for Looked After Children (LAC) is shown below:**

	BUDGET				ACTUAL (Aug)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Aug 16	Yearly Average	Actual Spend	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost
Residential - disability	3	£306k	52	1,960.18	2	2.99	£429k	2,743.20	-0.01	£123k	783.02
Residential - secure accommodation	0	£k	52	0.00	0	0.00	£k	0.00	0	£k	0.00
Residential schools	8	£675k	52	1,622.80	10	10.12	£836k	1,602.45	2.12	£160k	-20.35
Residential homes	23	£3,138k	52	2,623.52	24	21.14	£3,401k	2,703.80	-1.86	£263k	80.28
Independent Fostering	180	£7,173k	52	766.31	244	207.73	£9,512k	782.50	27.73	£2,340k	16.19
Supported Accommodation	19	£1,135k	52	1,149.07	18	12.91	£1,318k	1,391.70	-6.09	£183k	242.63
16+	6	£85k	52	272.60	24	13.23	£482k	541.30	7.23	£397k	268.70
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Pressure funded within directorate	-	£k	-	-	-	-	-£1,266k	-	-	-£1,266k	-
<b>TOTAL</b>	<b>239</b>	<b>£12,512k</b>			<b>322</b>	<b>268.12</b>	<b>£14,712k</b>		<b>29.12</b>	<b>£2,200k</b>	
In-house fostering	187	£3,674k	55	357.74	170	153.07	£3,243k	337.78	-33.65	-£431k	-19.96
Kinship	35	£375k	55	193.23	45	43.62	£494k	189.56	8.33	£119k	-3.67
In-house residential	14	£1,586k	52	2,259.72	8	10.05	£1,586k	3,035.44	-3.45	£k	775.72
Concurrent Adoption	6	£100k	52	349.86	4	5.29	£97k	350.00	-0.21	-£3k	0.14
Growth/Replacement	0	£k	-	0.00	0	0.00	£k	0.00	-	£219k	-
<b>TOTAL</b>	<b>241</b>	<b>£5,735k</b>			<b>227</b>	<b>212.03</b>	<b>£5,420k</b>		<b>-28.98</b>	<b>-£96k</b>	
Adoption	325	£3,000k	52	177.52	370	362.99	£3,304k	175.04	37.99	£304k	-2.47
Savings Requirement	0	£k	0	0.00	0	0.00	£k	0.00	0	-£304k	0.00
<b>TOTAL</b>	<b>325</b>	<b>£3,000k</b>			<b>370</b>	<b>362.99</b>	<b>£3,304k</b>		<b>37.99</b>	<b>£k</b>	
<b>OVERALL TOTAL</b>	<b>805</b>	<b>£21,247k</b>			<b>919</b>	<b>843.14</b>	<b>£23,436k</b>		<b>38.13</b>	<b>£2,104k</b>	

**2.5.2 Key activity data to the end of August for SEN Placements is shown below:**

	BUDGET			ACTUAL (Aug 16)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements Aug 16	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	92	£5,831k	£63,377	94	97.63	£6,304k	£65,602	2	5.63	£473k	£2,226
Hearing Impairment (HI)	4	£110k	£27k	2	2.34	£48k	£20,656	-2	-1.66	-£61k	-£6,751
Moderate Learning Difficulty (MLD)	3	£112k	£37k	2	2.34	£99k	£42,423	-1	-0.66	-£13k	£4,980
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	-£75k	£0
Physical Disability (PD)	1	£17k	£17k	2	1.76	£33k	£18,782	1	0.76	£16k	£1,918
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41k	0	0.00	£k	-	-1	-1.00	-£41k	£0
Social Emotional and Mental Health (SEMH)	35	£1,432k	£41k	28	32.73	£1,369k	£41,825	-7	-2.27	-£63k	£915
Speech, Language and Communication Needs (SLCN)	3	£170k	£57k	1	1.68	£87k	£52,066	-2	-1.32	-£83k	-£4,618
Severe Learning Difficulty (SLD)	2	£163k	£82k	1	1.00	£90k	£90,237	-1	-1.00	-£73k	£8,705
Specific Learning Difficulty (SPLD)	10	£179k	£18k	5	5.68	£112k	£19,743	-5	-4.32	-£66k	£1,880
Visual Impairment (VI)	2	£55k	£27k	1	1.34	£43k	£32,126	-1	-0.66	-£12k	£4,650
Recoupment	-	-	-	-	-	-£1k	-	-	-	-£1k	-
<b>TOTAL</b>	<b>154</b>	<b>£8,185k</b>	<b>£53,148</b>	<b>136</b>	<b>146.50</b>	<b>£8,185k</b>	<b>£55,879</b>	<b>-18</b>	<b>-7.50</b>	<b>£k</b>	<b>£2,731</b>

In the following key activity data for Adults and Older People's Services, the information given in each column is as follows:

- Budgeted number of clients: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting, given budget available
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available

- Actual service users and cost: these figures are derived from a snapshot of the commitment record at the end of the month and reflect current numbers of service users and current average cost

The forecasts presented in Appendix 1 reflect the estimated impact of savings measures to take effect later in the year. The “further savings within forecast” lines within these tables reflect the remaining distance from achieving this position based on current activity levels.

### 2.5.3 Key activity data to the end of August for **Adult Social Care Services** is shown below:

		BUDGET			ACTUAL (Aug 16)		Forecast	
Service Type		Budgeted No. of Service Users 2016/17	Budgeted Average Unit Cost (per week) £	Annual Budget £000	No. of Service Users at End of Aug 16	Current Average Unit Cost (per week) £	Forecast Actual £000	Forecast Variance £000
Adult Disability Services	Residential	42	1,000	2,185	36	1,040	1,998	-187
	Nursing	25	734	954	21	949	988	34
	Community	687	304	10,876	653	328	11,273	397
<b>Total expenditure</b>		<b>754</b>		<b>14,015</b>	<b>710</b>		<b>14,259</b>	<b>244</b>
<b>Income</b>				-1,941			-1,829	112
<b>Further savings assumed within forecast</b>								-494
<b>Net Total</b>				<b>12,074</b>			<b>12,430</b>	<b>-138</b>

Learning Disability Services	Residential	275	1,349	19,284	273	1,317	20,772	1,488
	Nursing	16	1,939	1,613	15	1,726	1,358	-255
	Community	1,297	611	41,219	1,291	646	44,307	3,088
<b>Learning Disability Service Total</b>		<b>1,588</b>		<b>62,116</b>	<b>1,579</b>		<b>66,437</b>	<b>4,321</b>
<b>Income</b>				-2,348			-2,417	-69
<b>Further savings assumed within forecast as shown in Appendix 1</b>								-2,293
<b>Net Total</b>								<b>1,959</b>

### 2.5.4 Key activity data to the end of August for **Adult Mental Health Services** is shown below:

		BUDGET			ACTUAL (Aug 16)		FORECAST	
Service Type		Budgeted No. of Clients 2016/17	Budgeted Average Unit Cost (per week)	Annual Budget	Snapshot of No. of Clients at End of Aug 16	Current Average Unit Cost (per week)	Forecast Actual	Forecast Variance
Adult Mental Health	Community based support	19	£145	£143k	24	£85	£118k	-£25k
	Home & Community support	204	£96	£1,023k	201	£86	£920k	-£103k
	Nursing Placement	19	£507	£502k	16	£868	£480k	-£22k
	Residential Placement	64	£748	£2,495k	60	£814	£2,362k	-£133k
	Supported Accommodation	130	£99	£671k	137	£99	£687k	£16k
	Direct Payments	21	£198	£217k	21	£221	£210k	-£7k
	Anticipated Further Demand						£203k	£203k
	Income			-£499k			-£351k	£148k
<b>Adult Mental Health Total</b>		<b>457</b>		<b>£4,552k</b>	<b>459</b>		<b>£4,629k</b>	<b>£77k</b>
<b>Further savings assumed within forecast as shown in Appendix 1</b>								<b>-£547k</b>

### 2.5.5 Key activity data to the end of August for **Older People (OP) Services** is shown below:

OP Total	BUDGET			ACTUAL (Aug 16)		Forecast	
Service Type	Expected No. of Service Users 2016/17	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	Current Average Cost (per week) £	Forecast Actual £000	Forecast Variance £000
Residential	530	£456	£12,610k	467	£454	£12,529k	-£81k
Residential Dementia	368	£527	£10,111k	380	£528	£10,061k	-£50k
Nursing	306	£585	£9,340k	298	£623	£9,966k	£626k
Nursing Dementia	20	£639	£666k	30	£671	£716k	£50k
Respite			£932k			£807k	-£125k
Community based							
~ Direct payments	277	£210	£3,028k	247	£250	£2,917k	-£111k
~ Day Care			£1,577k			£1,427k	-£150k
~ Other Care			£5,951k			£5,588k	-£363k
~ Homecare arranged	1,745	per hour £15.97	£15,257k	1,614	per hour £15.42	£14,852k	-£405k
~ Homecare Block			£3,161k			£3,161k	£k
Total Expenditure	3,246		£62,633k	3,036		£62,024k	-£609k
Residential Income			-£8,613k			-£8,480k	£133k
Community Income			-£8,308k			-£7,629k	£679k
Total Income			-£16,921k			-£16,109k	£812k
Further Savings Assumed Within Forecast as shown within Appendix 1							-£1,074k

**2.5.6** Key activity data to the end of August for **Older People Mental Health (OPMH)** Services is shown below:

OPMH Total	BUDGET			ACTUAL (Aug 16)		Forecast	
Service Type	Expected No. of Service Users 2016/17	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	Current Average Cost (per week) £	Forecast Actual £000	Forecast Variance £000
Residential	33	£585	£1,007k	33	£617	£1,250k	£243k
Residential Dementia	27	£467	£658k	30	£513	£817k	£159k
Nursing	32	£695	£1,159k	28	£787	£1,160k	£1k
Nursing Dementia	140	£658	£4,802k	125	£717	£4,805k	£3k
Respite			£34k			£8k	-£26k
Community based							
~ Direct payments	17	£200	£177k	15	£206	£159k	-£18k
~ Day Care			£5k			£2k	-£3k
~ Other Care			£80k			£77k	-£3k
~ Homecare arranged	69	per hour £17.34	£534k	52	per hour £19.43	£586k	£52k
Total Expenditure	318		£8,456k	283		£8,865k	£409k
Residential Income			-£998k			-£1,197k	-£199k
Community Income			-£292k			-£348k	-£56k
Total Income			-£1,290k			-£1,545k	-£255k
Further Savings Assumed Within Forecast as shown in Appendix 1							-£298k



For both Older People's Services and Older People Mental Health:

- Respite care budget is based on clients receiving 6 weeks care per year instead of 52.
- Day Care OP Block places are also used by OPMH clients, therefore there is no day care activity in OPMH

Although this activity data shows current expected and actual payments made through direct payments, this in no way precludes increasing numbers of clients from converting arranged provisions into a direct payment.

### **3. BALANCE SHEET**

#### **3.1 Reserves**

A schedule of the planned use of Service reserves can be found in [appendix 5](#).

#### **3.2 Capital Expenditure and Funding**

##### 2016/17 In Year Pressures/Slippage

As at the end of August the capital programme forecast underspend continues to be zero. The level of slippage has not exceeded the Capital Variation adjustment made in May of £10,282k. A forecast outturn will only be reported once slippage exceeds this level. However in July movements on schemes has occurred totaling £2,107k.

The significant changes in schemes are detailed below;

- Grove Primary; £98k accelerated spend due to additional work required to manage asbestos issues.
- Bearscroft Primary School; -£700k slippage. Project has slipped from start on site 19.09.16 to 24.10.16.
- Hatton Park, Longstanton; £690k accelerated spend. Works to commence 7 weeks early in November 16 rather than January 17. Project to complete August 17.
- St Ives, Eastfield / Westfield / Wheatfields; £200k accelerated spend for design and professional fees.
- Cambridge City 3FE Additional places; £1,800k accelerated spend on St Bede's program. Works to start on site October 16, rather than May 17 due to incorporated fire damage works. A revision to the overall project cost will be known September 2016.

A detailed explanation of the position can be found in [appendix 6](#).

#### 4. **PERFORMANCE**

The detailed Service performance data can be found in [appendix 7](#) along with comments about current concerns.

The performance measures included in this report are the new set of Key Performance Indicators (KPIs) for 2016/17 agreed by Committees in January. A new development for last year was the inclusion of deprivation indicators. These continue to be included in the new set of KPIs for 2016/17 and are those shown in italics in appendix 7. Please note, following a request at the last CYP Committee that measures in appendix 7 are now ordered by Directorate. For the first time this month we are also including the latest benchmarking information in the performance table.

Seven indicators are currently showing as RED:

- **Number of children with a Child Protection (CP) Plan per 10,000 children**

The number of children with a CP Plan has reduced to 460 during July, 137 more than at this time last year. As this is the end of the yearly cycle that appears to be predicated on the academic year (with a wave-like pattern of numbers starting to rise end September/beginning of October and then falling as plans work through towards the end of the school year in July), and as there are usually fewer review meetings over August, there is every indication that we will begin the new academic year with at least 130 more plans than last year. As noted before, our regional counterparts are also seeing a rise in numbers across the region, and the subsequent capacity issues throughout the organisation.

- **The number of Looked After Children per 10,000 children**

The number of Looked After Children dropped to 610 in July 2016. This includes 62 UASC, around 10% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements.

Actions being taken include:

- A weekly Section 20 panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs.
- A weekly LAC monitoring meeting chaired by the Executive Director of CFA, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.

At present the savings within the 2016/17 Business Plan are on track to be delivered and these are being monitored through the monthly LAC Commissioning Board. The LAC strategy and LAC action plan are being implemented as agreed by CYP Committee.

- **The proportion of pupils attending Cambridgeshire Secondary Schools judged good or outstanding by OFSTED**

The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has remained the same during July. 17 out of 32 Secondary schools with inspection results are now judged as good or outstanding, covering about 17,000 pupils.

- **Delayed transfers of Care: BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+)**

The Cambridgeshire health and social care system is experiencing a monthly average of 2,974 bed-day delays, which is 35% above the current BCF target ceiling of 2,206. In June there were 3,204 bed-day delays, up 207 compared to the previous month.

We are not complacent and continue to work in collaboration with health colleagues to build on this work. However, since Christmas we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. There continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community.

Between July '15 and June '16 there were 29,731 bed-day delays across the whole of the Cambridgeshire system - representing a 14% decrease on the preceding 12 months.

Across this period NHS bed-day delays have decreased by 15% from 25,303 (Jul 14 - Jun 15) to 21,504 (Jul 15 - Jun 16), while bed-day delays attributed to Adult Social Care have increased from 7,876 in Jul 14 - Jun 15 to 8,000 in Jul 15 - Jun 16 an increase of 2%.

Please note that we receive the official data for DTOC measures from NHS England 6 weeks after the end of the month so reporting is always a month behind. However, we receive more up-to-date data on Social Care delays from the Acute hospitals. At 12/08/16 there was no social care delays at and at Addenbrookes, 10 social care delays were contributing 61 bed-day delays.

- **Proportion of Adults with Learning Disabilities in paid employment**

Performance at the end of the first quarter is starting to improve. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependent on the review/assessment performance of LD teams.

- **FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2 and FSM/non-FSM attainment gap % achieving 5+A\*-C at GCSE including Maths and English**

Data for 2015 shows that the gap has remained unchanged at KS2, but increased significantly at KS4. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential. All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.

## **5. CFA PORTFOLIO**

The CFA Portfolio performance data can be found in appendix 8 along with comments about current issues.

The programmes and projects highlighted in appendix 8 form part of a wider CFA portfolio which covers all the significant change and service development activity taking place within CFA services. This is monitored on a bi-monthly basis by the CFA Management Team at the CFA Performance Board. The programmes and projects highlighted in appendix 8 are areas that will be discussed by Members through the Democratic process and this update will provide further information on the portfolio.

The programmes and projects within the CFA portfolio are currently being reviewed to align with the business planning proposals.

## APPENDIX 1 – CFA Service Level Budgetary Control Report

Forecast Variance Outturn (July) £'000		Service	Current Budget for 2016/17 £'000	Expected to end of Aug £'000	Actual to end of Aug £'000	Current Variance		Forecast Variance Outturn (Aug)	
						£'000	%	£'000	%
Adult Social Care Directorate									
178	1	Strategic Management – ASC	977	659	631	-28	-4%	178	18%
0		Procurement	569	318	256	-61	-19%	0	0%
0		ASC Strategy & Transformation	2,265	924	868	-56	-6%	0	0%
-95	2	ASC Practice & Safeguarding	1,569	510	424	-86	-17%	-115	-7%
Learning Disability Services									
-759	3	LD Head of Services	1,587	296	534	238	80%	-1,031	-65%
283	4	LD Young Adults	2,106	901	762	-138	-15%	299	14%
825	5	City, South and East Localities	30,195	13,383	13,713	330	2%	984	3%
748	6	Hunts & Fenland Localities	20,203	8,756	9,007	251	3%	956	5%
165	7	In House Provider Services	5,237	2,236	2,472	236	11%	374	7%
Physical Disability Services									
-7		PD Head of Services	1,215	509	514	6	1%	-49	-4%
-285	8	Physical Disabilities	12,356	5,769	5,580	-189	-3%	-143	-1%
0		Autism and Adult Support	857	404	243	-160	-40%	-1	0%
-34		Sensory Services	515	264	197	-67	-25%	-17	-3%
-100	9	Carers Services	2,101	902	733	-169	-19%	-200	-10%
918	Director of Adult Social Care Directorate Total		81,753	35,830	35,935	105	0%	1,235	2%
Older People & Mental Health Directorate									
-30		Strategic Management - OP&MH	1,265	4,497	4,577	80	2%	-89	-7%
0	10	Central Commissioning	11,897	5,172	5,227	54	1%	-260	-2%
-16	11	OP - City & South Locality	12,893	5,578	5,528	-50	-1%	0	0%
-400	12	OP - East Cambs Locality	6,049	2,531	2,356	-175	-7%	-231	-4%
-195	13	OP - Fenland Locality	8,552	3,577	3,299	-278	-8%	-303	-4%
-284	14	OP - Hunts Locality	11,085	4,719	4,661	-58	-1%	-361	-3%
0		Discharge Planning Teams	2,064	858	815	-43	-5%	40	2%
-140	15	Shorter Term Support and Maximising Independence	8,545	3,135	2,684	-451	-14%	-140	-2%
0		Integrated Community Equipment Service	779	309	622	313	101%	0	0%
Mental Health									
-32		Mental Health Central	693	275	170	-105	-38%	-32	-5%
-470	16	Adult Mental Health Localities	6,626	2,768	1,794	-974	-35%	-470	-7%
-206	17	Older People Mental Health	7,933	3,119	3,453	334	11%	-206	-3%
0		Voluntary Organisations	4,258	1,877	1,821	-57	-3%	-150	-4%
-1,773	Older People & Adult Mental Health Directorate Total		82,639	38,417	37,008	-1,409	-4%	-2,201	-3%

Forecast Variance Outturn (July) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of Aug £'000	Actual to end of Aug £'000	Current Variance		Forecast Variance Outturn (Aug)	
					£'000	%	£'000	%
Children's Social Care Directorate								
475	18 Strategic Management - Children's Social Care	5,570	2,227	2,528	301	14%	429	8%
0	Adoption Allowances	3,076	1,307	1,422	115	9%	0	0%
0	Legal Proceedings	1,540	513	410	-103	-20%	0	0%
112	19 Safeguarding & Standards	1,765	550	658	108	20%	251	14%
235	20 CSC Units Hunts and Fenland	3,870	1,648	1,835	187	11%	392	10%
0	Children Looked After	12,472	5,428	5,410	-18	0%	0	0%
379	21 CSC Units East & South Cambs and Cambridge	3,706	1,545	1,639	94	6%	433	12%
0	Disabled Services	6,609	3,123	3,110	-13	0%	0	0%
1,201	Children's Social Care Directorate Total	38,608	16,341	17,012	671	4%	1,505	4%
Strategy & Commissioning Directorate								
0	Strategic Management – Strategy & Commissioning	443	275	277	2	1%	0	0%
0	Information Management & Information Technology	1,776	956	977	21	2%	0	0%
-0	Strategy, Performance & Partnerships	3,004	723	670	-53	-7%	-0	0%
-163	22 Local Assistance Scheme	484	262	190	-71	-27%	-163	-34%
Commissioning Enhanced Services								
750	23 Looked After Children Placements	14,375	5,053	5,686	633	13%	2,200	15%
0	Special Educational Needs Placements	8,563	5,161	5,082	-79	-2%	0	0%
0	Commissioning Services	3,521	1,670	1,695	26	2%	0	0%
0	Early Years Specialist Support	1,323	521	307	-214	-41%	0	0%
0	Home to School Transport – Special	7,973	2,868	2,640	-228	-8%	0	0%
0	LAC Transport	1,107	428	428	0	0%	0	0%
Executive Director								
0	Executive Director	454	314	345	31	10%	0	0%
-200	24 Central Financing	-3,554	-3,113	-3,083	31	-1%	-200	-6%
387	Strategy & Commissioning Directorate Total	39,468	15,118	15,217	99	1%	1,837	5%
Children's Enhanced & Preventative Directorate								
-40	Strategic Management – Enhanced & Preventative	893	619	620	1	0%	-40	-4%
0	Children's Centre Strategy	520	325	328	3	1%	0	0%
0	Support to Parents	3,514	1,589	1,580	-10	-1%	0	0%
0	SEND Specialist Services	5,400	2,284	2,269	-15	-1%	0	0%
0	Safer Communities Partnership	7,057	4,584	4,580	-5	0%	0	0%
Youth Support Services								
0	Youth Offending Service	3,099	713	712	-1	0%	0	0%
0	Central Integrated Youth Support Services	561	154	157	3	2%	0	0%
Locality Teams								
0	East Cambs & Fenland Localities	3,382	1,220	1,186	-34	-3%	0	0%
0	South Cambs & City Localities	3,707	1,313	1,266	-46	-4%	0	0%
0	Huntingdonshire Localities	2,459	854	833	-21	-2%	0	0%
-40	Children's Enhanced & Preventative Directorate Total	30,592	13,656	13,530	-125	-1%	-40	0%

Forecast Variance Outturn (July) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of Aug £'000	Actual to end of Aug £'000	Current Variance		Forecast Variance Outturn (Aug)	
					£'000	%	£'000	%
Learning Directorate								
0	Strategic Management - Learning	815	482	480	-2	0%	0	0%
0	Early Years Service	1,321	295	209	-86	-29%	0	0%
0	Schools Intervention Service	1,248	568	564	-4	-1%	0	0%
0	Schools Partnership Service	969	544	315	-229	-42%	0	0%
0	Children's' Innovation & Development Service	87	-246	70	317	-129%	10	12%
0	Integrated Workforce Development Service	1,346	545	436	-109	-20%	0	0%
-0	25 Catering & Cleaning Services	-400	603	599	-4	-1%	174	44%
0	Teachers' Pensions & Redundancy	2,936	1,452	1,389	-64	-4%	0	0%
Infrastructure								
0	0-19 Organisation & Planning	1,800	469	447	-22	-5%	0	0%
0	Early Years Policy, Funding & Operations	86	-48	-55	-7	14%	0	0%
0	Education Capital	172	290	263	-27	-9%	0	0%
0	Home to School/College Transport – Mainstream	9,786	3,121	3,176	55	2%	0	0%
-0	Learning Directorate Total	20,166	8,074	7,892	-182	-2%	184	1%
693	Total	293,226	127,435	126,594	-841	-1%	2,521	1%
Grant Funding								
0	Financing DSG	-23,318	-9,716	-9,716	0	0%	0	0%
0	Non Baselined Grants	-27,598	-7,109	-7,109	0	0%	0	0%
0	Grant Funding Total	-50,916	-16,824	-16,824	0	0%	0	0%
693	Net Total	242,310	110,611	109,769	-841	-1%	2,521	1%

## APPENDIX 2 – Commentary on Forecast Outturn Position

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater.

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>1) Strategic Management – ASC</b>	<b>977</b>	<b>-28</b>	<b>-4%</b>	<b>178</b>	<b>18%</b>
<p>The expected overspend is predominantly caused by the directorate forecasting to underachieve on its £353k vacancy savings target by £130k as a result of a relatively low number of vacancies and the need to fill certain key vacant posts with agency staff in the first quarter. The ability to achieve this saving is constrained by the need to retain any savings from vacancies in the Learning Disability Service within the pooled budget with the NHS.</p>					
<b>2) ASC Practice &amp; Safeguarding</b>	<b>1,569</b>	<b>-86</b>	<b>-17%</b>	<b>-115</b>	<b>-7%</b>
<p>The MCA/DoLS budget is forecast to underspend by 115k principally due to a shortage of available Best Interest Assessors, and the resulting lower level of activity to date. There have been delays in being able to secure appropriate staff to manage the increased demand for processing MCA/DoLS cases, as all local authorities seek to respond to changes in case law and recruit from a limited pool of best interest assessors and other suitable practitioners, and the six month training period for new BIAs. A number of additional BIAs have been recruited recently, and so it is expected that the underspend will be lower than that in 2015/16.</p> <p>In addition, the service is forecast to receive additional external grant funding for the provision of MCA training.</p>					
<b>3) LD Head of Services</b>	<b>1,587</b>	<b>238</b>	<b>80%</b>	<b>-1,031</b>	<b>-65%</b>
<p>The Head of Service policy line is currently holding -£1,031k. This is a movement of -£272k from last month. The movement is the result of holding back additional expenditure on vacant posts and contracts to offset against pressures elsewhere in the pool totalling -£186k, and increasing the forecast Clinical Commissioning Group contribution to the LDP overspend by -£86k, due to the risk share on the pooled budget.</p> <p><u>Overall LDP position</u></p> <p>At the end of August 16 the Learning Disability Partnership as a whole is forecast to overspend by £2,007k at year end. The County Council's risk share of 78.8% is reported as £1,581k.</p> <p>As part of its savings plan for 2016/17, the LDP is currently engaged in reassessing every service user and in negotiating the costs of placements with providers. Experience so far is suggesting that average cost-reduction per client is lower than expected due to constraints imposed by legislation and increased client needs. This has led to a revised forecast for the overall savings expected to be achieved of £2.2m compared to an original target of £5.2m, which is unchanged from July.</p>					



Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<p><b>LD Head of Services, continued:</b></p> <p>Forecasts also reflect further pressures relating to five out-of-county in-patient beds. These placements have been needed due to our current CPFT in-patient service being unable to offer this service locally within the block contract arrangement. Costs for out of county inpatient beds are ranging from £425 to £965 per day. Teams are working to ensure that inpatient admissions are as short as possible and that people are supported to return to their locally area with the support the need.</p> <p>A further pressure of £350k is reported as a result of an increase in costs following the change in ownership of a large care provider.</p> <p>Partially offsetting the anticipated pressure, the LDP has exceeded its target for savings on price increases negotiated at the beginning of the year by £806k. This has been achieved by ensuring that higher cost providers in the independent sector absorb as much of the impact of the living wage increases as possible, although it may present an additional challenge when negotiating the price and volume of care with providers.</p> <p>In addition £300k of staff slippage savings is expected to be achieved to offset the remainder of the pressure, and the forecasting of likely increases in demand have been updated.</p> <p><u>Actions being taken</u></p> <p>Work on service-user reassessments and provider negotiations will be continuing as part of the original LDP savings plan, whilst work done so far is being examined and challenged to review whether lessons can be learned and applied to this work in the rest of the year.</p> <p>In addition, there are ongoing negotiations regarding the contract arrangements for inpatient provision with CPFT to ensure some of these costs are offset against the block contract.</p> <p><u>Changes since last month</u></p> <p>Care spending commitments have decreased by -£17k since last month.</p> <p>The forecast for in-house provider services has worsened by £209k (see below).</p> <p>These, as well as the net impact of revising expected savings for the remainder of the year, after offsetting action, lead to an overall adverse change of £406k across the LDP.</p>					
<b>4) LD Young Adults</b>	<b>2,106</b>	<b>-138</b>	<b>-15%</b>	<b>299</b>	<b>14%</b>
<p>The forecasted pressure for the Young Adults team has increased by £16k from previous month, as a result of increased service-user need, partially offset by progress made on clawing-back direct payments.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>5) Learning Disability – City, South and East Localities</b>	<b>30,195</b>	<b>330</b>	<b>2%</b>	<b>984</b>	<b>3%</b>
<p>There has been an overall increase from the previous month's forecast of £159k:</p> <p><b>City</b> – A service user's death has reduced costs by around £100k.</p> <p><b>South</b> – Costs have increased by £40k as a result of increased service-user need and reductions in personal contributions.</p> <p>The remainder of the change in this area is due to the updating of spending commitments as a result of the loading of packages on to an automated payment and recording system, and an increase in costs due to the change in ownership of a large care provider.</p>					
<b>6) Learning Disability – Hunts &amp; Fenland Localities</b>	<b>20,203</b>	<b>251</b>	<b>3%</b>	<b>956</b>	<b>5%</b>
<p>There has been an overall increase from previous month's forecast of £208k:</p> <p><b>Hunts</b> – Forecast costs have reduced by around £40k due to an increase in the expected level of direct payment claw-backs, partially offset by costs for a new service-user, and changes in existing service-users' needs.</p> <p><b>Fenland</b> – A forecast increase of £60k due to a new service-user.</p> <p>The remainder of the change is as a result of the expected increase in costs due to the change in ownership of a large care provider.</p>					
<b>7) In House Provider Services</b>	<b>5,237</b>	<b>236</b>	<b>11%</b>	<b>374</b>	<b>7%</b>
<p>In House Provider Services is expected to be £375k overspent at year-end, a change of £209k from last month. In July a £165k pressure was reported due to the delaying until 2017/18 for the delivery of 2016/17 Business Plan savings. In addition, a number of provider units are now expecting to overspend by 209k on over-time and weekend/night-working enhancements paid to staff.</p>					
<b>8) Physical Disabilities</b>	<b>12,356</b>	<b>-189</b>	<b>-3%</b>	<b>-143</b>	<b>-1%</b>
<p>The underspend in the Physical Disability Service is predicted to be £-143k which is a decrease in the underspend of £142k compared to July. The change is due to a number of new, high-cost residential packages that have increased commitment. It is expected that the service will continue to deliver its savings by managing demand through the use of short term intervention, increasing people's independence, and the use of community resources, in line with the Transforming Lives Approach. The planned process of reassessing clients has identified increased health needs, resulting in increased applications for funding from the NHS. Savings have also been found through bringing reassessments forward, in some cases as early as January 2016, enabling a larger full year effect, and there has been a high level of Direct Payment claw-backs early in the financial year.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>9) Carers Services</b>	<b>2,101</b>	<b>-169</b>	<b>-19%</b>	<b>-200</b>	<b>-10%</b>
<p>The number of carer assessments carried out and personal budgets awarded to date continues to be much lower than anticipated, and so an underspend of -£200k is being forecast on the basis that the current trend continue throughout the remainder of the year. This figure will be closely monitored on a monthly basis based on movement and spend in the personal budget allocation.</p> <p>There is a small pressure within the budget for young carers due to the service being under resourced when it commenced, but resources are being transferred within the Carers service, providing for a holistic approach to all age carer support across Cambridgeshire in line with the All Age Carers Strategy 2016-2020.</p>					
<b>10) Central Commissioning</b>	<b>11,897</b>	<b>54</b>	<b>1%</b>	<b>-260</b>	<b>-2%</b>
<p>Central Commissioning is forecasting an underspend of £260k. An underspend of £200k is predicted through the rationalisation of domiciliary care as part of the creation of the transition service. A further £60k is expected due to the reduction of respite block beds undertaken based on analysis suggesting we were not fully utilising the blocks. This is being fed into the business planning process for next year.</p>					
<b>11) OP - City &amp; South Locality</b>	<b>12,893</b>	<b>-50</b>	<b>-1%</b>	<b>0</b>	<b>0%</b>
<p>This month City and south are reporting a balanced budget; this is an adverse change of £16k this month.</p> <p>The number of nursing placements in this locality reduced by one this month however there continues to be a pressure on nursing in city and south with a predicted year end position on this of £319k. Spot residential placements increased by nine this month due to the end of the block contract causing an increase in forecast of £143. There was a £72k reduction through CHC this month and reviews that focus on the use of transforming lives and utilising natural support saved a further £28k. To bring this to a balanced budget at this point seems a challenging but achievable goal.</p>					
<b>12) OP - East Cambs Locality</b>	<b>6,049</b>	<b>-175</b>	<b>-7%</b>	<b>-231</b>	<b>-4%</b>
<p>This month East Cambs is forecasting a year end underspend of £231k, this is an adverse change of £169k this month.</p> <p>There was increase in the number of nursing placements this month however there was a decrease in the number of residential clients. An additional 144 hours of community care were commissioned in the month causing a pressure on community care. The team have also been made aware of several threshold cases who may require funding as they have depleted their own capital assets to the point where the council may contribute.</p> <p>Client contributions continue to be a pressure with an adverse change of £73k this month.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>13) OP - Fenland Locality</b>	<b>8,552</b>	<b>-278</b>	<b>-8%</b>	<b>-303</b>	<b>-4%</b>
<p>This month Fenland is forecasting a year end underspend of £303k, this is a favourable change of £108k this month, reflecting a significant improvement in the underlying cost of care commitment.</p> <p>The main elements of changes to cost of care commitment this month are:-</p> <ul style="list-style-type: none"> <li>• 16 deaths with reduction of £77k</li> <li>• 15 ended packages with a reduction of £52.6k</li> <li>• 14 people have gone into hospital with net reduction of £50k but this saving may not be sustained in the coming months.</li> <li>• There have been 9 other perm decreases in Packages of Care with net saving of £10.5k, mainly as a result in review either on duty or via review officer.</li> </ul> <p>Commitment for Nursing and Residential care has reduced by £121k this month. While the commitment for community care has increased slightly with an additional 40 hours being commissioned.</p> <p>There has been a slight decrease in commissioned hours for direct payments reflected in a change from 2 very large Direct Payments to Residential care this month. While there has been a slight increase in cost for Direct Payments, costs for day services and other care remains reasonably static. This means that we think the new forecast is achievable by the end of the year.</p>					
<b>14) OP - Hunts Locality</b>	<b>11,085</b>	<b>-58</b>	<b>-1%</b>	<b>-361</b>	<b>-3%</b>
<p>The forecast underspend for Hunts OP Locality team is £361k, a favourable change of £77k from last month. Savings this month have been in short term/emergency care (-£33k), direct payments (-£29k) and a reduction in the forecast cost of expected threshold cases (-£43k).</p> <p>There has been an increase in client contributions of -£13k this month although it continues to be a pressure within the locality. Work continues to ensure CHC funding is achieved where appropriate and additional CHC funding this month has led to a saving of £65k. This month has seen an increase in the costs of domiciliary care (£25k), residential (£49k) and nursing care (£33k) with the number of care placements increasing by nine. However, reductions in the number of community care hours provided and in the average weekly cost of community, residential and nursing placements together with decreases in the forecast on short term/emergency care mean that the locality looks to set to underspend by a further £77k by year end.</p>					
<b>15) Shorter term Support and Maximising Independence</b>	<b>8,545</b>	<b>-451</b>	<b>-14%</b>	<b>-140</b>	<b>-2%</b>
<p>An underspend of £140k is forecast against Shorter Term Support and Maximising Independence. The Adult Early Help Team was established in April and an underspend of £50k is expected from efficiencies achieved by staffing the team from existing resources across Older People's Services during the pilot phase. Reduced support costs for the Reablement Service are expected to result in an underspend of £50k, and the Council expects to retain £40k additional income in Assistive Technology due to a recent one-off sale of stock.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>16) Mental Health– Adults &amp; OP</b>	<b>14,560</b>	<b>-640</b>	<b>-11%</b>	<b>-676</b>	<b>-5%</b>
<p>The forecast underspend of £676k on Mental Health cost of care remains unchanged from last month. The following previously reported underspends still apply:</p> <ul style="list-style-type: none"> <li>• Delivery of Business Planning savings are on track with the level and amount of care provided being lower than anticipated at this stage of the year. The position has continued to improve during the year and so an underspend of £200k is included in the forecast to reflect this position.</li> <li>• Scrutiny of care and funding arrangements for service users has identified that the County Council is funding health responsibilities for some placements made through Section 41 of the Mental Health Act – where a restriction order is in place to manage a risk of harm to the person or others. Discussions are ongoing with the CCG to address the provision of appropriate health funding, and this could yield additional savings of £350k for the Council.</li> <li>• £126k due to price negotiations.</li> </ul>					
<b>17) Voluntary Organisations</b>	<b>4,258</b>	<b>-57</b>	<b>-3%</b>	<b>-150</b>	<b>-4%</b>
<p>An underspend of £150k is forecast in mental health Voluntary Organisations. Funding has been earmarked for a new 24 hour supported living project but staff retirement and unsuccessful attempt to recruit has led to a delay in the start of the project and full year costs will not be forthcoming as a consequence.</p>					
<b>18) Strategic Management - Children's Social Care</b>	<b>5,570</b>	<b>301</b>	<b>14%</b>	<b>429</b>	<b>8%</b>
<p>The Children's Social Care (CSC) Director budget is forecasting an over spend of £429k.</p> <p>The First Response Emergency Duty Team is forecasting a £133k overspend due to use of agency staffing. This is because, due to service need, posts are required to be filled as quickly as possible, with essential posts covered by agency staff in a planned way until new staff has taken up post. Without the use of agency staff to back fill our vacant posts we would not be able to complete our statutory function and the delay to children and families would be significant, jeopardising our ability to offer children/young people a proportionate response to significant risk of harm they may be suffering. Agency cover is only used where circumstances dictate and no other options are available.</p> <p>A further £296k of planned agency budget savings is not able to be met due to the continued need for use of agency staff across Children's Social Care due to increasing caseloads.</p> <p><u>Actions being taken:</u></p> <p>We continue to make concerted efforts to minimise the dependency on agency despite high levels of demand. The implementation of our recruitment and retention strategy for social work staff is designed to decrease the reliance on agency staffing. However, it does remain a challenge to attract appropriately experienced social workers to this front line practice.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>19) Safeguarding &amp; Standards</b>	<b>1,765</b>	<b>108</b>	<b>20%</b>	<b>251</b>	<b>14%</b>
<p>The Safeguarding and Standards (SAS) budget is forecasting an over spend of £251k.</p> <p>This is due to the use of agency staff to cover the increased number of initial and review child protection (CP) conferences and initial and review Looked After Children (LAC) Reviews. The SAS team currently operates with a staff group that was predicated for CP numbers of 192-230 (in 2013) and LAC numbers of 480 (in 2013). These numbers have risen steadily and then recently more sharply to 457 CP and 627 LAC, and show no immediate sign of decreasing. Independent Reviewing Officer caseloads are defined by statutory legislation so extra staff are required to manage that obligation.</p> <p><u>Actions being taken:</u> We have already analysed, and are now implementing new procedures on better use of staff time to free up capacity. Despite this workloads remain stretched and we are exploring other avenues to secure resource to better manage the current caseloads.</p>					
<b>20) CSC Units Hunts and Fenland</b>	<b>3,870</b>	<b>187</b>	<b>11%</b>	<b>392</b>	<b>10%</b>
<p>The CSC Units Hunts and Fenland budget is forecasting an over spend of £392k due to the use of agency staffing.</p> <p>A policy decision was taken to ensure we fulfil our safeguarding responsibilities by ensuring that posts should be filled as quickly as possible, with essential posts within the Unit model covered by agency staff in a planned way until new staff have taken up post. If vacant posts are not filled we run the risk of not being able to carry out our statutory duties, and the unit becomes under increased pressure and unlikely to meet statutory requirements and there is then a potential that children could be left at risk.</p> <p>The unit model is very vulnerable when post are left vacant and whilst this can be managed for a very short period of time (staff on leave/period of absence) vacancies will require agency staff to backfill.</p> <p><u>Actions being taken:</u> We continue to make concerted efforts to minimise the dependency on agency despite high levels of demand. The implementation of our recruitment and retention strategy for social work staff should decrease the reliance on agency staffing. However, one option under consideration is to recruit peripatetic social workers over establishment. This would be more cost effective than using agency staff. The establishment budget would have to be re-balanced to meet this cost. Further work is also underway to review the Unit Model design and how best to manage the Child's journey.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>21) CSC Units East &amp; South Cambs and Cambridge</b>	<b>3,706</b>	<b>94</b>	<b>6%</b>	<b>433</b>	<b>12%</b>
<p>The CSC Units East &amp; South Cambs and Cambridge budget is forecasting an over spend of £433k due to the use of agency staffing.</p> <p>See CSC Hunts and Fenland (note 20) for narrative.</p>					
<b>22) Local Assistance Scheme</b>	<b>484</b>	<b>-71</b>	<b>-27%</b>	<b>-163</b>	<b>-34%</b>
<p>A contingency budget of £163k was allocated to the Local Assistance Scheme during 2016/17 Business Planning, following a decision by GPC in Spring 2015.</p> <p>The contingency budget was not utilised in 2015/16, and it became clear after the budget was set that it was unlikely to be necessary in 2016/17. In May 2016, Adults Committee considered spending plans for the scheme at the “core funding” level of £321k.</p> <p>This means the contingency budget of £163k is not required, based on current spending plans.</p>					
<b>23) Looked After Children Placements</b>	<b>14,375</b>	<b>633</b>	<b>13%</b>	<b>2,200</b>	<b>15%</b>
<p>The forecast overspend has increased by £1.45m this month. This is due to a combination of the underlying pressure from 2015/16 (£1.4m), as a result of having more LAC in care than budgeted, and the number of children in care and in placements not reducing as originally budgeted. The recent cohort of children becoming LAC have included children requiring high cost placements due to their complex needs. However, it should be noted that a significant amount of work has been undertaken focussing on procurement savings. To date, c.£1.4m of savings have successfully been delivered around this work, against an annual savings target of £1.5m.</p> <p>Over the coming weeks an intensive piece of work is also being carried out to look at the funding requirement to deliver services to LAC going forward. This will enable the Council to make an anticipation of the right number of children over the next few years, in order that as accurate a budget as possible can be set in each of these years. Some of the optimism around the LAC savings for both the current year and future years is also being given a deep dive review. The outcome of this work may reveal that there is inadequate budget to service the number of LAC in the care system currently and the anticipated LAC numbers going forward. This would therefore be reflected in the forecast outturn position accordingly, for any impact on the delivery of in-year savings. Any impact to future year savings will be dealt with as part of the current Business Planning process.</p> <p>Overall LAC numbers at the end of August 2016, including placements with in-house foster carers, residential homes and kinship, are 623, 13 more than July 2016. This includes 65 unaccompanied asylum seeking children (UASC).</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%

**Looked after Children Placements, continued:**

External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of August are 322.

External Placements Client Group	Budgeted Packages	31 Jul 2016 Packages	31 Aug 2016 Packages	Variance from Budget
Residential Disability – Children	3	2	2	-1
Child Homes – Secure Accommodation	0	0	0	-
Child Homes – Educational	8	10	10	+2
Child Homes – General	23	25	24	+1
Supported Accommodation	19	23	18	-1
Supported living 16+	6	21	24	+18
Independent Fostering	180	230	244	+64
<b>TOTAL</b>	<b>239</b>	<b>311</b>	<b>322</b>	<b>+83</b>

In 2016/17 the budgeted number of external placements has reduced to 239, a reduction of 72 from 2015/16. This reduction mainly focuses on a reduction to the Independent Fostering placements. As can be seen in the Key Activity Data and the figures above, the number of Independent Fostering placements is much higher than budgeted, which is putting a significant strain on this budget.

Actions being taken to address the forecast overspend include:

- A weekly Section 20 panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs.
- A weekly LAC monitoring meeting chaired by the Executive Director of CFA, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.

<b>24) Central Financing</b>	<b>-3,554</b>	<b>31</b>	<b>-1%</b>	<b>-200</b>	<b>-6%</b>
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Following approval at July GPC, £200k of the SEND Reform Grant to be received during the 2016/17 financial year will be applied to support additional associated costs within CFA.



Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>25) Catering &amp; Cleaning Services</b>	<b>-400</b>	<b>-4</b>	<b>-1%</b>	<b>174</b>	<b>44%</b>
<p>The catering and cleaning services (CCS) are budgeted to achieve a £400k contribution to the overall CFA bottom line. However, following the reduction of the cook/freeze operation and its potential closure by year end the service is now forecasting an under recovery of £174k.</p> <p>The production requirement for the centre has been reduced by 70% (food /provisions for 3.1 million meals per annum) from September 2016 following the end of the contract with Northamptonshire County Councils school catering service.</p> <p>The distribution centre (B4) has been scheduled to close by October 2016 with operations being run from the production centre C3. Whilst work is ongoing to assess the most effective options for the service and C3 production unit going forward it will require a significant increase in new orders for the centre to achieve a surplus/contribution.</p> <p>The £174k forecast shortfall is comprised of £144k direct reduction in operating profit and an estimate cost of £30k to reflect the dilapidation &amp; demobilisation costs of current premises.</p> <p>Further to this there are potential additional costs relating to the redundancy and pension strain costs for any staff who cannot be redeployed.</p> <p>Finally, the NJC pay award for the lowest grades increased above the expected level which is a pressure for the service as it affects a large percentage of CCS operational staff (cleaners and catering assistants).</p>					

## APPENDIX 3 – Grant Income Analysis

The table below outlines the additional grant income, which is not built into base budgets.

<b>Grant</b>	<b>Awarding Body</b>	<b>Expected Amount £'000</b>
<b>Grants as per Business Plan</b>		
Public Health	Department of Health	6,422
Better Care Fund	Cambs & P'Boro CCG	15,457
Social Care in Prisons Grant	DCLG	318
Unaccompanied Asylum Seekers	Home Office	840
Youth Offending Good Practice Grant	Youth Justice Board	528
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	2,173
Children's Social Care Innovation Grant (MST innovation grant)	DfE	456
MST Standard & CAN	DoH	201
Music Education HUB	Arts Council	782
Non-material grants (+/- £160k)	Various	294
<b>Total Non Baselined Grants 2016/17</b>		<b>27,598</b>

Financing DSG	Education Funding Agency	23,318
<b>Total Grant Funding 2016/17</b>		<b>50,916</b>

The non baselined grants are spread across the CFA directorates as follows:

<b>Directorate</b>	<b>Grant Total £'000</b>
Adult Social Care	2,299
Older People	12,166
Children's Social Care	911
Strategy & Commissioning	1,557
Enhanced & Preventative Services	9,661
Learning	1,005
<b>TOTAL</b>	<b>27,598</b>

## APPENDIX 4 – Virements and Budget Reconciliation

### Virements between CFA and other service blocks:

	Effective Period	£'000	Notes
<b>Budget as per Business Plan</b>		<b>242,563</b>	
Strategic Management - Children's Social Care	May	-77	Contact Centre Funding
Shorter Term Support and Maximising Independence	May	-10	Accommodation costs have been agreed with the NHS for buildings which are shared. This amount has been transferred to LGSS Property who handles the NHS recharge.
Shorter Term Support and Maximising Independence	May	-113	Budget has been transferred to LGSS for professional services support to Reablement teams. This amount was recharged in 2015/16 and is now transferred permanently.
Information Management & Information Technology	June	-53	SLA for Pupil Forecasting/Demography to Research Group within Corporate services.
<b>Current Budget 2016/17</b>		<b>242,310</b>	

### Virements within the Children's, Families and Adults service block:

General Purposes Committee has previously approved the following budget transfers within CFA

Area	Budget increase £'000	Budget decrease £'000	Reasoning
Older People's Services		-£950	Care spending and client contribution levels were significantly ahead of the target as at April 2016, due to forecast improvements at end of 2015/16
Looked After Children Placements	£950		Starting position in April 2016 reflects higher demand than anticipated when the budget was set
ASC Practice & Safeguarding: Mental Capacity Act – Deprivation of Liberty Safeguards		-£200	Commitments following budget build suggest there is surplus budget in 2016-17, ahead of planned timing of reduction.
Learning Disability Partnership	£200		Anticipated pressure against delivery of care plan savings level, which cannot be met through alternative measures within the LDP
Home to School Transport Mainstream		-£310	Starting position in April 2016 reflects lower demand than anticipated when the budget was set
Children's Social Care, SENDIAS and Youth Offending	£310		New services pressures confirmed after the Business Plan was set.
<b>Subtotal</b>	<b>£1,460k</b>	<b>-£1,460k</b>	

Additionally there have been **administrative budget transfers** between service directorates for the following reasons (which do not require political approval and have a neutral impact on forecasting):

- Better Care Fund agreement revised for 2016/17 – more services within Adult Social Care are in scope, with corresponding decrease in contribution to Older People & Mental Health
- Combination of carers support spending under one budget holder, within Adult Social Care
- Transfers in spending responsibility from LAC Placements commissioning budget to case-holding teams in Children's Social Care
- Allocation of pay inflation to individual budget holders after budget setting (CFA held an amount back to encourage budget holders to manage pay pressures at local level first)

GPC also approved earmarked reserves (see Appendix 5) in July. Budget required from earmarked reserves for 2016/17 has been allocated to directorates, with the contribution from reserves within S&C.

## APPENDIX 5 – Reserve Schedule

May Service Committees endorsed the following proposals for CFA Earmarked Reserves (further detail is provided in the Committee reports). GPC approved these proposals in July.

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 Aug 16		
	£'000	£'000	£'000	£'000	
<b>General Reserve</b>					
CFA carry-forward	1,623	-1,062	561	-1,960	Forecast overspend of £2,521k applied against reserves.
<b>subtotal</b>	<b>1,623</b>	<b>-1,062</b>	<b>561</b>	<b>-1,960</b>	
<b>Equipment Reserves</b>					
ICT Equipment Replacement Reserve	604	0	604	0	Service plan to replace major infrastructure in 2016/17
IT for Looked After Children	178	0	178	98	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend).
<b>subtotal</b>	<b>782</b>	<b>0</b>	<b>782</b>	<b>98</b>	
<b>Other Earmarked Reserves</b>					
<b>Adult Social Care</b>					
Capacity in ASC procurement & contracts	225	-63	162	162	Continuing to support route rationalisation for domiciliary care
Specialist Assistive technology input to the LDP	186	-186	0	0	External support to promote use of technology to reduce costs of supporting LD clients
Autism & Adult Support Workers (trial)	60	-30	30	30	Trialling support work with Autism clients to investigate a new service model, 12 month period but only starting in September 2016
Direct Payments - Centralised support (trial)	174	-44	130	130	By centralising and boosting support to direct payment setup we hope to increase uptake & monitoring of this support option
Care Plan Reviews & associated impact - Learning Disability	346	-346	0	0	Additional social work, complaints handling, business support and negotiation capacity in support of the major reassessment work in these services
Care Plan Reviews & associated impact - Disabilities	109	-109	0	0	
<b>Older People &amp; Mental Health</b>					
Continuing Healthcare project	118	-59	59	59	CHC team has been formed to deliver the BP savings
Homecare Development	62	-40	22	22	Managerial post to take forward proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work.
Falls prevention	44	-44	0	0	To upscale the falls prevention programme
Dementia Co-ordinator	35	-22	13	13	£35k needed, hoping for PH match funding.
Shared Lives (Older People)	49	-49	0	0	Trialling the Adult Placement Scheme within OP&MH
Mindful / Resilient Together	321	-133	188	188	Programme of community mental health resilience work (spend over 3 years)

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 Aug 16		
	£'000	£'000	£'000	£'000	
Increasing client contributions and the frequency of Financial Re-assessments	120	-70	50	50	Hiring of fixed term financial assessment officers to increase client contributions
Brokerage function - extending to domiciliary care	50	-15	35	35	Trialling homecare care purchasing post located in Fenland
Specialist Capacity: home care transformation / and extending affordable care home capacity	70	-45	25	25	External specialist support to help the analysis and decision making requirements of these projects and upcoming tender processes
Care Plan Reviews & associated impact - Older People	452	-452	0	0	Options being explored with overtime to complement agency worker reviews
<b>Childrens Social Care</b>					
Independent Reviewing Officers (IRO) and Care Planning (CP) Chairperson	28	-28	0	0	2 x Fixed Term Posts across 2015/16 and 2016/17. Increase in Independent Reviewing Officers (IRO) capacity to provide effective assessment which will safeguard the YP as per statutory guidance under the Care Planning Regulations Children Act 1989 – (Remaining balance will support for 1 post for 6 month period in 2016/17)
Adaptations to respite carer homes	14	-14	0	0	Reserve for adaptations to Foster carer Homes
Child Sexual Exploitation (CSE) Service	250	-250	0	0	Child Sexual Exploitation Funding - Barnardo's project to work with children in relation to child sexual exploitation. Barnardo's would look to recruit to 5 staff and these would be 1 x MASH worker, 2 x workers in relation to return interviews and an additional 2 workers who will work direct with children in relation to child sexual exploitation.
<b>Strategy &amp; Commissioning</b>					
Building Schools for the Future (BSF)	141	0	141	0	Funding allocated to cover full ICT programme and associated risks. In 2016/17 also cover costs associated with transition from Dell ICT contract.
Statutory Assessment and Resources Team (START)	10	-10	0	0	Funding capacity pressures as a result of EHCPs.
Home to School Transport Equalisation reserve	253	0	253	-472	16/17 is a "long year" with no Easter and so has extra travel days. The equalisation reserve acts as a cushion to the fluctuations in travel days.
Time Credits	74	-74	0	0	Funding for 2 year Time Credits programme from 2015/16 to 2016/17 for the development of connected and supportive communities.
Reduce the cost of home to school transport (Independent travel training)	60	-60	0	0	Draw down of funds to pay for independent travel training
Prevent children and young people becoming Looked After	57	-57	0	0	£32k to extend the SPACE programme pilot to enable a full year of direct work to be evaluated for impact
Disabled Facilities	127	0	127	77	Funding for grants for disabled children for adaptations to family homes.

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 Aug 16		
	£'000	£'000	£'000	£'000	
<b>Strategy &amp; Commissioning</b>					
Commissioning Services – Children's Placements	13	-13	0	0	Funding to increase capacity. Two additional Resource Officers are in post.
<b>Enhanced &amp; Preventative</b>					
Information Advice and Guidance	20	-20	0	0	£20k will be used in 16/17 to cover the salaries of 6 remaining post holders who will leave by redundancy on 11th May 2016 as a result of Phase II Early Help Review
Changing the cycle (SPACE/repeat referrals)	67	-67	0	0	Project working with mothers who have children taken in to care - to ensure that the remaining personal or family needs or issues are resolved before the mother becomes pregnant again. Funding for this project ends March 2017.
Multi-Systemic Therapy (MST) Standard	182	0	182	0	2-year investment in the MST service (£182k in 2015/16 & 2016/17) to support a transition period whilst the service moves to an external model, offering services to CCC and other organisations on a traded basis.
MST Child Abuse & Neglect	78	-78	0	0	Whilst the MST CAN project ended in 2015/16, the posts of MST Program Manager and Business Support Manager who support all of the MST teams have been retained and will transfer to the MST Mutual CIC. Funding is required until the MST Mutual commences.
Youth Offending Team (YOT) Remand (Equalisation Reserve)	250	0	250	250	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
All Age Lead Professional	40	-40	0	0	Trialling an all age locality lead professionals. Ongoing trial into 16/17.
Maximise resources through joint commissioning with partners	14	-14	0	0	Funding for Area Partnership Manager, ensuring that local needs are identified and met in relation to children's services by bringing together senior managers of local organisations in order to identify and develop priorities and commission local services. Work to be undertaken during 2016/17 to seek sustainable solution to the shortfall in funding on a permanent basis.
Independent Domestic Violence Advisors	24	0	24	0	To continue to provide a high level of support to partner agencies via the Multi-agency safeguarding hub, and through the multi-agency risk assessment conference process, by supporting high-risk victims of domestic abuse.
<b>Learning</b>					
Cambridgeshire Culture/Art Collection	87	0	87	47	Providing cultural experiences for children and young people in Cambs
Discretionary support for LAC education	182	-146	36	36	To be reviewed in Sept 16
Reduce the risk of deterioration in school inspection outcomes	60	-60	0	0	Draw down of funding to pay for fixed term Vulnerable Groups post
ESLAC Support for children on edge of care	50	-14	36	36	Funding for 2 year post re CIN

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 Aug 16		
	£'000	£'000	£'000	£'000	
CCS (Cambridgeshire Catering and Cleaning Services)	119	0	119	0	CCS Reserve to make additional investment in branding, marketing, serveries and dining areas to increase sales and maintain contracts. Also includes bad debt provision following closure of Groomfields Grounds Maintenance Service.
<b><u>Cross Service</u></b>					
Develop 'traded' services	57	-57	0	0	£27k is funding for 2 x 0.5 FTE Youth Development Coordinators until March 17 £30k is for Early Years and Childcare Provider Staff Development
Improve the recruitment and retention of Social Workers (these bids are cross-cutting for adults, older people and children and young people)	188	-110	78	78	This will fund 2-3 staff across 2016/17 focused on recruitment and retention of social work staff
Reduce the cost of placements for Looked After Children	184	-184	0	0	Repairs & refurbish to council properties: £5k Linton; £25k March; £20k Norwich Rd; £10k Russell St; Alterations: £50k Havilland Way Support the implementation of the in-house fostering action plan: £74k
Re-deployment of CFA Continuing and New Earmarked Reserves	-953	953	0	0	New 16/17 CFA Earmarked Reserves (£1.451m) funded from those 15/16 earmarked reserves no longer required (£0.498m) and CFA carry forward (£0.953m), following approval from Committee.
<b>subtotal</b>	<b>4,097</b>	<b>-2,050</b>	<b>2,047</b>	<b>766</b>	
<b>TOTAL REVENUE RESERVE</b>	<b>6,502</b>	<b>-3,112</b>	<b>3,390</b>	<b>-1,096</b>	
<b><u>Capital Reserves</u></b>					
Building Schools for the Future	61	0	61	0	Building Schools for Future - c/fwd to be used to spent on ICT capital programme as per Business Planning 16/17.
Basic Need	0	1,680	1,680	80	The Basic Need allocation received in 2016/17 is fully committed against the approved capital plan.
Capital Maintenance	0	2,092	2,092	0	The School Condition allocation received in 2016/17 is fully committed against the approved capital plan.
Other Children Capital Reserves	110	0	110	0	£10k Universal Infant Free School Meal Grant c/f and the Public Health Grant re Alcohol recovery hub £100k rolled forward to 2016/17.
Other Adult Capital Reserves	2,257	3,479	5,736	425	Adult Social Care Grant to fund 2016/17 capital programme spend.
<b>TOTAL CAPITAL RESERVE</b>	<b>2,428</b>	<b>7,251</b>	<b>9,679</b>	<b>505</b>	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

## APPENDIX 6 – Capital Expenditure and Funding

### 6.1 Capital Expenditure

2016/17						TOTAL SCHEME	
Original 2016/17 Budget as per BP	Scheme	Revised Budget for 2016/17	Actual Spend (Aug)	Forecast Spend - Outturn (Aug)	Forecast Variance - Outturn (Aug)	Total Scheme Revised Budget	Total Scheme Forecast Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
	<b>Schools</b>						
41,711	Basic Need - Primary	42,782	103	40,099	-2,683	224,944	12,620
39,689	Basic Need - Secondary	41,162	59	42,481	1,319	213,851	430
321	Basic Need - Early Years	613	38	613	0	2,203	0
770	Adaptations	654	6	561	-93	6,541	0
2,935	Specialist Provision	3,225	29	3,050	-175	5,060	-175
3,250	Condition & Maintenance	3,250	-197	3,250	0	25,750	0
204	Building Schools for the Future	348	0	348	0	9,118	0
1,114	Schools Managed Capital	1,926	0	1,926	0	9,798	-190
0	Universal Infant Free School Meals	10	0	10	0	0	0
300	Site Acquisition and Development	300	0	300	0	650	0
1,500	Temporary Accommodation	1,500	0	1,500	0	14,000	0
0	Youth Service	127	0	127	0	0	0
295	Children Support Services	295	0	295	0	2,530	0
3,717	Adult Social Care	5,311	0	5,311	0	25,777	1,299
1,350	CFA IT Infrastructure	1,700	0	1,700	0	3,000	0
0	CFA Capital Variation	-10,282	0	-8,650	1,632	0	0
<b>97,156</b>	<b>Total CFA Capital Spending</b>	<b>92,921</b>	<b>38</b>	<b>92,921</b>	<b>0</b>	<b>543,222</b>	<b>13,984</b>

#### Basic Need - Primary £12,620k increased total scheme cost.

A total scheme variance of £5,310k occurred due to changes since the Business Plan was approved in response to changes to development timescales and school capacity. The following have schemes have had cost increases approved by GPC for 2016/17;

- Fulbourn Primary (£1,000k) further planning has indicated cost of project will be higher than originally anticipated
- Melbourn Primary (£2,050k) increased scope includes replacement of two temporary classroom structures.
- Hatton Park Primary ( £10k) increased cost to reflect removal costs required as part of the project
- Wyton Primary (£2,250k) due to scheme being delivered in two phases and increased costs associated with the delay in phasing. Phase 1 - replacement of existing 1 form entry primary school; phase 2 - new 2 form entry primary school.

In June 2016 these increased costs have been offset by £670k of underspend on 2016/17 schemes which are completing and have not required the use of budgeted contingencies. Brampton Primary School (£41k), Fawcett Primary School (£203k), Cambourne 4th Primary (183k), Millfield Primary (£28k), Fourfields Primary (£42k) and Trinity School: (£175k)

There has been a further £7.3m increase in July 2016 in the overall capital scheme costs since the Business Plan was approved by full Council. These changes relate to future years and have been addressed through the 2017/18 Business Plan. Schemes experiencing increases include;

- Clay Farm, Cambridge £1.5m increase due to developing scope of the project to a 2FE school to accommodate further anticipated housing development.



- Ramnoth, Wisbech; £740k increased cost due to increased build cost identified at design stage.
- Hatton Park, Longstanton; £540k increased build cost identified at planning stage and transport costs of children.
- Barrington; £1,890k increased costs after option appraisal completed and costs inflated to meet Sept 2020 delivery
- Loves Farm, St Neots; £2,320k increase due to changing scope of the project to a 2FE school.

### **Basic Need - Primary £2,683k slippage.**

A number of schemes have experienced cost movements since the Business Plan was approved. The following schemes have been identified as experiencing accelerated spend where work has progressed more quickly than had been anticipated in the programme.

These include Westwood Primary (£105k), Grove Primary (£98k), Hatton Park (£690k) St Ives, Eastfield / Westfield / Wheatfields (£200k) and Wyton Primary (£200k). These schemes will be re-phased in the 2017/18 business plan.

The accelerated spend has been offset by schemes where progressed has slowed and anticipated expenditure in 2016/17 will no longer be incurred. These schemes include; Huntingdon Primary 1<sup>st</sup> & 2<sup>nd</sup> Phases (£199k) works deferred to be undertaken as part of the 2<sup>nd</sup> phase of the scheme which is already underway and is anticipated to incur less spends than originally scheduled.

NIAB School, (£98k) slippage to scheme being deferred, the scheme is linked to housing development which is not progressing. Minimal spend expected in 2016/17 to complete design and planning stages.

Sawtry Infants, (£720k), the scheme has been redefined. The Infant and Junior school are no longer to merge which has meant spend planned summer 2016 to undertake refurbishment/remodelling works will now not go ahead. Design works only for 2016-17. Works to now commence April 2017 and complete by August 18.

The Shade, Soham; (£550k) due to a lower than expected tender from contractors at this stage of the planning.

Pendragon, Papworth, (£150k), this scheme is linked to outlined planning development which has not progressed. Therefore no expenditure is likely in 2016/17.

Northstowe First Primary; -£346k slippage due to Furniture, equipment and part of the ICT requirements being unexpended this financial year until permanent school opens in September 2017.

Bearcroft Primary School ;( £1,390k), Project has slipped from start on site 15.08.16 to 24.10.16.

### **Basic Need – Secondary £1,319k accelerated spend.**

The Bottisham Village College scheme has incurred £480k of slippage due to the start on site being deferred from late 2016 to March 2017. The delay has resulted from a joint bid to the EFA for additional £4m funding which has enabled the school to progress advanced works ahead of the main capital scheme.

There has been accelerated spend on Cambridge City 3FE Additional places of £1,800k on St Bede's program. This has arisen due to works commencing earlier than anticipated to accommodate the fire damage sustained at the school. A revised budget for the project will be known in September 2016 which will include funding from the loss adjuster.

### **Adaptations £93k slippage.**

Morley Memorial spend is expected to be £93k less than expected due to slower than expected progress and only design work now being undertaken in 2016/17.

**Specialist Provision £175k slippage.**

The Trinity school scheme plans to underspend in 2016/17 by £175k due to the scheme completing without requiring budgeted contingencies.

**Schools Managed Capital**

Devolved Formula Capital (DFC) is a three year rolling balance and includes £850k carry forward from 2015/16. The total scheme variance relates to the reduction in 2016/17 grant being reflected in planned spend over a 5 year period.

**CFA Capital Variation.**

The Capital Programme Board recommended that services include a variation budget to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. As forecast underspends start to be reported, these are offset with a forecast outturn for the variation budget, leading to a balanced outturn overall up until the point where slippage exceeds this budget. The allocation for CFA's negative budget adjustments has been calculated as follows, shown against the slippage forecast to date:

2016/17					
Service	Capital Programme Variations Budget £000	Forecast Variance - Outturn (Aug) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Forecast Variance - Outturn (Aug) £000
CFA	-10,282	-1,632	1,632	15.9%	-
<b>Total Spending</b>	<b>-10,282</b>	<b>-1,632</b>	<b>1,632</b>	<b>15.9%</b>	<b>-</b>

**6.2 Capital Funding**

2016/17				
Original 2016/17 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2016/17 £'000	Forecast Spend – Outturn (Aug) £'000	Forecast Funding Variance - Outturn (Aug) £'000
3,781	Basic Need	3,781	3,781	0
4,643	Capital maintenance	4,708	4,708	0
1,114	Devolved Formula Capital	1,926	1,926	0
0	Universal Infant Free School meals	10	10	0
3,717	Adult specific Grants	5,311	5,311	0
24,625	S106 contributions	22,612	22,612	0
0	BSF -PFS only	61	61	0
0	Capitalised Revenue Funding	0	0	0
700	Other Capital Contributions	700	700	0
54,416	Prudential Borrowing	49,652	49,652	0
4,160	Prudential Borrowing (Repayable)	4,160	4,160	0
<b>97,156</b>	<b>Total Funding</b>	<b>92,921</b>	<b>92,921</b>	<b>0</b>

In August there have been no changes to the overall funding position of the 2016/17 capital programme.

## APPENDIX 7 – Performance at end of July 2016

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% children whose referral to social care occurred within 12 months of a previous referral	Children's Social Care	20.0%	20.0%	22.6%	Jul-16	↓	A	22.2% (2015)	24.0% (2015)	Performance in re-referrals to children's social care has worsened slightly during July and is now worse than target though in line with our stat neighbours and below national levels.
Number of children with a Child Protection Plan per 10,000 population under 18	Children's Social Care	36.7	30.0	35.0	Jul-16	↑	A	35.2 (2015)	42.9 (2015)	The number of children with a CP Plan has reduced to 460 during July. , 137 more than at this time last year. As this is the end of the yearly cycle that appears to be predicated on the academic year (with a wave-like pattern of numbers starting to rise end September/beginning of October and then falling as plans work through towards the end of the school year in July), and as there are usually fewer review meetings over August, there is every indication that we will begin the new academic year with at least 130 more plans than last year. As noted before, our regional counterparts are also seeing a rise in numbers across the region, and the subsequent capacity issues throughout the organisation.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The number of looked after children per 10,000 children	Children's Social Care	46.7	40.0	46.4	Jul-16	↑	R	41.6 (2015)	60.0 (2015)	<p>The number of Looked After Children dropped to 610 in July 2016. This includes 62 UASC, around 10% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.:</p> <p>Actions being taken include:</p> <ul style="list-style-type: none"> <li>• A weekly Section 20 panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs.</li> <li>• A weekly LAC monitoring meeting chaired by the Executive Director of CFA, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.</li> </ul>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
No / % of families who have not required statutory services within six months of having a Think Family involvement	Enhanced & Preventative									New measure 2016/17. Target will be set and indicator reported on when 6 months data is available
% year 12 in learning	Enhanced & Preventative	94.5%	96.5%	94.1%	Jul 16	↓	A	94.0% (2015)	94.8% (2015)	Our performance in learning tends to drop at this point in the year as young people drop out before completing their programmes in learning. As many will not return until September it is unlikely that we will meet this target until later in the year.
% 16-19 year olds not in Education, Employment or training (NEET)	Enhanced & Preventative	3.4%	3.3%	3.4%	Jul 16	→	A	3.5% (2015)	4.2% (2015)	NEET has risen slightly this month mainly due to the number of young people dropping out from learning. Locality teams will pick them up quickly and offer support to encourage them to return to learning as soon as possible, however this may not be until September.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% Clients with SEND who are NEET	Enhanced & Preventative	10.1%	9.0%	10.6%	Q1 (Apr to Jun 16)	↓	A	7.0% (2015)	9.2% (2015)	Whilst we are not on target our performance is much better than this time last year when NEET was 12.4%. We continue to prioritise this group for follow up and support.
The proportion pupils attending Cambridgeshire Nursery schools judged good or outstanding by Ofsted	Learning	100.0%	100.0%	100.0%	Jul-16	→	G	100.0% (2015)	98.0% (2015)	
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	80.8%	82.0%	80.8%	Jul-16	→	A	88.4% (2016)	88.5% (2016)	156 Primary schools are judged as good or outstanding by Ofsted covering 38,458 pupils. 80.8% is our best performance ever.
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	55.5%	75.0%	55.5%	Jul-16	→	R	85.2% (2016)	80.3% (2016)	The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has remained the same during July. 17 out 30 Secondary schools with Inspection results are now judged as good or outstanding, covering about 17,000 pupils.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	94.8%	100.0%	94.8%	Jul-16	➡	A	91.0% (2015)	92.0% (2015)	8 out of 9 Special schools are judged as Good or outstanding covering 920 (94.8%) pupils.
<i>Proportion of income deprived 2 year olds receiving free childcare</i>	Learning	80.0%	80.0%	79.2%	Spring Term 2016	⬇	A	72.2% (2016)	68% (2016)	There were 1758 children identified by the DWP as eligible for the Spring Term. 1393 took up a place which equates to 79.2%
<i>FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing &amp; Maths at KS2</i>	Learning	28	21	28	2015	➡	R	17 (2015)	23 (2015)	Data for 2015 suggests that the gap has remained unchanged at KS2 but increased significantly at KS4. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
<i>FSM/Non-FSM attainment gap % achieving 5+ A*-C including English &amp; Maths at GCSE</i>	Learning	31.3	26	37.8	2015	↓	R	27.4 (2015)	32.2 (2015)	All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.
<i>1E - Proportion of adults with learning disabilities in paid employment</i>	Adult Social Care	1.1%	6.0%	1.2%	Jul-16	↑	R	5.9% (14-15)	6.0% (14-15)	Performance remains very low at though there has been small improvement during July. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependent on the review/assessment performance of LD teams.
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	94.3%	93.0%	95.0%	Jul-16	↑	G	83.0% (14-15)	82.6% (14-15)	Performance remains above target and is improving gradually. Performance is above the national average for 14/15 and will be monitored closely.



Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
RV1 - Proportion of planned reviews completed within the period that were completed on or before their due date. (YTD)	Adult Social Care / Older People & Mental Health	51.9%	50.1%	51.2%	Jul-16	↓	G	N/A (Local Indicator)		Performance at this indicator has been improving generally though July has seen a small fall. This is partly due to ongoing data cleansing relating to the categorisation of planned/unplanned reviews. A focus on completing reviews early where there is the potential to free up capacity/make savings also be contributing to this increased performance.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	53.3%	57.0%	52.8%	Jun-16	↓	A	N/A (Local Indicator)		<p>Technical issues mean there is currently no July update for this measure. We expect to be able to report again next month. The service continues to be the main route for people leaving hospital with simple, as opposed to complex care needs. However, we are experiencing a significant challenge around capacity in that a number of staff have recently retired and we are currently undertaking a recruitment campaign to increase staffing numbers.</p> <p>In addition, people are leaving hospital with higher care needs and often require double up packages of care which again impacts our capacity. We are addressing this issue directly by providing additional support in the form of the Double Up Team who work with staff to reduce long term care needs and also release re-ablement capacity.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health	72	189	96	Jul-16	↓	G	611.0 (14-15)	658.5 (14-15)	<p>The implementation of Transforming Lives model, combined with a general lack of available residential and nursing beds in the area is resulting in a fall in the number of admissions.</p> <p>Please note that this is a cumulative indicator so numbers are expected to increase each month.</p>
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	556	429	578	Jun-16	↓	R	N/A (Local Indicator)		<p>The Cambridgeshire health and social care system is experiencing a monthly average of 2,974 bed-day delays, which is 35% above the current BCF target ceiling of 2,206. In June there were 3,204 bed-day delays, up 207 compared to the previous month.</p> <p>We are not complacent and continue to work in collaboration with health colleagues to build on this work. However, since Christmas we have seen a rise in the number of admissions to A &amp; E across the county with several of the hospitals reporting Black Alert. There continues to be challenges</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
										<p>in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community.</p> <p>Between July '15 and June '16 there were 29,731 bed-day delays across the whole of the Cambridgeshire system - representing a 14% decrease on the preceding 12 months.</p> <p>Across this period NHS bed-day delays have decreased by 15% from 25,303 (Jul 14 - Jun 15) to 21,504 (Jul 15 - Jun 16), while bed-day delays attributed to Adult Social Care have increased from 7,876 in Jul 14 - Jun 15 to 8,000 in Jul 15 - Jun 16 an increase of 2%.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	124	114	129	Jun-16	↓	R	N/A (Local Indicator)		In June '16 there were 713 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 139 delays per 100,000 of 18+ population. For the same period the national rate was 127 delays per 100,000. During this period we invested considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	12.6%	12.5%	12.3%	Jun-16	↓	A	9.0% (15-16) Provisional	6.7% (15/16) Provisional	Though there has been a slight fall this month, performance data from CPFT shows that we remain close to target. We have become aware that there may be some issues with the calculation of this indicator. CPFT are consulting with the DoH to resolve this.

## APPENDIX 8 – CFA Portfolio at end of July 2016

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Transforming Lives</b> Jane Heath	<p>Status has been downgraded to amber and alongside the review of the project plan, milestones are being revised.</p> <p>The evaluation continues and a report was provided for Adults Spokes committee meeting in September. The next step is to ensure that there is a mechanism for collecting information throughout the year. The Quality Assurance Framework has been rolled out to CPFT.</p> <p>Work is underway to gain evidence based assurance from all service leads that progress is being made to embed changes in work practice. All service leads are asked to evaluate progress and clarify next steps by the end of October 2016; this will include dates for implementation.</p>	AMBER
<b>Building Community Resilience Programme:</b> Sarah Ferguson	<p>This programme will respond to the council's focus on strengthening our support to communities and families. The strategy has been approved by the General Purposes Committee. Focus is now on developing and delivering the action plans.</p> <p>No key issues.</p>	GREEN
<b>Community Hubs:</b> Christine May/Helen Mendis	<p>Programme has been scoped and programme plan and timescales defined. Subject to a political decision, it is likely that the implementation of hubs will shift from April to September due to the following reasons; interdependencies with this agenda and the transformation of Children's Services, longer engagement needed with all key stakeholders to ensure they are part of the co-design of hubs, Parish precept setting timescales will mean that this opportunity will be missed if we consult in January 2017. In addition we will be in a much stronger position next year when there is greater clarity regarding senior leadership. A paper is being prepared for the October 2016 General Purposes Committee in this regard.</p>	AMBER

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>0-19 Commissioning:</b> Meredith Teasdale/Clare Rose	<p>This project is looking how Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) can work together to integrate child health and wellbeing services. This includes consideration of 0-19 community based health services, including Health Visiting, School Nursing and Family Nurse Partnership; Early Help and Children's Centre services; and Child and Adolescent Mental Health Services across Cambridgeshire and Peterborough.</p> <p>Key Issue: It was agreed at the July JCU that the 0-19 work now needs to be considered within the context of the Sustainability Transformation Programme (STP) which is looking at future health services planning and Vanguard which will largely be looking at emergency NHS care as well as children's mental health services etc. The 0-19 work is therefore now part of a much bigger process. A meeting will therefore take place between Adrian Loades (CCC), Wendi Ogle-Welbourn (PCC) and Tracy Dowling (CCG) to establish a way forward. An integrated service offer has been drafted as far as possible based on the original project scope. However, more detailed work on this project is currently on hold pending the outcome of the meeting between CCC, PCC and the CCG which is expected to have taken place by October 2016.</p> <p>No impact on savings.</p>	<b>AMBER</b>
<b>Children's Centres:</b> Sarah Ferguson/Jo Sollars/Clare Rose	<p>Up to this point, Children's Centres have been considered within the potential future service offer for 0-19 child health and wellbeing services as outlined above.</p> <p>Key Issue: As per the 0-19 update, discussions are currently on-going around the need to link the 0-19 work more closely with the CCG Transformation / STP. This would significantly lengthen the timescale for the 0-19 project. Consideration would then need to be given on how to move forward with the Children's Centres work as this needs to be completed in the more immediate future, due to the savings that need to be achieved. Confirmation on the potential closer links with the STP is expected no later than October 2016 as outlined above.</p>	<b>AMBER</b>
<b>Mosaic:</b> Meredith Teasdale	<p>The contract for the new Adult Social Care, Early Help and Children's Social Care ICT System (Mosaic) has been awarded to the supplier Servelec Corelogic Ltd. The contract was signed in June 2016. The project governance, management, team and resources have been appointed and detailed planning is now taking place. The project is complex and is anticipated to last approximately two years, estimated completion date April 2018. Mosaic will be implemented in Adult Social Care and will replace the current Adult Social Care financial management system (AFM) by September 2017. The second phase will implement the new system in Early Years and Children's Social Care by April 2018.</p> <p>No key issues.</p>	<b>GREEN</b>

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Accelerating Achievement:</b> Keith Grimwade/Tammy Liu	<p>Although the achievement of most vulnerable groups of children and young people is improving, progress remains slow and the gap between vulnerable groups and other children and young people remains unacceptably wide. The 2014-16 Accelerating Achievement strategy is being revised and will be incorporated into the overall School Improvement Strategy. An updated action plan will be confirmed at the 12 September 2016 AA Steering Group meeting. A more detailed update can be provided later in the autumn when this year's assessment and examination results have been published and analysed.</p> <p>No key issues.</p>	<b>AMBER</b>
<b>LAC Placements Strategy:</b> Meredith Teasdale/Mary-Ann Stevenson	<p>The work around Looked After Children will be subsumed into the transformational Children's Change Programme but the revised LAC Savings Action Plan currently provides a mechanism for monitoring activity, spend and savings in the short term and these will be reported at the September LAC Commissioning Board.</p> <p>Whilst LAC numbers continue to rise, the composition of these placements is being positively impacted with the majority being met in-house. The In-House Fostering service continues to increase the number of filled beds (currently 170).</p> <p>Key Issues: Following further review it has become apparent that it will not be possible to completely mitigate the total pressure and as such a paper was presented to SMT on 5<sup>th</sup> August to advise of the projected overspend in 2016/17 to £1.355m from £70k.</p>	<b>AMBER</b>



**OLDER PEOPLES ACCOMMODATION STRATEGY**

*To:* **Adults Committee**

*Meeting Date:* **13 October 2016**

*From:* **Charlotte Black, Service Director: Older People and Mental Health Services**

*Electoral division(s):* **All**

*Forward Plan ref:* **Not applicable**      *Key decision:* **No**

*Purpose:* **To update Adults Committee on the revised Older People's Accommodation Strategy (Appendix 1)**

*Recommendation:* **The Committee is asked to endorse the integrated approach set out in the Older People's Accommodation Strategy. In particular to**

- 1. Support the multi-agency approach to planning and developing accommodation for older people and**
- 2. Agree the establishment of a Member Reference Group to support the action plan relating to care home development**

<b><i>Officer contact:</i></b>	
Name:	Richard O'Driscoll
Post:	Head of Service Development
Email:	richard.o'driscoll@cambridgeshire.gov.uk
Tel:	01223 729186

## **1.0 BACKGROUND**

- 1.1 A multi-agency Older People's Accommodation Programme Board was established in May 2015 in response to the projected increase in the number and proportion of older people living in Cambridgeshire over the next 25 years, and the anticipated increase in demand on social care and health services. The focus of the work was on developing the built environment to support older people to live independently for longer and, in so doing, reduce demand on statutory health and social care services. In November 2015, a first cut Accommodation Strategy was produced. This provided an analysis of current and future demand. The draft report was presented to Adults Committee, where the direction of travel was endorsed. Following feedback from the Committee and other stakeholders, the document has been revised and strengthened to reflect those views. One key development was to clarify longer term as well as immediate actions specified in the action plan.
- 1.2 The overarching aim of the strategy is to help older people to make positive choices about where they live to maximise their independence for as long as possible and reduce the requirement for long term institutional care. There is a clear linkage to both the County Council's corporate objectives and the Transforming Lives approach. The strategy seeks to meet these aims by:
- Addressing current issues to help manage demand in the health, social care and housing systems in the short term.
  - Increasing choice and affordability for those requiring specialist care, in particular through the development of extra care sheltered housing and related services.
  - Influencing and developing a choice of good accommodation options for older people (general needs and specialist support).
  - Supporting people with disabilities to remain in their own homes by maximising the benefits of aids and adaptations and the use of technology.
  - Intervening in the care home market to increase affordable capacity in the medium and longer term.

## **2.0 IMPLEMENTATION**

- 2.1 Implementation of the strategy is managed through a multi-agency Older People's Accommodation Programme, which in turn reports to the Cambridgeshire Executive Partnership Board. The Programme Board has established a number of work streams set out below:
- Hinchingsbrooke Health and Care campus - development of the hospital site to create a health, housing and care village.
  - Healthy New Towns including market research/co-production. This work stream, focussing on the development of Northstowe, has now been selected in a national competition as one of the 10 NHS Vanguard sites.
  - Home Improvement Agency and Disabled Facilities Grant - pathway redesign.

- Sheltered Housing - maximising and modernising the use of the existing capacity.
- Extra Care Sheltered Housing - expansion of this resource to provide a real alternative to residential care for older people with significant levels of frailty.
- Expansion of affordable residential and nursing care – meeting the current and future shortfall.
- NHS Intermediate Bed Based Review - informing and developing future requirement for non-acute bed based services.
- Marketing - increasing public awareness of the range of housing options available and working with developers to help shape future supply.

2.2 The aim of the Programme Board is to develop a shared vision, to convert the strategy into a series of commissioning intentions and to manage the individual work streams and monitor performance against the action plan. The strategy has also now become a key work stream of the Better Care Fund, and in this context has been endorsed by the Cambridgeshire Executive Partnership Board.

### **3.0 CARE HOME DEVELOPMENT AND MEMBER REFERENCE GROUP**

3.1 The work stream relating to Care Home Development is reaching a critical stage. The Project Board has identified potential sites in Council and public sector ownership and matched these with current and projected population needs. In addition, joint funding with the NHS has been identified through the Better Care Fund to fund some time limited specialist support and expertise to support the implementation of the Accommodation Strategy. As a consequence, the Council has now appointed a specialist consultant to develop an options appraisal and business case for Care Home Development. The business case will be completed by the end of September, at which point a report will be brought to Adults Committee with clear recommendations on the way forward. To support the ongoing development work, it is proposed that a new Member Reference Group is established. A group had previously met to consider the Council's approach to developing its own care home. However, it has been noted that there were some challenges concerning representation. In order to avoid this difficulty going forward, it is proposed that substitute Members are identified in addition to the core Membership. As the care home development programme is likely to be a lengthy process, it is proposed that the Member Reference Group regularly meets on a quarterly basis. In addition, *ad hoc* meetings will be arranged to deal with more urgent business matters. The teleconference option will also be available if that is preferred for logistical reasons.

### **4.0 POTENTIAL IMPACT FOR THE COUNTY COUNCIL**

4.1 The Older People's Accommodation Strategy identifies that suitable accommodation is a crucial factor in preventing and delaying people's need for health and social care services. Whilst the vast majority of older people in Cambridgeshire are owner occupiers and are unlikely to move into extra care housing or residential care, it is important for a range of options to be available,

in order to enable older residents of Cambridgeshire to make positive choices which support their ability to remain independent. In some instances, that includes adapting their current homes to support changing needs.

## **5.0 ALIGNMENT WITH CORPORATE PRIORITIES**

### **5.1 Developing the local economy for the benefit of all**

5.1.1 The following bullet points set out details of implications identified by officers:

- The multi-agency approach that is being promoted increases the likely success of development proposals and reduces duplication and inefficiency.
- The strategy sets out a series of commissioning intentions that will result in significant economic benefits in terms of promoting inward investment and increasing employment opportunities.

### **5.2 Helping people live healthy and independent lives**

5.2.1 The following sets out details of implications identified by officers:

- Several of the work streams have a direct and positive impact on enabling individuals to live healthy and independent lives.

### **5.3 Supporting and protecting vulnerable people**

5.3.1 The report above sets out the implications for this priority in paragraphs 1.2, 2.1 and 3.1.

## **6.0 SIGNIFICANT IMPLICATIONS**

### **6.1 Resource Implications**

6.1.1 The aim of the strategy is to work with partners to provide a range of services that reduce the long term costs of care. A number of the work streams have development costs involved. For example The Better Care Fund provided £50K for consultancy to take forward the Care Home initiative and the Home Improvement agency work. Where further investment is required, a business case will be produced.

### **6.2 Statutory, Risk and Legal Implications**

6.2.1 There are no significant implications within this category.

### **6.3 Equality and Diversity Implications**

6.3.1 The strategy recognises the wide range of needs of older people and seeks to improve the supply of accommodation to better reflect those needs.

## 6.4 Engagement and Consultation Implications

- 6.4.1 A key aspect of the strategy is the engagement of stakeholders, in particular users of service, suppliers and service planners. As part of the work, Sheffield Hallam University have been engaged to take forward a co-production initiative involving working directly with older people in Cambridgeshire.

## 6.5 Localism and Local Member Involvement

- 6.5.1 There are no significant implications within this category.

## 6.6 Public Health Implications

- 6.6.1 The following sets out details of significant implications identified by officers which will be adversely affected if supported housing becomes financially unviable:
- Priority 2 of the Cambridgeshire Health & Wellbeing Strategy 2012-17 to 'support older people to be independent, safe and well'.
  - Priority 3 - 'Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices'.
  - Priority 4 - 'Create a safe environment and help to build strong communities, wellbeing and mental health'.
  - Priority 6 - 'Work together effectively'.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	<u>Yes</u> Name of Financial Officer: T Kelly
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	<u>Yes</u> Name of Legal Officer: Suzy Edge
Are there any Equality and Diversity implications?	<u>Yes</u> Name of Officer: Charlotte Black
Have any engagement and communication implications been cleared by Communications?	<u>Yes</u> Name of Officer: Simon Cobby
Are there any Localism and Local Member involvement issues?	<u>Yes</u> Name of Officer: Charlotte Black

<b>Have any Public Health implications been cleared by Public Health</b>	<b><u>Yes</u></b> Name of Officer: Iain Green (via Tess Campbell)
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<b>Source Documents</b>	<b>Location</b>
The Older People's Accommodation Strategy V.9.	Appendix 1

Cambridgeshire Older People's Accommodation Programme Board

# Older People's Accommodation Strategy

Version 0.9. April 2016

Charlotte Humble / Tom Barden, Strategy, Cambridgeshire County  
Council

Version	Author	Date	Notes/Comments
0.1	Charlotte Humble	19/10/15	
0.2	Charlotte Humble	10/11/15	Edit following comments from Tom Barden
0.3	Tom Barden	10/11/15	
0.4	Charlotte Humble/ Tom Barden	25/11/15	Edit following comments from OP Accommodation Board
0.5	Tom Barden	27/11/15	Draft for CEPB and Adult Committee
0.6	Charlotte Humble	1/4/16	Edit following comments from CEPB, Adults committee and OP accommodation board
0.7	Charlotte Humble and Tom Barden	27/4/16	Update following meeting with Richard O'Driscoll
0.8	Richard O'Driscoll	28/4/16	Update
0.9	Charlotte Humble	5/5/16	Update following comments from OP accommodation board

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<b>3.0 Where Older People Currently Live .....</b>	<b>13</b>
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<b>5.0 Our strategy for Responding to these Challenges .....</b>	<b>22</b>
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## Executive Summary

In Cambridgeshire, there is a rapidly expanding older population, a tightening of public sector funding and a system of specialist and care accommodation for older people that seems to be at capacity. These factors have created a situation where key services are in short supply, restricting choice and contributing to pressures in NHS and Social Care Services. A particular area of concern is hospital discharge, where the availability of residential and nursing home placements is one of the major causes of delay. The level of demand for local care services is so high that it is driving up prices, putting more pressure on public sector budgets that are dependent on private sector provision in order to make sure that older people are safe and well.

The pressure created by an increasing and ageing population cannot be eased by continuing to meet needs in the same way; we cannot build facilities at a fast enough rate and even if we were able to, providing services from them would be unaffordable. The public sector must therefore transform our approach to accommodation for older people.

We know that living in suitable accommodation that is appropriate to someone's needs is a protective factor, and likely to reduce the frequency or severity of people's needs. This includes, in some cases, the need for institutional care. Ensuring there is enough suitable accommodation to meet the needs of the older population is therefore essential to help make sure that the levels of need in the population are manageable within current resources.

However, housing is complex. There is not a single organisation in control of housing, so a 'command and control' approach will not ensure delivery. Although housing policy is determined by central and local government, the majority of housing, specialist and general needs, is delivered by the private sector operating in a market that is particularly sensitive to macro-economic forces and changes in finance.

Furthermore, it is difficult to precisely predict the accommodation needs and desires of a future population. Understanding what is considered 'enough' accommodation to meet the needs of the current and future population of older people is very complicated, for four reasons:

- People's circumstances and preferences are a major factor in deciding where they want to live
- There are multiple sources of demand
- Provision of each affects others, e.g. a range of accommodation specifically designed to promote independent living should reduce need for institutional bed-based care
- Monitoring of what has been commissioned does not show us unmet demand

This therefore suggests that a sophisticated strategy, which is sensitive to the fact that there is a market in provision and supports people to make good choices at the right time for them, is more likely to be successful.

Recognising the challenges we need to have a clear set of aims that all organisations can sign up to. This will provide us with a clear direction and put us in a better situation to influence the housing market.

Our strategy is based on the idea that given a good set of options to choose from, people will naturally choose the option that enables them to live healthily and well, which will limit their need for health and social care as they get older. To achieve this, the Older People Accommodation Board will adopt three priorities:

- Address current issues to help manage demand in the health, social care and housing systems in the short term
- Increase choice and affordability for those requiring specialist care in the medium and long term
- Influence and develop a choice of good accommodation options for older people (general needs and specialist supported) in the medium and long term

## 1.0 The Role of Accommodation in Health and Social Care

Over the next 25 years, the population will change. Specifically, both the number of older people and the proportion of older people (people 65 years and over) in society will increase. The fact that people are living longer is something to be celebrated, but it does create a challenge for health and social care agencies in the current environment. Age is a crucial factor in health and social care service use.

Organisations commissioning and providing such services in Cambridgeshire are therefore forecasting budget-busting increases in demand for services. In fact, it appears to be the case that demand for health and social care services is already rising faster than there are resources to pay for services, or capacity in the system to provide services even if the resources were available.

Therefore, health and social care organisations are looking to preventative programmes to ensure that the effects of having a healthier and longer-lived population do not cause the system to break down leading to inadequate care and support services and social injustice.

One of the crucial factors in successfully preventing situations where people need help from the health and social care system, or managing their needs well so the help they require is minimised, is suitable accommodation. Inadequate housing exacerbates health problems and creates other problems, particularly injuries associated with falls: injuries due to falls among older people have been estimated to cost the state £1 billion a year – 1 in 4 falls involve stairs and the majority take place in the home.<sup>1</sup>

In this strategy, 'accommodation' means all types of housing that older people might live in, temporarily or permanently. It includes mainstream housing at one end of a spectrum of intensity of support, housing with some sort of support in the middle and residential / nursing care at the highest end, with a range of different approaches in between. It also includes hospital provision, both acute and community-based.

A good stock of accommodation for all older people is important, but we are particularly interested in the types of specialist accommodation available for people with health and social care needs (or those at higher risk of developing such needs) and options to help people to stay in their own homes, even if they have needs that previously would have meant they needed specialist accommodation.

All health and social care agencies in the county make decisions that affect the commissioning and availability of suitable accommodation for older people at risk of needing health and social care support. However, there is no one agency that has ultimate control over housing and care accommodation, so it is impossible to have absolute control to ensure suitable capacity across all sectors is delivered.

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<sup>1</sup> Homes & Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI)

Furthermore, housing and care accommodation options are very complex and a lack of co-ordination with no agreed overarching aim makes it very challenging to adequately plan and deliver a choice of suitable housing/care accommodation for older people. To tackle this issue the strategy sets out agreed aims that will shape approaches to accommodation for older people and support the development of suitable accommodation that people want to live in and supports them to reduce or manage their risks of needing health and social care.

## **1.1 Purpose and Aims**

The Cambridgeshire Older People Accommodation Programme Board brings together Cambridgeshire County Council, district and city councils, Peterborough City Council, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), the System Transformation Board, Cambridge University Hospitals, and Hinchbrook Hospital. The Older People Accommodation Programme Board reports to the Cambridgeshire Executive Partnership Board (CEPB).

Our joint purpose is to co-ordinate health, housing and social care agencies so our work supports older people's access to accommodation that they want to live in and that enables them to remain independent within their community wherever possible. By co-ordinating activity, we aim to help older people to have a choice about where they live, even if their health and social care needs are high or escalating, thereby preventing them and/or delaying their need to access support

We will achieve this by:

- Addressing current issues to help manage demand in the health, social care and housing systems in the short term
- Increase choice and affordability for those requiring specialist care
- Influence and develop a choice of good accommodation options for older people (general needs and specialist support)

Without better housing in the community in which people belong, the choice for older people will often lie between getting by in unsuitable accommodation or uprooting to some form of institution home, often removed from familiar surroundings. Such moves are usually triggered by crisis rather than planned ahead and even if they are planned older people are constrained by location, availability and tenure – putting into question whether this is really a choice.<sup>2</sup> Our strategy aims to change this current situation and give older people true choice in their accommodation.

The strategy will be reviewed yearly to ensure that our approach is working and to reflect any updated information due to latest modelling, research, changes in organisational and political priorities and any changes in housing or planning policy.

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<sup>2</sup> Ibid.

## 1.2 Definition of Accommodation

The range of specialised or supported housing options for older people is substantial. Due to the various types of housing for older people but with few agreed definitions, the Older People Accommodation Programme Board has developed some definitions for the various forms of housing. There are only six definitions (see [appendix 1](#)); we have decided to limit the number of definition to six to reduce complexity, not to ignore the variety of housing options available for older people. All types of housing for older people should fit into one of the six definitions. Specialist housing or specialist provision in this strategy refers to extra care and sheltered accommodation as defined in appendix 1.

## 2.0 Drivers for Change

### 2.1 The Ageing Population

Over the next 25 years, the population of Cambridgeshire will grow to approximately 801,100 in 2036. The population of people who are over 65 is expected to grow rapidly over that period too. By 2036, there are expected to be 195,200 people over 65 living in Cambridgeshire, approximately twice the 100,300 that were living here in the 2011 census.<sup>3</sup>

This continues a pattern of growth that has been obvious since the 2001 census. The 2011 census showed that Cambridgeshire was the fastest-growing shire county in the country over the past 10 years. Over the whole 35 year period between 2001 and 2036, the overall population is expected to grow by 45%.

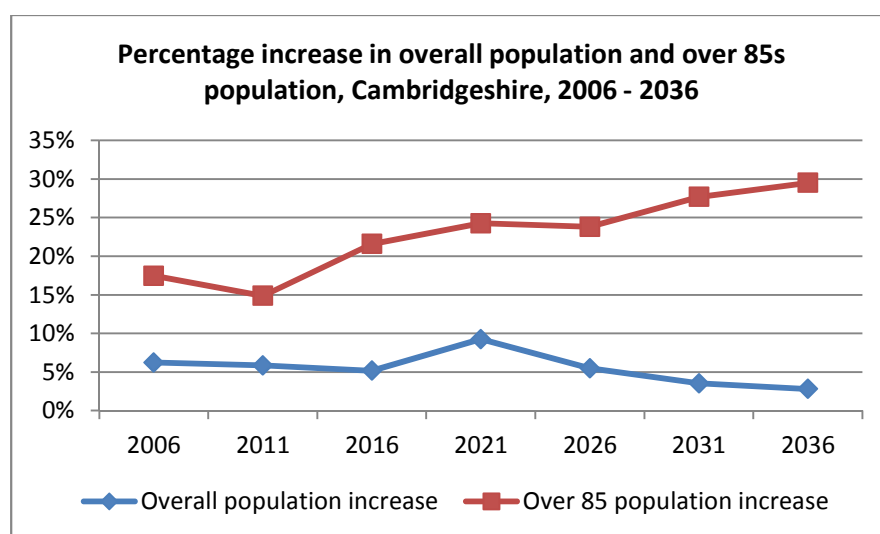
However, the growth in the over 85s is the most startling comparing 2001 to 2036. Over that period, the population of over 85s is expected to grow by 317%, from 10,303 in 2001 to 43,000 in 2036. This is particularly challenging for the health and social care system because people over 85 need a lot more support than younger people.

The chart below shows this dramatic rate of increase compared to the overall rate.

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<sup>3</sup> Research and Performance Population Forecasts Feb 2015

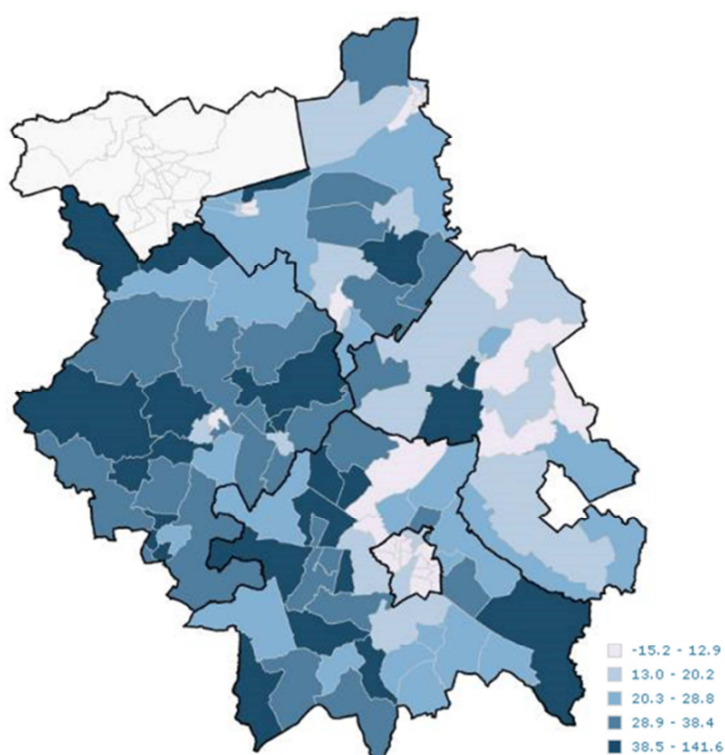
**Figure 1: Population Change in Cambridgeshire 2006-2036**



This increase in older people will change the population make-up of the county. In 2011, the population aged under 65 accounted for around 84% of the total. By 2036, this will reduce to 76%, giving rise to a number of attendant social and economic impacts including likely pay cost increases as workers become scarcer. Therefore, in 2036 there will be fewer working age people to help support people as they age.

The population growth is not evenly spread around the county. During the period 2001 – 2011, Huntingdonshire and South Cambridgeshire saw much more growth in the number of over 65s than the rest of the county.

**Figure 2: Population Change in Cambridgeshire 2001 – 2011**

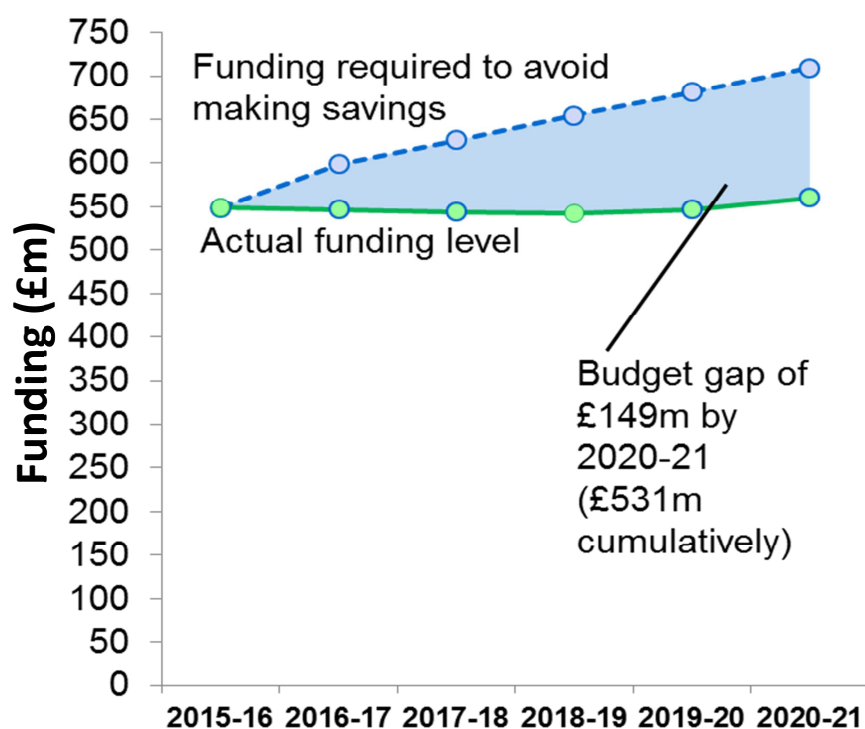


It is currently projected that between 2011-2036 Huntingdonshire, South Cambridgeshire and East Cambridgeshire will experience a 106%, 100% and 97% increase in the over 65s respectively compared to Fenland 78% increase and Cambridge City at 80%.

## 2.2 Funding

Local authorities are facing increasing challenges to meet needs under significant financial pressures. Although funding is predicted to stay relatively consistent over the next five years, with increases in population and inflation there will be a significant shortfall if the way services are delivered does not change. In real terms this equates to a budget reduction of around 40%. This does not take into account the sizable budget savings that have already been made since 2010.

**Figure 3: Funding Gap for Cambridgeshire County Council 2015-16 to 2020-21**



The local health system is also facing significant financial challenges. The local health system receives over £1.7 billion each year to pay for NHS services. However, like nearly all health and care systems in the NHS, Cambridgeshire and Peterborough are struggling to meet the needs of the local population within the fixed financial budget. In 2015/16 alone, current estimates indicate that the local health

system will spend about £150 million more on NHS services than the financial resources that are available – an overspend of about 9%.<sup>4</sup>

While the amount of money that the local health system receives to pay for NHS services is expected to increase steadily over the next five years (to total more than £2.1 billion by 2020/21), this will not be enough to cover the additional costs of increasing demand for services and rising inflationary costs if the system does not change. The latest projections show that if nothing changes, the total deficit for the system will grow to £480 million by 2020/21.<sup>5</sup>

Health and social care are ‘demand-led’ services, that is, if people need help or treatment, it statutorily must be provided to them. Social care services are provided if someone meets eligibility criteria and is subject to a financial assessment, although the eligibility criteria are set at a high level of need. The NHS is a universal service with no lawful recourse to the use of eligibility criteria on any significant scale. Managing our budgets therefore partly depends on reducing the frequency or severity of people’s needs.

## **2.3 Workforce**

In addition to lack of physical capacity in terms of bed spaces, there is also a recruitment and retention problem across the health and social care system.

For example, according to recent Skills for Care analysis of the adult social care sector and workforce in Cambridgeshire, the turnover rate of care workers over the past 12 months is 24.4%, and as of December 2015, 5.9% of care worker roles in Cambridgeshire were vacant. This equates to an estimated 500 vacant care worker roles.<sup>6</sup>

Making sure that there is enough staffing provision in the system is essential for it to function. This applies to mainstream accommodation as well as specialist provision like nursing homes, as some older people will need to access care support to enable them to remain in their own home. Therefore a quality workforce is essential to the success of this strategy. Some action is already being taken to address this issue, including the planned inclusion of key worker housing at Hinchbrook Health Campus.

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4 NHS. (2016). Cambridgeshire and Peterborough Fit for the Future: Working together to keep people well. Evidence for Change.

5 Ibid.

6 <https://www.nmds-sc-online.org.uk/Get.aspx?id=/Research/Regional Reports/Regional Reports Summary Eastern/Cambridgeshire.pdf> For more details see Cambridgeshire and Peterborough Fit for the Future: Working together to keep people well – Evidence for change, 2016; and Cambridgeshire County Council Market Shaping Strategy (Draft), 2016.



## 2.4 The Current System of Accommodation

There are a total of 109,840 people living in the county who are over 65 (ONS mid-year estimate 2013). According to the 2011 Census, 97% of people over 65 lived in households<sup>7</sup> with the remaining 3% living in communal establishments<sup>8</sup> (such as care homes). Currently most people live in general needs housing that they own,<sup>9</sup> however, as needs change, which often corresponds with ageing, they may move around as the accommodation becomes less suitable for them.

Some people make planned moves in anticipation of a change in needs or as their needs escalate, for example, someone may struggle to walk up stairs so will desire to move from a two storey house to a bungalow or specialist housing. While others may require a stay in hospital or temporary bed based care in response to falling ill or an accident; once they have received their care they may be able to move back home, or if this is no longer deemed suitable, move into more specialist accommodation or a care home. However, a shortfall of any one category of accommodation will impact on the entire system.

[Figure 4](#) describes how people move around the system. The orange dashed box covers temporary and permanent accommodation types that are often commissioned by health, housing and social care agencies to support needs, i.e. the parts of the system that local authorities have more control over. A shortfall of any one categories indicated in figure 4 within the orange dashed box has an impact on the entire system.

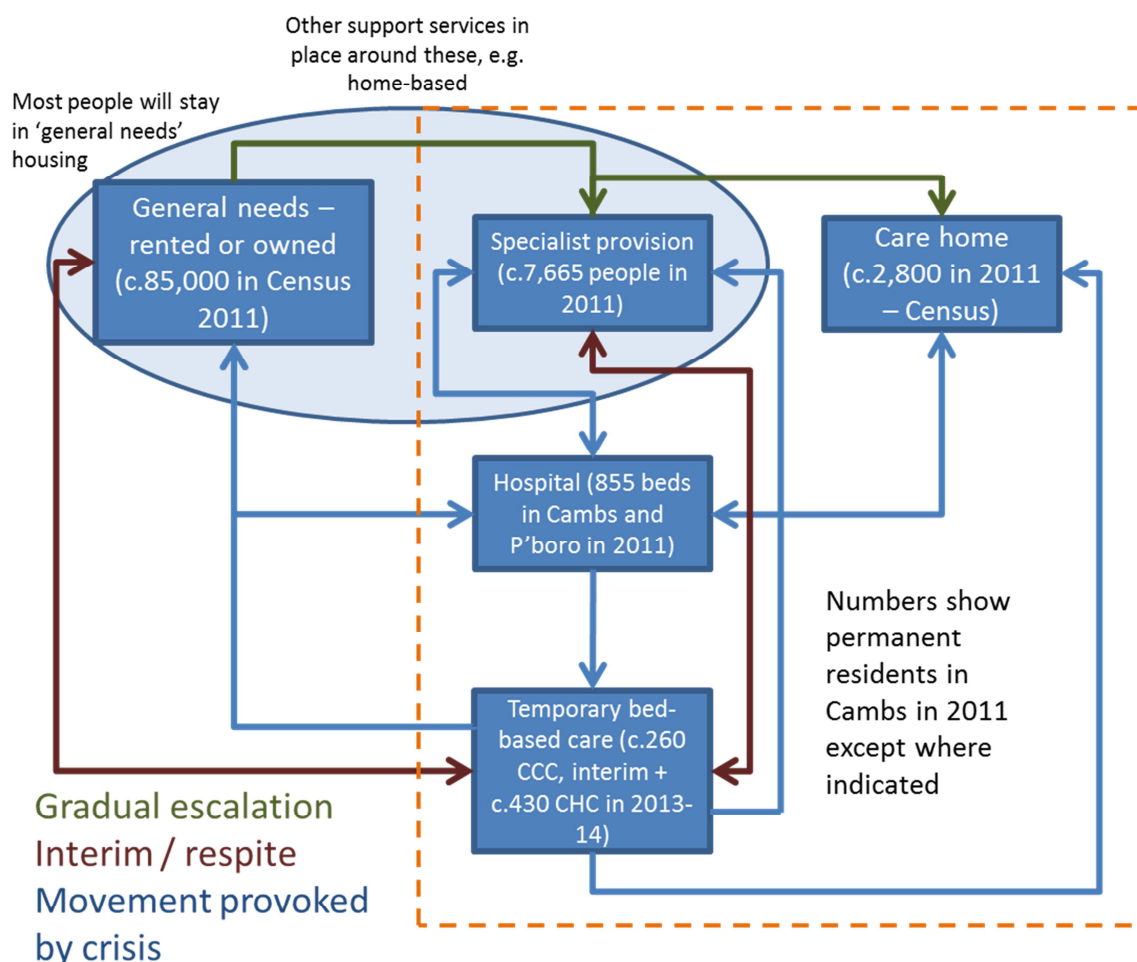
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7 A household is defined as: one person living alone, or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area. This include: sheltered accommodation where 50% of more have their own kitchens (irrespective of whether there are other communal facilities). [www.ons.gov.uk](http://www.ons.gov.uk)

8 Communal Establishment are defined as establishments with 10 or more bed spaces, which provide managed residential accommodation [www.ons.gov.uk](http://www.ons.gov.uk)

9 APPG. (2014). The Affordability of Retirement Housing. *All Party Parliamentary Group on Housing and Care for Older People*

**Figure 4: Model of where older people live and how they move around the system<sup>10</sup>**



## 2.5 Delayed Transfers from Hospital

Measuring the number of people who experience 'delayed transfers of care' (DTC) from hospital is one of the most obvious ways to establish whether the system is working effectively or whether there are problems. In 2015-16, in Cambridgeshire, an average of 2,442 bed days per month were lost as a result of someone being fit to leave hospital but unable to.

Someone might be unable to leave hospital either because there is not a suitable service for them to be discharged to (either in their own home or in institutional care) or because the processes of the health and social care system have not been completed in time. We know that the Cambridgeshire Health and Social Care system has a higher rate of delayed transfers than the English average, and we also know that a significant proportion of people are delayed in hospital in Cambridgeshire because of capacity issues – in residential, nursing and home care services.

<sup>10</sup> See section 3.0 for source of numbers

Delays because a suitable nursing or residential home is not available suggest more capacity is needed in permanent places for people with high needs to live, an issue which is obviously about accommodation and care. But where people are delayed needing a care package at home, or if further non-acute healthcare treatment is needed, this could also be about accommodation – if their home is not suitable for them to live because they are not as mobile as they were, or if there is not the bed capacity in a community hospital for a course of rehabilitation, for example.

Delayed transfers of care from hospitals to suitable accommodation should therefore be viewed as an indicator that the current provision of accommodation, taken in the most general sense, is inadequate to meet the needs of the older population.

## 3.0 Where Older People Currently Live

### 3.1 Owner Occupiers

The majority of older people live in their own home, 83% of over 60s living in England are owner occupiers, 64% without a mortgage.<sup>11</sup> Rates of home ownership peak in the 76-80 age bracket (at 91%), before sharply dropping (this may be the point at which people enter residential care or other accommodation option that they do not own such as with their adult children).<sup>12</sup> This suggests that approximately 91,000 over 65s in Cambridgeshire are living in a home they own home. Of those who rent the majority of which are in the social rented sector and a small number of older people in private rented housing.<sup>13</sup>

With the vast majority of older people owning their own home there is economic incentive for developers to tailor properties to suit older people. It is estimated that in the UK the over 60s own £1.28 trillion in housing wealth, of which £1.23 trillion is un-mortgaged.<sup>14</sup> 76% of over 65s in the Eastern Region have a net housing wealth of over £100,000, and 32% with over £250,000. This suggests there is a significant amount of private housing wealth amongst older people in the county which could entice the private market to ensure provision of sufficient good quality accommodation options for older people. Figure The chart below shows that approximately 1/3 of the housing worth >£250k in the East of England is owned by people over 65, and this is a larger proportion than in many other areas around the country.

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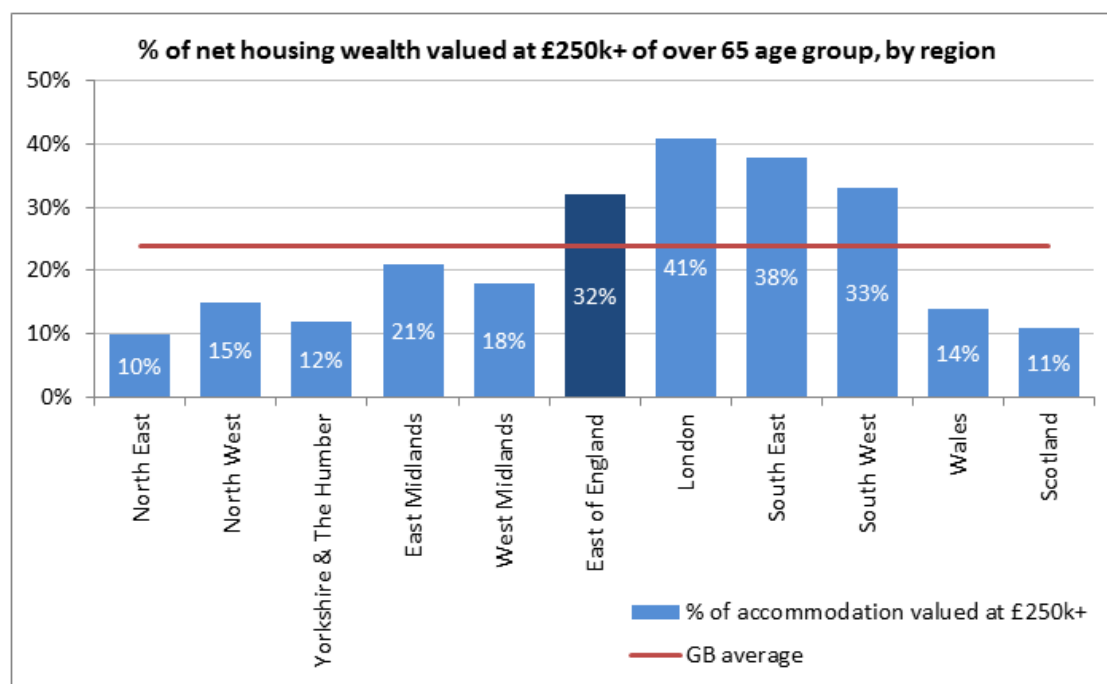
11 APPG. (2014). The Affordability of Retirement Housing. *All Party Parliamentary Group on Housing and Care for Older People*

12 Ibid.

13 Housing LIN. (2012). Older People and Housing: Section A Paper A3

14 APPG. (2014). The Affordability of Retirement Housing. *All Party Parliamentary Group on Housing and Care for Older People*

**Figure 5: Percentage of Housing Wealth Valued at £250k+ of Over 65 Age Group, by region**



Source: The Affordability of Retirement Housing, All Party Parliamentary Group on Housing and Care for Older People

### 3.2 Specialist provision: Extra Care and Sheltered Accommodation

Census data does not tell us how many over 65s are in Extra Care or Sheltered Accommodation as both are classed as households. There is not a single authoritative data source for Extra Care or Sheltered Accommodation. However, the Elderly Accommodation Council and the Prevention of Older People's Ill Health JSNA, have some figures regarding the number of sheltered and extra care schemes per district.

**Figure 6: Specialist housing in Cambridgeshire**

Type of schemes	CITY	ECDC	Fenland	Hunts	SCDC	Total	Total pop*
Sheltered Housing	34	31	19	32	52	168	6,000
Extra Care Housing	3	3	2	2	3	13	549
Nursing and Residential Care Home	26	10	23	22	13	94	3,760

<b>Age Exclusive Housing</b>	<b>13</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>10</b>	<b>31</b>	<b>1,116</b>
<b>Total</b>	<b>76</b>	<b>45</b>	<b>47</b>	<b>60</b>	<b>78</b>	<b>306</b>	<b>11,425</b>

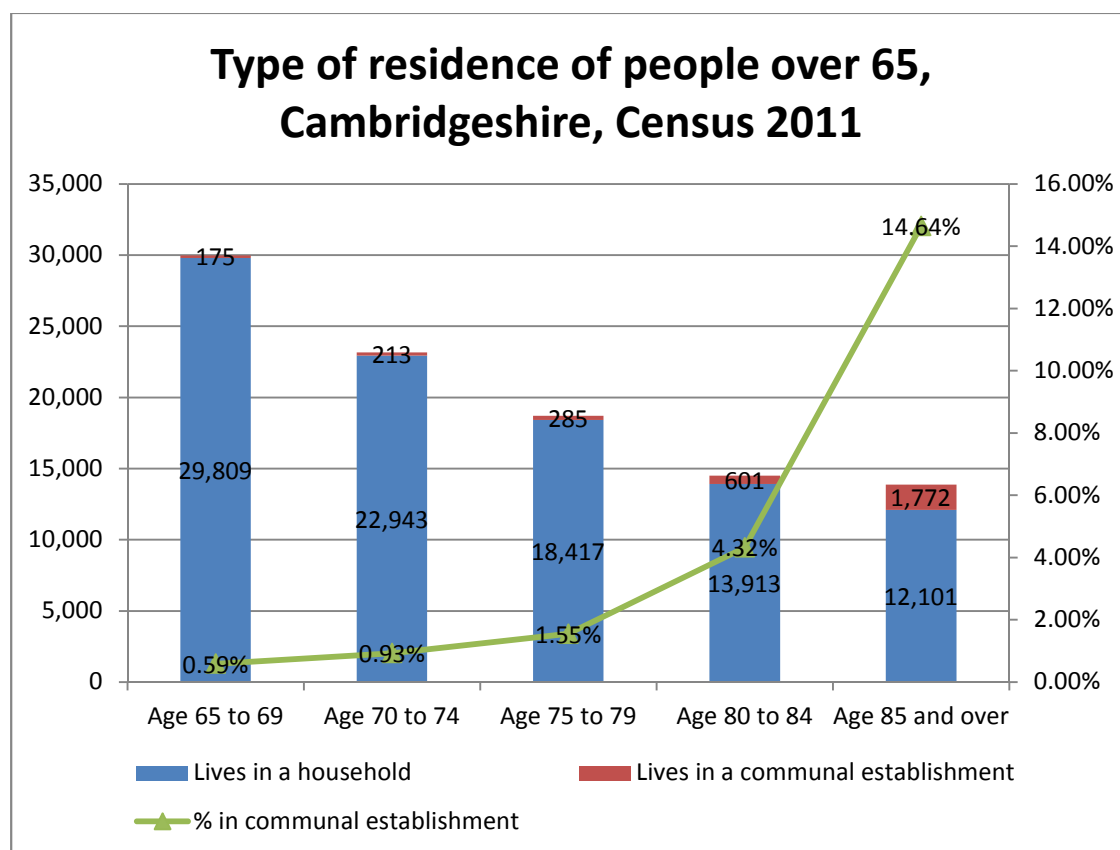
Base source: Elderly Accommodation Council (EAC) July 2014 – taken from draft 'Older Persons Housing Strategy for Cambridgeshire' (Stephen Hills, SCDC). \* The Census figure is used in Figure 4 rather than this figure

According to these figures, Fenland and Huntingdonshire have fewer schemes of these types per person.

### 3.3 Care Homes

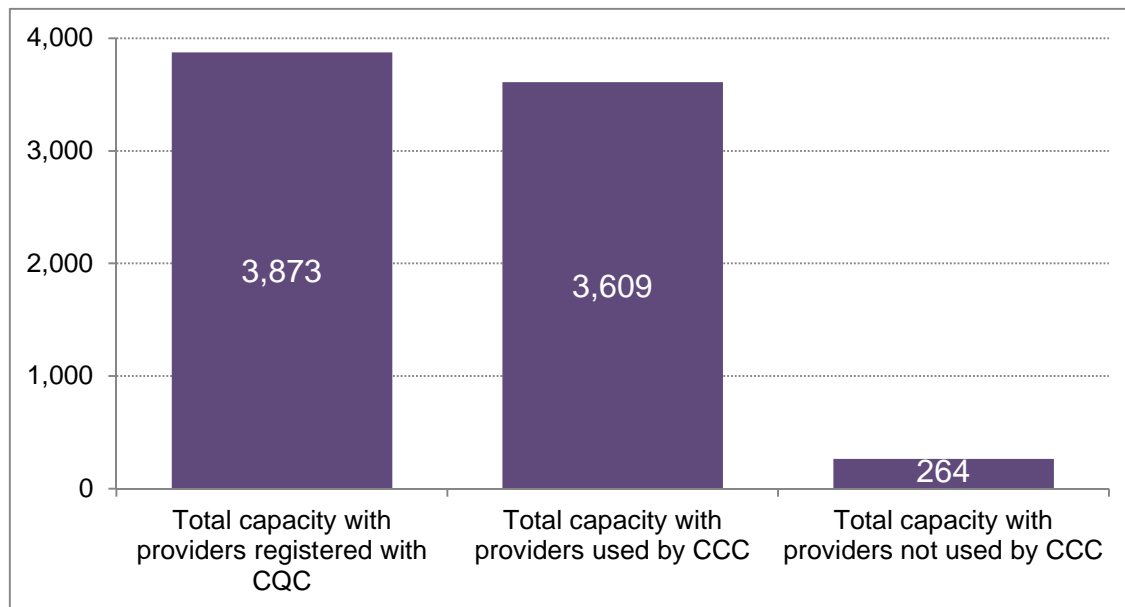
Based on Census 2011 data we can estimate that approximately 3,000 people over 65 live in communal establishments in Cambridgeshire. Although very few people live in communal establishments, the percentage of the population living in communal establishments quite significantly increases in the population who are over 85 in comparison to those aged 65-84.

**Figure 7: the Percentage of Older People Living in Households and Communal Establishments, 2011**

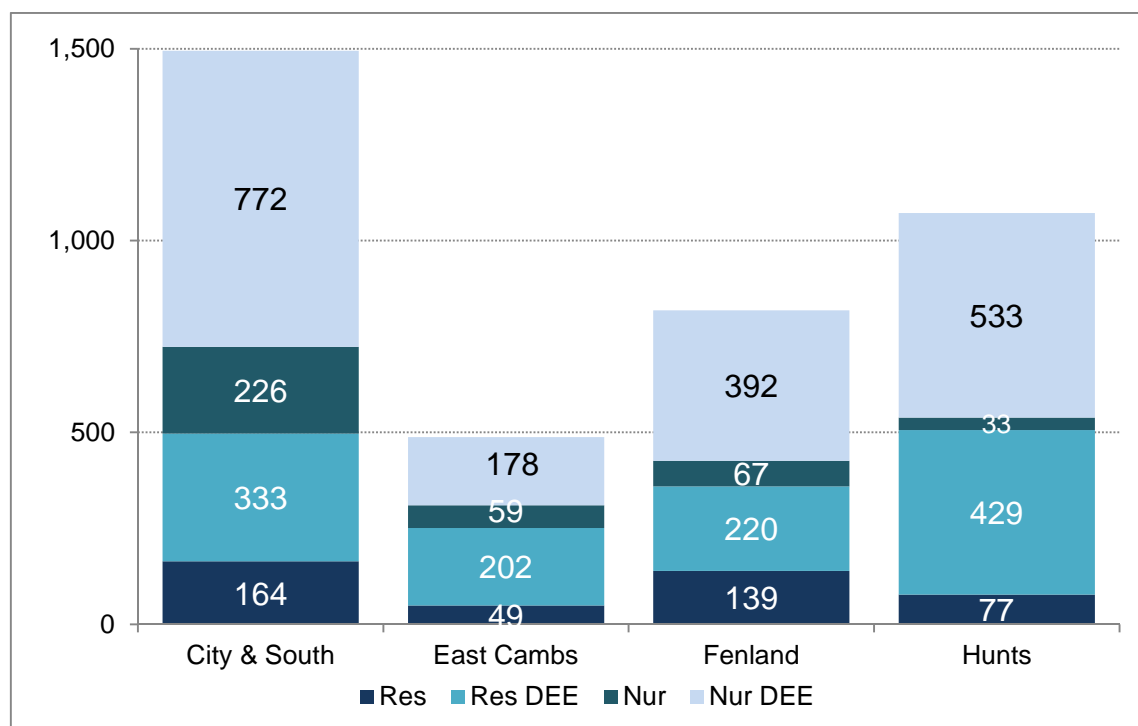


There are 92 providers in the county registered with the CQC to provide residential and / or nursing care to people aged 65+. 82 of these are used by CCC and are included on the Bed Allocation Tool (BAT) used by the CCC Brokerage Team. These 82 providers have a total capacity of 3,609 beds, which represents the entirety of the CCC in-county care market for older people

**Figure 8: Total Capacity of residential and/or nursing beds to people aged 65+ in Cambridgeshire, April 2016**



**Figure 9: Total number of residential and nursing care beds for people aged 65+ by district and bed-type**



Source: CQC care directory<sup>15</sup>

**Figure 10: Care homes Beds in Cambridgeshire suitable for older people**

District	Capacity	From 2013 population forecast	
		District over 65 population	Rate per 1,000 over 65s
Cambridge and South Cambridgeshire	1495	42,400	35.26
East Cambridgeshire	488	15,600	31.28
Fenland	818	20,700	39.52
Huntingdonshire	1072	30,300	35.38
<b>Grand Total</b>	<b>3873</b>	<b>109,000</b>	<b>35.53</b>

<sup>15</sup> These figures should be taken with caution – they probably over-estimate the number of beds suitable for people with dementia. This is because the entire home has to register as a provider of dementia beds, even if they do not make all their beds available for people with dementia.

This table shows that East Cambridgeshire, Huntingdonshire and Cambridge and South Cambridgeshire have a lower rate of care home beds per 1,000 people than the county average.

People who live in these care homes could pay for their own care there (known as 'self-funders'), or they could have their care arranged by the Council (some will be in this situation and pay for their own care – known as 'full-costers'). People could also be placed in these care homes and funded by Continuing Health Care (CHC).

### **3.4 Hospital/Temporary Bed Based Care**

There are three acute hospitals in the Cambridgeshire and Peterborough areas – Addenbrooke's (Cambridge University Hospitals Trust), Hinchingsbrooke, and Peterborough and Stamford Foundation Hospital Trust. Between them, there were around 855 beds<sup>16</sup> commissioned for older people in these hospitals in 2013-14 at any given time.

Hospitals are supported by a variety of non-acute short-term temporary bed-based provision for people who are over 65<sup>17</sup>. This includes services that are described as 'interim', 'intermediate', 'respite' or 'step-up' (not exhaustive list, other descriptions could be used too). All of these services involve using a bed in a building, with medical or caring staff available to support someone. In 2013-14, a review of the variety of provision available suggested there are around 60 beds in community hospitals providing rehabilitation and interim support. Other interim beds, both block booked and spot purchased, were in care homes (but have been counted in the description above of the number of care home beds in the county).

### **3.5 Number of Units/Bed Spaces Needed to Meet Demand**

Modelling for the development of this strategy suggests that in 2013-14, there were approximately 12,000 places available in the accommodation covered by the orange dashed box in the diagram of the system (see [figure 4](#)). By 2020-21, we would need around 4,000 more beds of different types in order to maintain the current levels of service given the expected population growth.

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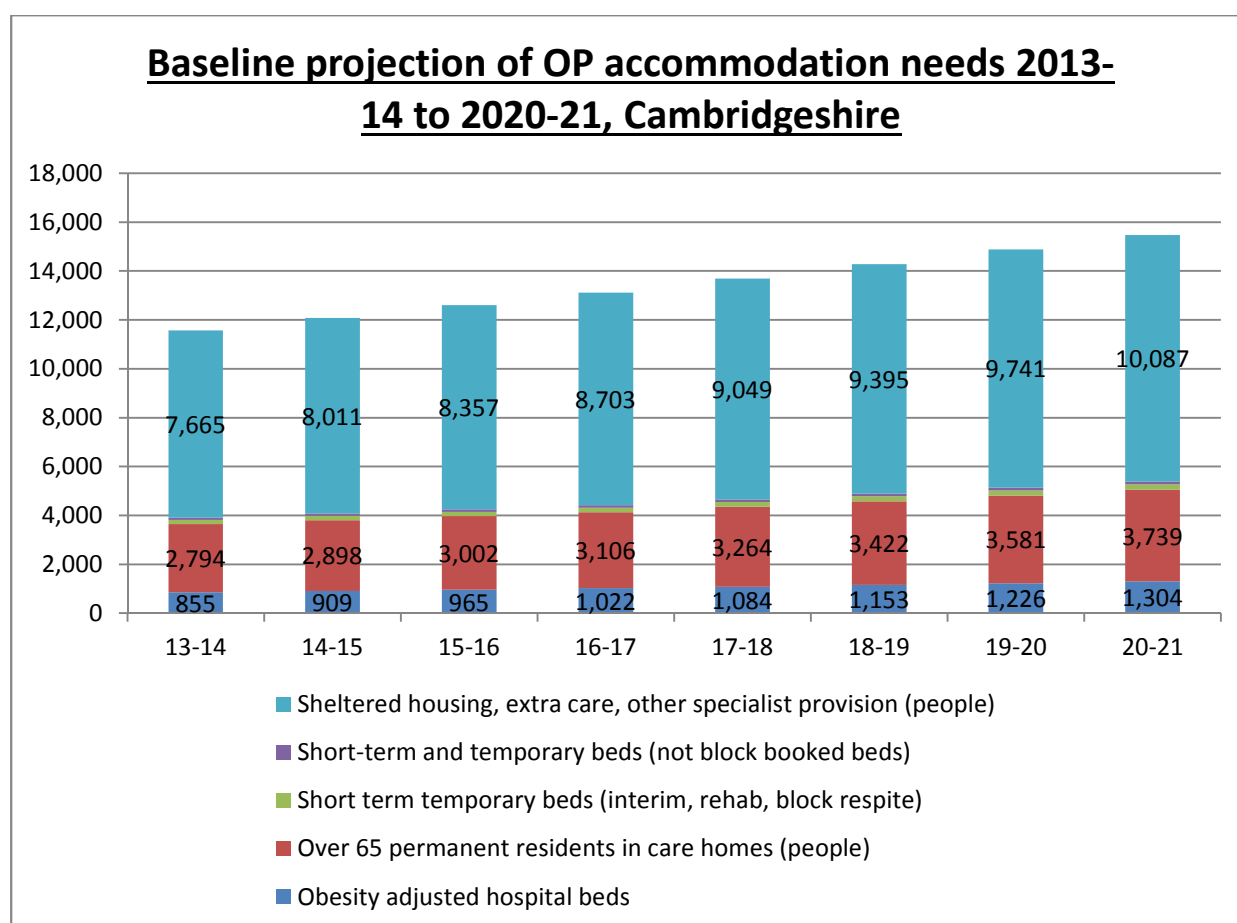
<sup>16</sup> This figure comes from modelling provided to the group in spring 2015, undertaken by the System Transformation Board.

<sup>17</sup> The interim report of the Carter Review into operational efficiency in NHS hospitals suggested in June 2015 that hospitals should explore developing their own sub-acute services. P19

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/434202/carter-interim-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/434202/carter-interim-report.pdf)



**Figure 11: Baseline Projection of OP Accommodation Need in Cambridgeshire 2013-14 to 2020-21**



Note: we have been unable to use the 2016 care home estimates in this model and have therefore used the census data used within figure 4.

This modelling suggests that if policy remains the same and the characteristics of the population are the same, we will need a lot more building-based provision in the county. However, this ignores a) many people want to remain in their own home in general needs housing stock, b) there are many options for supporting them better in their existing home ; and c) new more attractive models of care accommodation may be possible to develop using private sector funding.

In fact, our policy is to reform the system to avoid the need for as much high acuity bed-based care as possible, by encouraging independent living. There is evidence of success with programmes like reablement. Half or more of the people who are currently supported by reablement do not need an ongoing package of support at the end of the reablement, and others have a reduced need compared to their situation without reablement. The plan is to build upon these outcomes and extend the service further to avoid admissions to hospital as well as reducing need for social care.

In addition, the characteristics of the population are changing. The next cohort of older people (born after the Second World War) have had different life experiences from those who were born between the wars; their expectations, lifestyles and health needs could be different (hence inclusion of obesity in hospital bed base model). Furthermore, some elements of the system are not very well represented here. For example, hospice care for people at the end of their lives is not included in these figures.

Although helpful to begin understanding the gap in suitable accommodation for older people, this modelling should be taken with caution and is indicative only of the approximate number of beds and places required. It is not a precise estimate and further more robust modelling will be undertaken through the work of the Older People Accommodation Programme Board.

## **4.0 Local and National Policy**

### **4.1 Local Planning Policy**

All planning authorities are required to produce a Local Plan which details planning policy for a local planning area for the next 15-20 years. Local plans must plan positively for the development and infrastructure required in the area, include broad locations for strategic development, allocate sites to promote development and identify land which is genuinely important to protect from development.

The Fenland Local Plan for the next 20 years was adopted May 2014 and the East Cambridgeshire Local Plan to 2031 was adopted April 2015. However, a recent appeal decision relating to the five year housing supply has meant that the East Cambridgeshire District Council will commence an early review of the local plan with a target for adoption in February 2018. The inspector of the South Cambridgeshire and Cambridge City Local Plan suspended hearings and sought further clarification prior to the plan being adopted; South Cambridgeshire and Cambridge City will be taking their recommendation through their democratic process in 2016. Huntingdonshire Local Plan is still in the draft stage with an anticipated submission date in late 2016.

The adopted and draft local plans for Cambridgeshire do not provide detailed policy regarding specialist housing/care accommodation needs for older people. Most local planning policies relating to residential care facilities are reactive in that they state they will respond to identified needs, although Huntingdonshire does have some more details in regards to care homes.

The lack of specific detailed policy in regard to accommodation for older people will not necessarily hinder development of housing specifically designed to meet the needs of older people. However, local plans do provide a policy foundation which is

beneficial in delivered specific housing; for example, they can set in policy that developers allocate some of the land specifically for developing accommodation for older people.

Furthermore, all the local plans draft and current (at time of publication) have some policy in regard to Lifetime Home standards which is a benefit in choice in regards to general needs housing. However, recent planning practice guidance states that where a local authority adopts a policy to provide enhanced accessibility or adaptability, they must clearly gather evidence to determine whether there is a need for additional standards and justify setting appropriate policies in their local plan. This is because any enhanced housing standards have cost implications and therefore impact on scheme viability and ultimately may result in a reduction in affordable housing provision. None of the local plans (at time of publication) provide the necessary evidence for additional standards. The case for appropriate standards or design therefore still needs to be made.

Our strategy is therefore intended to provide some guidance to fill this gap, in the hope that it will be helpful when specific developments are being considered to have information from local health and social care agencies about their views on what it would be most helpful to offer older people and their families so that their need for treatment or social care support is minimised.

## **4.2 National Policy**

In addition to local planning policy, central Government sets policy that influence planning and delivering of accommodation. There are two key areas that our strategy will take account of, the inclusion of 'starter homes' in the definition of 'affordable housing' and the changes to housing benefit for social housing tenants, including older people in supported accommodation.

Firstly, the Housing and Planning Bill 2015-16 currently going through parliament (at time of publication it was at the report stage in the House of Lords) requires local planning authorities to promote the supply of starter homes in England and includes starter homes under the definition of affordable housing. This could mean that a large amount of affordable housing, some of which could deliver specialist housing for older people, will be starter homes, thereby reducing the possibility of housing designed for older people being delivered as affordable housing.

Secondly, the Chancellor of the Exchequer announced in his Autumn Statement 2015 that Housing Benefit for social housing tenants would be limited to the Local Housing Allowance (LHA) rate set for each new tenancy from 2016, with the change to come into effect 2018 (the Government has since announced that supported accommodation will not apply the LHA cap until April 2017). This will impact specifically on supported housing where rents are usually more expensive than the

LHA rate due to the additional support offered by specialist housing. There are already some local housing associations reviewing the development of specialist housing, with the risk being that they will not complete these developments.

Policy changes such as these can occur without much notice, therefore, the strategy must be flexible in responding to these changes as and when they occur.

## **5.0 Our strategy for Responding to these Challenges**

The rapidly expanding older population, reduction in funding and a system that seems to be at capacity mean that it is very unlikely that a traditional state-planned approach will help to relieve this problem on its own. The pressure created by an increasing and ageing population cannot be eased by continuing to meet needs in the same way: we cannot build facilities at a fast enough rate and even if we were able to, providing services from them would be unaffordable. Managing our budgets therefore partly depends on reducing the frequency and/or severity of people's needs.

We know that living in suitable accommodation that is appropriate to someone's needs is a protective factor, and likely to reduce the frequency or severity of people's needs. Ensuring there is enough suitable accommodation to meet the needs of the older population is essential to meet the challenges and to promote choice and independence for the older population.

However, housing is complex. There is not a single organisation in control of housing, so a 'command and control' approach will not ensure delivery. Although housing policy is determined by central and local government, the majority of housing, specialist and general needs, is delivered by the private sector operating in a market that is particularly sensitive to macro-economic forces and changes in finance.

Furthermore, it is difficult to precisely predict the accommodation needs and desires of a future population. Understanding what is considered 'enough' accommodation to meet the needs of the current and future population of older people is very complicated, for four reasons:

- People's circumstances and preferences are a major factor in deciding where they want to live
- There are multiple sources of demand
- Provision of each affects others, e.g. specialist social rented provision is should reduce need for temporary bed-based care
- Monitoring of what has been commissioned does not show us unmet demand

This therefore suggests that a more sophisticated strategy, which is sensitive to the fact that there is a market in provision and supports people to make good choices at the right time for them, is more likely to be successful.

Recognising the challenges we need to have a clear set of aims that all organisations can sign up to. This will provide us with a clear direction and put us in a better situation to influence the housing market.

Our strategy is based on the idea that given a good set of options to choose from, people will naturally choose the option that enables them to live healthily and well, which will limit their need for health and social care as they get older. To achieve this, the Older People Accommodation Board will:

- Address current issues to help manage demand in the health, social care and housing systems in the short term
- Increase choice and affordability for those requiring specialist care in the medium and long term
- Influence and develop a choice of good accommodation options for older people (general needs and specialist supported) in the medium and long term

The next sections describe these key priorities in more detail. A detailed action plan is set out in [appendix 2](#).

## **5.1 Addressing Current Issues to Help Manage Demand in the Health, Social Care and Housing Systems in the Short Term**

With capacity already an issue, short term actions are required to alleviate pressure now alongside medium and longer term actions which will look to increase supply of accommodation. The Joint Strategic Needs Assessment (JSNA) of Prevention of Ill Health in Older People<sup>18</sup> notes that many people live in unsuitable accommodation and that there are gaps in provision regarding maintenance and access to adaption and assistive technology to maintain independence. Improving access to adaptations and improved technology will help people remain in their own home therefore preventing or reducing their need to access the health and social care system.

To address the existing issues and to deliver short term solutions we will explore opportunities to ensure that the best use of available funding for the adaptation, repair and maintenance of homes. Housing will inevitably need upkeep and some people may need additional aids fitting to ensure their mobility needs are met. Ensuring that best use of available resources to meet these needs will help people to maintain their independence and avoid either moving into a form of supported accommodation and/or preventing trips to the hospital.

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<sup>18</sup> <http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/prevention-ill-health-older-people-2013>

With the developments in Assistive Technology to improve people's ability to remain independent we will continue to enhance the provision of this technology and encourage its development in line with the Shaping our Future: Assistive Technology Strategy.<sup>19</sup> We will encourage all new builds to be fitted with appropriate infrastructure to enable assistive technology to be easily incorporated within the home and continue to require all Extra Care schemes to include assistive technology.

In addition, we will undertake work to develop the right model of intermediate bed capacity to improve the effectiveness of the current supply. Ensuring that we make the best use of intermediate care beds will help to make sure that people get the right support and rehabilitation to enable to live independently. Making best use of intermediate bed will help to avoid expensive and unwelcome prolonged hospital stay and admission into acute wards for people who do not need it.

## **5.2 Increasing Choice and Affordability for those Requiring Specialist Care**

We recognise that although our aim is for people to maintain their independence, there will always be a need for some residential and nursing care for people with high needs. We are aware that currently Cambridgeshire has the lowest level of care home provision per capita in the Eastern region. This inevitably has an impact on availability and choice. We have seen particular challenges in relation to specialist resources such as nursing home dementia care. The existence of delays in people leaving hospital to appropriate provision shows that the system is probably very nearly at maximum capacity, and work to estimate the usage of care home beds suggests that there is likely to be only a very small amount of spare capacity in the system, suggesting that small variations in demand from week to week could 'gridlock' the system.

In addition, there is a significant national and local challenge in relation to the cost of providing residential and nursing care. The County Council purchases around 1,800 permanent residential and nursing care beds at any given time.<sup>20</sup> In total, around a third of all available beds in the county are occupied by Council placements. The remaining capacity is taken up by other local authority placements, NHS continuing health care provision and people who fund their own care. To date the County Council has used a variety of mechanisms to hold down cost pressures and to maximise the availability of affordable care. The approach includes working to challenging benchmarks, block purchasing from preferred providers and the development of the Cambridgeshire Brokerage. It is recognised that lack of supply means that, while these actions have been beneficial, they are no longer adequate to ensure the sufficient supply of affordable care provision.

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<sup>19</sup> [http://www.cambridgeshire.gov.uk/info/20166/working\\_together/577/strategies\\_plans\\_and\\_policies](http://www.cambridgeshire.gov.uk/info/20166/working_together/577/strategies_plans_and_policies)

<sup>20</sup> Draft Cambridgeshire County Council Market Shaping Strategy 2016

To meet this challenge we will work to increase the supply and type of affordable care homes in Cambridgeshire. To achieve this, we will quantify the level of provision required, specify the type of service required and use our land assets to work in partnership with independent providers to increase the number of affordable care beds in Cambridgeshire. The work will need to consider workforce requirements along with the built environment.

Work is already underway to develop care home provision as part of the Hinchingbrooke Health and Care Campus and a business case has been developed to determine the viability of the County Council developing its own care home provision.

### **5.3 Influencing and Developing a choice of Good Accommodation Options for Older People (general needs/specialist supported)**

The success of this strategy is reliant on older people having access to a range of accommodation options so that they can choose the accommodation that meets their needs. To do this a good set of options for older people is required so that people can choose the option that enables them to live healthy and well and therefore limit their need for health and social care as they get older.

As no one has ultimate control over housing we will need to involve and influence a variety of parties to ensure there is adequate choice and supply. This will include making best use of current supply of specialist housing as well as understanding potential future demand for specialist housing. But we will also need to involve private developers and providers to shape the whole market by making them aware of the variety of needs and options available for older people and encourage them to tailor accommodation so that it is suitable for the older population.

Furthermore, to ensure that we are encouraging the development of the right accommodation we must also engage with the older population to gain an understanding of what type of accommodation people will want to live in the future. Research suggests older people are interested in moving into different property. A survey of 1,500 over 60s in 2013 suggests that more than half of people over 60 are interested in moving, 33% of whom want to downsize and 25% of the over 60s (increasing to 41% of 76-81 year olds and 34% of the over 81s) said they would be interested in buying a purpose built retirement property (Wood, 2013).

The reasons most commonly cited by the over 60s reporting an interest in moving home were: because they wanted a more suitable property (43%), e.g. a smaller garden or fewer stairs; 26% said their property was too big for them, rising to 44% of people with four bedrooms and 60% of those with five or more; 19% said that maintenance was a problem.<sup>21</sup>

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<sup>21</sup> Wood, C. (2013). The Top of the Ladder.



Some research has been undertaken by Sheffield Hallam which identified key themes including the demand for particular types of housing for older people, needs of different client groups, the social value of particular housing options and the an understanding of barriers associated with delivering a particular type of housing.<sup>22</sup> To further this work we will undertake market research so that we have a clearer understanding of what sort of accommodation options suit the older population; while we recognise that older people are a heterogeneous group as varied as any other age group, there are likely to be some commonalities in needs and wants in regard to accommodation.

Although there is some evidence that older people are interested in moving if the right option is out there, it is important to remember that property has been the most lucrative form of long term investment and this has encouraged people to stay put, often under occupying multi- bedroom houses that do not meet their needs very well.<sup>23</sup> Therefore in addition to encouraging the development of various accommodation options we will provide the information needed and promote the positives of making informed choices early on in or before retirement regarding accommodation. It is essential that all health, housing and social care commissioners and providers support and guide people, especially those not currently at crisis point, to make informed choices about their accommodation status to avoid reliance on health and social care service or potentially requiring a move to accommodation that limits their independence.

If we get this right and ensure good quality design and choice for older population then it is more likely that people will be happy to trade homes and gardens that have become a burden and are no longer suited to their needs when they see something which they prefer. There may also be the additional benefit to the wider housing needs of the local population, specifically the lack of larger family homes for young families as currently half of the homes that are under occupied (some 37% of households in the UK) are in the 50-69 age group. Providing older people with greater choice and supporting them with the right information to help make a choice that benefits their overall health and wellbeing, will not only prevent them accessing the health and social care system but may also benefit the wider population housing needs as more family homes become available in the market<sup>24</sup>

## **5.4 Opportunities in Cambridgeshire**

In Cambridgeshire, there are opportunities and resources that can help us to deliver this strategy. This includes opportunities to develop on publicly-owned land, working with the Local Authority led Housing Development Agency, and taking advantage of

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22 Sheffield Hallam University, Housing for Older People: A Literature Review, 2015

23 Homes & Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI) report

24 Ibid.



the growth across Cambridgeshire to ensure new communities are developed with the older population in mind.

#### **5.4.1 Working closely with Planning and Developing in New Communities**

The use of the planning system<sup>25</sup> is essential in ensuring the quality and supply of an effective older person's housing market. We will develop greater co-ordination between planning authorities and social and health care sector to make sure that new developments consider the variety of needs of the older population and to influence developers to deliver a good choice of accommodation through the planning process.

This is especially important in Cambridgeshire due to the scale of development planned across the county. Cambridgeshire has already undergone considerable growth but a variety of new housing developments are being planned that will bring a substantial amount of new housing to the area. New communities (large housing developments) provide a variety of opportunities to support the development of a choice of good quality affordable accommodation designed specifically for older people. New communities also present an opportunity to look to develop innovative accommodation options that meet the highest standards for older people (such as the HAPPI recommendations in designs for older people).<sup>26</sup>

New communities also present ideal opportunities to create age inclusive neighbourhoods that are accessible and attractive for all people with safe walking and cycling routes (in Germany the over 60s are among the most active cycle users<sup>27</sup>), opportunities for social interaction, and proximity to services like shops and public transport designed in from the beginning.

New communities offer an opportunity to design optimal solutions rather than being constrained by existing models. This presents a great opportunity to design a community and accommodation that suits a variety of needs now and flexibility for the future. Some of these initiatives will have a cost attached but there would be savings too, most notably by preventing need for costly adaptations, preventing a move to residential care and by freeing up under-occupied homes reducing demand for 'land hungry' larger family housing. It is important that the public and private sector work together to ensure these initial costs and resulting savings are appropriately shared to encourage high quality development.

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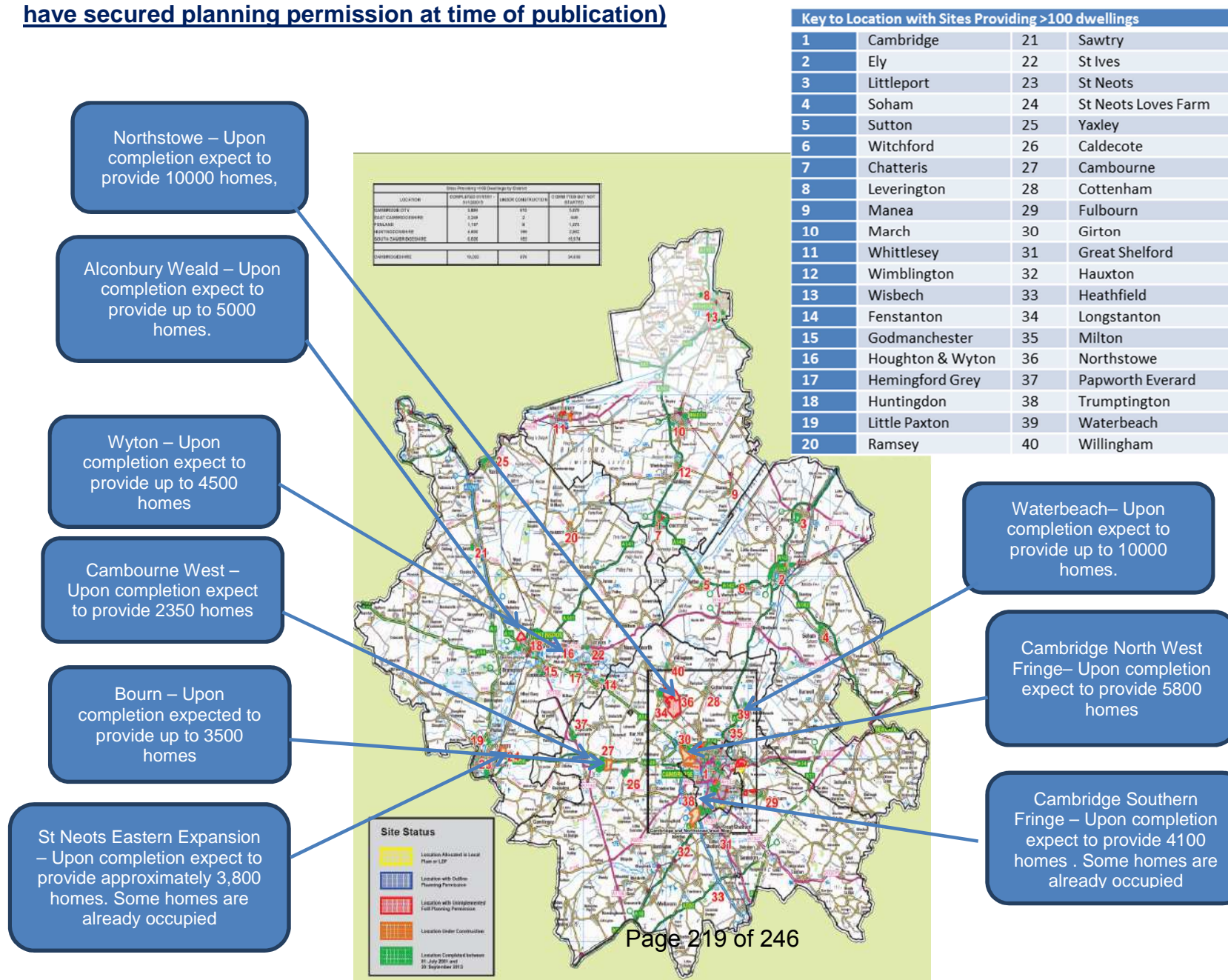
25 Planning ensures that the right development happens in the right place at the right time, benefitting communities and the economy. It plays a critical role in identifying what development is needed and where, what areas need to be protected or enhanced and in assessing whether proposed development is suitable. Local government administers much of the planning system, preparing Local Plans, determining planning applications and carrying out enforcement against unauthorised development. In Cambridgeshire and all two tier authorities, district/city councils are responsible for most planning matters, other than transport and minerals and waste planning which are typically functions of the county council. Peterborough City Council are responsible for all planning matters in Peterborough

26 Homes & Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI)

27 Ibid.

[Figure 12](#) provides a map of the strategic growth sites planned in Cambridgeshire with seven of the larger sites identified. We will make sure that we influence planning for housing developments, especially larger new towns and villages, so that they include housing opportunities and neighbourhoods that are suitable for the needs of older people. This is something the Older People Accommodation Programme Board is already beginning to implement through the work of the Healthy New Town Initiative in Northstowe.

**Figure 12: Strategic growth sites planned in Cambridgeshire with Nine of the Larger Sites Identified (not all developments have secured planning permission at time of publication)**



#### **5.4.2 Making Use of Public Assets**

Making Assets Count (MAC) is a partnership of public sector organisations in Cambridgeshire that uses their combined property portfolio in a more efficient and effective manner. MAC aims to deliver better public services for communities and reduce the cost of property occupation by fully utilising the property portfolio and thereby release property no longer needed.

MAC has gathered database of all public property assets in Cambridgeshire. This information can be used to identify potential opportunities to develop accommodation for older people. Full details of public assets in Cambridgeshire can be accessed at <http://my.cambridgeshire.gov.uk/?tab=maps>

Throughout the work of the Older People Accommodation Programme Board we will make sure we make best use of our assets in the delivery of suitable accommodation to meet the demands of the growing older people population.

An example where public assets are already being used to deliver accommodation for older people is at Hinchingsbrooke Hospital, which has already submitted plans for integrated facilities on a new health campus. These plans include inter-generational living with care, community and primary care, education, and additional hospital facilities. Hinchingsbrooke will further explore plans for the intergenerational living which will include lifetime housing, flexible care apartments and specialist dementia care.

## 6.0 Appendices

### Appendix 1: Definitions of Accommodation for Older People

Type	Definition	Source
Mainstream housing (or general needs housing)	<p>Mainstream housing includes (privately owned or rented):</p> <ul style="list-style-type: none"> <li>• General needs <ul style="list-style-type: none"> <li>○ Housing with no specialised features.</li> </ul> </li> <li>• Lifetime Homes<sup>28</sup> <ul style="list-style-type: none"> <li>○ Housing designed to meet access and adaptability standards for everyone including older people.</li> </ul> </li> <li>• Adapted homes <ul style="list-style-type: none"> <li>○ Housing which has been changed to meet the needs of its residents</li> </ul> </li> </ul>	HAPPI: Housing our Ageing Population: Panel for Innovation
Age exclusive housing	'Age-exclusive housing' schemes or developments that cater exclusively for older people, usually incorporate design features helpful to older people, and may have communal facilities such as a residents' lounge, guest suite and shared garden, but do not provide any regular on-site support to residents.	
Sheltered Housing (specialist housing)	The scheme will have a full- or part-time manager whose job includes providing support and advice to residents. Properties may be purchased or rented. Many sheltered schemes have a social dimension. Residents and/or scheme managers may organise regular activities such as coffee mornings, bingo, whist drives, entertainments, religious services or outings.	
Extra Care Housing (specialist housing)	'Extra care' housing refers to a concept, rather than a housing type. It is used to describe developments that comprise self-contained homes with design features and support services	Housing LIN

28 The Lifetime Homes standard is a set of 16 design criteria that provide a model for building accessible and adaptable homes. Lifetime Homes are designed so that they are flexible and adaptable and can offer better living environments for everyone and support the changing needs of individuals and families at different stages of life. Lifetime Homes apply the standards of accessibility and adaptability to ordinary housing with the aim of ensuring that it can accommodate the wide ranging physical needs of our society. Lifetime Homes should increase people's ability to remain at home as they get older, responding to problems of reduce visual acuity, physical dexterity and mobility. Just as importantly, it will allow those with impaired mobility to visit others in their homes. However, there is not enough evidence at this time to determine if they would in fact be a home for life. <http://www.lifetimehomes.org.uk/>; Homes & Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI) report; Robinson, D., McCarthy, L., Preece, J., & Robinson, D. (2015). *Housing for Older People: A Literature Review*. Sheffield Hallam University

	<p>available to enable self-care and independent living. It comes in a huge variety of forms and may be described in different ways, for example 'very sheltered housing', 'housing with care', 'retirement communities' or 'villages'. Occupants may be owners, part owners or tenants and all have legal rights to occupy underpinned by housing law (in contrast to residents in care homes).</p> <p>There is broad agreement that there is a core set of ingredients that are part of extra care. They are:</p> <ul style="list-style-type: none"> <li>• Purpose-built, accessible building design that promotes independent living and supports</li> <li>• Fully self-contained properties where occupants have their own front doors, and tenancies or leases which give them security of tenure and the right to control who enters their home</li> <li>• Office for use by staff serving the scheme and sometimes the wider community</li> <li>• Some communal spaces and facilities</li> <li>• Access to care and support services 24 hours a day</li> <li>• Community alarms and other assistive technologies</li> <li>• Safety and security often built into the design with fob or person-controlled entry</li> </ul>	
Nursing Care Home	<p>A nursing home, as distinct from a residential care home, has to provide the kind of care which requires the specific skills of a qualified nurse or the supervision of a qualified nurse. This may occur in a variety of circumstances. For example:</p> <ul style="list-style-type: none"> <li>• when a person's general health deteriorates to a point where they need constant nursing care;</li> <li>• where a person's health is such that one or more of the following procedures is required periodically over twenty-four hours: <ul style="list-style-type: none"> <li>○ administration of medication by injection;</li> <li>○ dressing to an open or closed wound;</li> <li>○ artificial feeding;</li> <li>○ basic nursing care of the type</li> </ul> </li> </ul>	Registered Nursing Home Association

	<p>normally given to people confined to bed;</p> <ul style="list-style-type: none"> <li>○ frequent attention as a result of double or single incontinence;</li> <li>○ intensive rehabilitation following surgery or a debilitating disease which is likely to continue for some time;</li> <li>○ management of complex prostheses or appliances</li> </ul>	
Residential Care Home	<p>Accommodation and personal care for people who may not be able to live independently. A residential care home provides personal care to ensure basic personal needs are taken care of. A care home providing personal care only can assist you with meals, bathing, going to the toilet and taking medication.</p>	CQC/NHS Choices

## Appendix 2: Action Plan April 2016

### Older People Accommodation Strategy

## Action Plan

#### Objective 1:

**Addressing current issues to help manage demand in the health, social care and housing systems in the short term**

Home Improvement Agency and Disabled Facilities Grant		Lead: Trish Reed, Interim Service Development Manager
<p><b>Aim:</b> To explore how Disabled Facilities Grant capital and revenue funding from statutory partners (County, Districts, Health) is currently used to support the adaptation of homes for vulnerable households and the work of the home improvement agencies and in doing so:</p> <ul style="list-style-type: none"><li>• Explore whether there are any opportunities to use the funding more effectively to encourage people to seek their own housing solutions and/or release capital from their homes.</li><li>• Ensure that the available funding is spent most effectively across the County taking into account the differing needs, demographics, and populations in the districts.</li></ul>		
Key Actions		Timescale
Short term	Establish Project Group and sub-groups and agree scope	30 <sup>th</sup> April 2016
	Report back to CEPB with recommendations	April 2016 – July 2016
	Agree partner funding arrangements from 2017/18	July 2016 – September 2016
Medium term	Agree Memorandum of understanding (if preferred option)	July 2016 – March 2017
	Establish fast track system for some works (if preferred option)	July 2016 – March 2017



	Establish early advice on options service (if agreed)	July 2016 – March 2017
<b>Long term</b>	Establish method of including adapted homes in new developments and new communities to meet identified needs for individual households	April 2017 – March 2019
	Implement any proposals relating to the delivery of a countywide HIA/DFG service (if options identified)	April 2017 – March 2019

## Objective 2: Increasing choice and affordability for those requiring specialist care

<b>Expansion of affordable residential and nursing care homes    Lead: Richard O’Driscoll, Head of Service Development Older Peoples Services</b>		
<b>Aim:</b> To increase range and volume of affordable care homes in Cambridgeshire		
<b>Key Actions</b>		<b>Timescale</b>
<b>Short term</b>	Complete locality based needs assessment	31 <sup>st</sup> May 2016
	Agree arrangements and governance for delivery model	31 <sup>st</sup> May 2016
	Match identified needs with available CCC, public sector and private sites	30 <sup>th</sup> June 2016
<b>Medium term</b>	Complete procurement / delivery arrangements	July 2016 – December 2016
	Agree delivery plan including phasing	January 2017 – April 2017
<b>Long term</b>	Opening of first new care home	October 2018 – October 2020

<b>Hinchingbrooke Health and Care Campus</b>		<b>Lead:</b> Mark Cammies, Estates & Facilities Director, Hinchingbrooke Healthcare NHS Trust
<p><b>Aim:</b> To re-develop the existing Hinchingbrooke Hospital site, to create a multi-faceted health and social care campus. This will incorporate areas such as GP at scale, health and wellbeing, key worker accommodation, student accommodation, dementia, various residential elements and older peoples care.</p> <p>Given the capital constraints that exist for the foreseeable future in the NHS, a new Strategic Estates Partnership (SEP) is being publically OJEU procured up to a development value of £150m to support the plans.</p>		
<b>Key Actions</b>		<b>Timescale</b>
<b>Short term</b>	Set up of Older People Care Programme Board	April 2016
	Identification of preferred Strategic Estates Partnership (SEP) Bidder	June 2016
	Secure formal Trust Board sign off	June 2016 - July 2016
	Secure Department of Health/TDA sign off	June 2016 - July 2016
	Appointment of preferred partner	July/August 2016
<b>Medium term</b>	Refinement of site masterplan with Huntingdonshire District Council (HDC)	September 2016 – December 2016
	Progression of JV LLP set up	September 2016 – October 2016
	Progression of detailed design for key worker/ care/ medi hotel components	August 2016 – December 2016
	Detailed planning submission to HDC	September 2016 – December 2016
	Agree business case and detailed economic model with CCC for care element	September 2016 – December 2016
	Secure CCC sign off for progression	December 2016 – January 2017
<b>Long term</b>	Target construction start on site for key worker/ care/ medi hotel components	March 2017
	Target Phase 1 construction completion	March 2018

**Objective 3: Influencing and developing a choice of good accommodation options for older people (general needs/specialist supported)**

Healthy New Towns		Lead: Lawrence Ashelford, Director of Strategy, Policy and Planning
<b>Aim:</b> To bring together strategic research, health and social care, architectural and infrastructural expertise, recognising the multi-faceted nature of programmes to promote housing for older people and creating a healthy built environment for members of the community across the life course.		
Key Actions		Timescale
Short term	NHS England Healthy New Towns Vanguard Programme bid developed & submitted	March 2016
	Inter-agency working group established to: <ul style="list-style-type: none"> <li>• Complete Phase 1 of the work required by NHSE</li> <li>• Consider and make proposals for governance arrangements for the longer-term.</li> </ul>	March 2016
	<b>Phase 1:</b> Foundational stage lasting approximately 6 months, in which an ambitious vision and delivery plan will be developed. The decisions made in Phase 1 will inform the support package from NHS England that is designed for Phase 2 of the programme*.	April 2016 –October 2016 * Stocktake to be delivered by June.
Medium term	TBC based on vision	TBC
Long term	<b>Phase 2:</b> Delivery phase in which the national NHS England programme will provide bespoke support tailored to the needs and ambitions of the Northstowe site, including technical expertise in relevant disciplines.	TBC

<b>Extra Care Housing Project</b>		<b>Lead: Stephen Hills, Director of Housing, South Cambridgeshire District Council</b>
<b>Aims:</b> <ul style="list-style-type: none"> <li>To provide a clear strategic analysis of the amount of extra care housing required in the county</li> <li>to identify the numbers of schemes that be financially supported in the next five years</li> <li>To identify the geographical areas for delivery</li> <li>To secure a clear commitment to the schemes that are required and can be funded to provide certainty to providers</li> </ul>		
<b>Key Actions</b>		<b>Timescale</b>
<b>Short term</b>	Supply review	December 2015 – April 2016
	Analysis of demand	December 2015 – May 2016
	Identification of key target areas	January 2016 – May 2016
	Policy refresh	January 2016 – June 2016
	Complete 'market position statement	February 2016 – June 2016

<b>Sheltered Housing Project</b>		<b>Lead: Stephen Hills, Director of Housing, South Cambridgeshire District Council</b>
<b>Aims:</b> <ul style="list-style-type: none"> <li>To provide a clear strategic analysis of the amount of sheltered housing required in the county</li> <li>To identify a model or models of delivery that best utilise the existing schemes and meet changes in demand</li> <li>Provide clarity on the required role of sheltered housing and ensure a better strategic fit with other services for older people and other housing options for older people</li> </ul>		
<b>Key Actions</b>		<b>Timescale</b>
<b>Short term</b>	Supply review	December 2015 – April 2016
	Analysis of demand	December 2015 – April 2016
	Identification of key target areas	Completed
	Provider consultation	June 2016 – September 2016
	Complete change proposal	October 2016 – December 2016

Marketing Project		Lead: Stephen Hills, Director of Housing, South Cambridgeshire District Council
<b>Aims:</b> <ul style="list-style-type: none"> <li>To enable service users and their families to be able to understand what their options are to help guide their housing choices.</li> <li>To provide better information for professionals so they can better signpost service users and their families and assist them with making the right choices.</li> <li>To try and guide people to making more rational choices – affect behavioural change but recognise that this is very difficult to achieve</li> <li>By helping to ensure that there is an appropriate range of housing options available to the range of older people and by helping to inform people more effectively both the choices they have this should result in a reduction in social care costs and in health costs.</li> </ul>		
Key actions		Timescales
<b>Short term</b>	Commission research from Sheffield Hallam University	April 2016 – September 2016
	Identify other linked research or opportunities to add value	April 2016 – September 2016
<b>Medium term</b>	Refine marketing intelligence	October 2016 – February 2017
	Work with delivery agencies	February 2017 – June 2017
	Complete marketing strategy	June 2017 – September 2017

## Key interdependencies

In addition to the workstreams detailed above, there are some pieces of work being undertaken which whilst not directly within the scope of these workstreams, either underpin this work or will be key to supporting the delivery of the Older People Accommodation Strategy. A brief overview is provided below:

Area of work	Aim	Strategies/Projects/Service development activity
Research and analysis	To undertake research and analysis to determine current shortfalls in provision and forecast future levels of demand.	<ul style="list-style-type: none"> <li>• SCDC Extracare Market Position Statement</li> <li>• CCC Expansion of affordable residential and nursing provision development programme</li> </ul>
Working closely with planning and developing new communities	<p>Greater co-ordination between planning authorities and social and health care sector to make sure that new developments consider the variety of needs of the older population and to influence developers to deliver a good choice of accommodation through the planning process.</p> <p>Explore the opportunities that new Communities present:</p> <ul style="list-style-type: none"> <li>• Create age inclusive neighbourhoods that are accessible and attractive for all people</li> <li>• Create a community and accommodation that suits a variety of needs now and flexibility for the future</li> </ul>	<ul style="list-style-type: none"> <li>• Cambridgeshire County Council – Supporting New Communities Strategy (references the need for appropriate and flexible housing, encourages the focus to be placed on creating or supporting communities to become self-supporting / resilient )</li> <li>• All – Joint Approach to Supporting New Communities (carries the core principles of CCC’s SNC strategy which can be endorsed by all partners and form a joint policy)</li> <li>• CCC/SCDC/NHS – South Cambridgeshire New Communities Project Board (meets bimonthly to provide strategic direction to the planning, funding and delivery on new communities in south Cambs)</li> </ul>

		<ul style="list-style-type: none"> <li>• CCG/NHS/CCC – Health Working Group (meets quarterly to forecast the health needs generated by new communities in order to influence early planning for service delivery)</li> </ul>
Quality Workforce	<p>A quality workforce is essential to delivering this strategy.</p> <p>The aim of this work is to address current recruitment and retention challenges across the health and social care system and in doing so:</p> <ul style="list-style-type: none"> <li>• Reduce staff turnover e.g. pay, training and development</li> <li>• Ensure there is enough staff provision in the system by addressing barriers to recruitment e.g. affordable housing for key workers</li> </ul>	<ul style="list-style-type: none"> <li>• Cambridgeshire County Council – Homecare Sufficiency Programme</li> <li>• Cambridgeshire County Council – Recruitment and Retention Strategy Task Group</li> </ul>
Assistive Technology	To enhance the provision of assistive technology to improve people’s ability to remain independent.	<ul style="list-style-type: none"> <li>• Cambridgeshire County Council - Shaping our Future: Assistive Technology Strategy</li> </ul>
Better Care Fund -Integration of Health and Social Care	<p><b>Data sharing:</b> to ensure an effective and secure way to share data across health and social care, to help coordinate and join up services for adults and older people.</p>	<ul style="list-style-type: none"> <li>• Information governance and consent</li> <li>• Interim data sharing solutions</li> <li>• 5 year plan</li> </ul>
	<p><b>7-day services:</b> to expand 7 day working to ensure discharges from hospital and other services are planned around the needs of the patient, not when organisations are available.</p>	<ul style="list-style-type: none"> <li>• Cambs and Hunts System Resilience Group Seven Day Service plans</li> </ul>

	<b>Information and Communication:</b> to develop and deliver high quality sources of information and advice based on individuals' needs, as opposed to organisational boundaries.	<ul style="list-style-type: none"> <li>• Local information platform</li> <li>• Front door</li> </ul>
	<b>Healthy Ageing and Prevention:</b> to develop services in the community focused on preventing people falling unwell; in particular, to support older people to enjoy long and healthy lives and feel safe.	Workstreams: <ul style="list-style-type: none"> <li>• Falls Prevention</li> <li>• Social Prescribing</li> <li>• Dementia</li> <li>• Promoting continence</li> <li>• Social Isolation</li> </ul>
	<b>Care Home Educators</b> – to provide clinical review, support, and training to care home staff. To embed alternative pathways to prevent avoidable admissions and to improve discharge pathways.	<ul style="list-style-type: none"> <li>• Recruitment in progress</li> </ul>
	<b>Intermediate care teams</b> –to provide a flexible and responsive service that meets both health and social care needs of patients in order to prevent admissions to hospital and facilitate timely discharges from hospital	<ul style="list-style-type: none"> <li>• Phased delivery plan</li> </ul>







**DRUG & ALCOHOL SERVICE UPDATE**

*To:* **Adult Committee**

*Meeting Date:* **13 October, 2016**

*From:* **Sarah Ferguson, Service Director: Enhanced and Preventative Services**

*Electoral division(s):* **All**

*Forward Plan ref:* **Not applicable**      *Key Decision:* **No**

*Purpose:* **To update the Adult Committee on the work of the Drug and Alcohol Action Team (DAAT), including the strategic partnership and the commissioned countywide specialist services.**

*Recommendation:* **To note the information provided in this update.**

<b><i>Officer contact:</i></b>	
Name:	Susie Talbot
Post:	Head of Cambridgeshire Safer Communities Partnership Team
Email:	<a href="mailto:Susie.talbot@cambridgeshire.gov.uk">Susie.talbot@cambridgeshire.gov.uk</a>
Tel:	01223 699838

## 1.0 BACKGROUND

- 1.1 The report has been requested to provide an overview of the work undertaken by the Drug and Alcohol Team including the strategic partnership and provision of countywide specialist drug and alcohol treatment services.

## 2.0 MAIN ISSUES

- 2.1 Reducing drug and alcohol related harm in Cambridgeshire falls under the remit of the Drug and Alcohol Action Team (DAAT) which is a multi-agency partnership working to implement National Drug and Alcohol priorities through local strategic planning. The functions of the DAAT sit under the 'Cambridgeshire Safer Communities Partnership Team' which is hosted within Cambridgeshire County Council (CFA directorate).
- 2.2 The misuse of alcohol and drugs damages lives, families and communities. The impact of substance misuse is wide reaching contributing to poor physical and mental health, homelessness, safeguarding (children and adults), financial problems, violence, offending behaviour. Many of those affected will have experienced difficult life circumstances, and are among the most vulnerable and marginalised in society. The cost of substance misuse to local health, social care and criminal justice systems is significant.
- 2.3 The DAAT partnership leads on strategic development, the commissioning of specialist Drug and Alcohol treatment and associated service provision and early intervention and preventative initiatives. The DAAT partnership includes a range of key partners namely Cambridgeshire Constabulary, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Cambridgeshire County Council, Office of the Police and Crime Commissioner (PCC), District Councils, Probation, service user representation and voluntary agencies. Partnership work is central to addressing and responding to substance misuse across Cambridgeshire in a coordinated manner, influencing and initiating a range of work streams that focus upon reducing harms to individuals, families, organisations and communities.
- 2.4 Historically drugs and alcohol work is funded through pooled budgets and shared resourcing from members of the partnership. However the majority of funding comes from the Public Health Grant now held by the local authority with smaller contributions from Adult Social Care (CCC), PCC and Cambridge City Council.
- 2.5 There are three overarching strategic priorities that shape commissioning and partnership initiatives in Cambridgeshire set by the Cambridgeshire DAAT Executive Board (2015-18) namely
1. **Prevention and protection from harm:** Preventing harm to individuals, children, young people and families affected by drug and alcohol misuse
  2. **Recovery:** Delivering effective partnership recovery based approaches to drug and alcohol treatment
  3. **Enforcement:** Protecting communities through robust enforcement to tackle drug supply, drug and alcohol related crime and anti-social behaviour
- 2.6 **Prevention and Protection from Harm**  
A programme of population wide and targeted campaigns that provide information

about the harms associated with alcohol and drug misuse are ongoing in Cambridgeshire. These campaigns have included drink driving, workplace focused activity in Fenland (targeting alcohol use in migrant workforce), harms associated with alcohol use and pregnancy, development of alcohol scratch cards (produced in different languages), alcohol and domestic abuse, risks of alcohol use in older age groups, and working closely with community pharmacists on annual alcohol awareness campaigns which include distribution of unit measuring cups and harm reduction literature.

- 2.7 Young people are targeted with specific interventions, vulnerable groups such as those who are 'looked after', or are presenting with signs of drug or alcohol use are a particular priority. Prevention interventions are also provided by CCC Personal, Social and Health Education Service (PHSE) which includes policy and other training or information giving interventions. CCC also undertakes checks for under age sales through its Trading Standards Department.
- 2.8 Concern about the growing misuse and harmful impact of New Psychoactive Substances (NPS), previously referred to as 'legal highs', has led to the partnership developing local harm reduction literature 'Keep Calm and Party Safer' and working closely with Cambridgeshire Constabulary Drugs Experts and Cambridge Business Against Crime (CAMBAC) to target the night time economy to promote harm reduction messages.
- 2.9 Other prevention activities include the roll out of Identification and Brief Advice (IBA) training to a wide range of front line staff including housing support staff, police officers, fire service, nurses, and community pharmacists. This evidence based intervention enables practitioners to develop the skills and knowledge to effectively 'have a conversation about alcohol', identifying risk levels, and providing appropriate intervention and advice to stimulate any necessary behaviour change along with signposting to appropriate support services.
- 2.10 Reducing Drug Related Deaths (DRD's) is a key priority, national rates are significantly high for a number of reasons, increasingly ageing drug using population, fluctuations in drug purity levels, poly drug use and mental health difficulties are all identified as being key factors. Naloxone kits, which reverse the effects of a heroin overdose, are now routinely distributed in Cambridgeshire to users known to be at risk of overdose. Over the last 3 years over 400 kits have been distributed with a 10% appropriate 'use' rate potentially saving the lives of a large number of Cambridgeshire residents. An effective RAG rated Drug Alert system has been instigated across Cambridgeshire and Peterborough disseminating risk information about any substance related incidents to the service user population and professionals in a timely manner. Additionally we are planning to undertake a Drug Related Death audit with the local Coroner's office and Public Health team in the next few months to fully understand local rates and key features which will help inform and prioritise partnership harm reduction activity.
- 2.11 **Specialist Treatment services-Adults**  
The DAAT partnership commissions a range of treatment services aimed at groups impacted by drug and alcohol misuse. Inclusion (specialist directorate of South Staffordshire and Shropshire NHS Foundation Trust SSSFT) deliver both the specialist drug and alcohol treatment contracts for adults over 18 years of age across Cambridgeshire. The service is flexible ensuring that staff and resources are located and focused according to need. The treatment service model is recovery focused, overcoming dependence to achieve sustainable recovery

enabling integration back into families, local communities and return to work, employment and education. The specialist countywide treatment service provide the following services across 5 fixed sites (and additional community venues) across Cambridgeshire: Brief advice, information and drugs education, structured treatment programmes (Inc. prescribing substitute medication), counselling, countywide Needle and Syringe Programme (inc community pharmacies), Blood Borne Virus testing/Vaccination Programme, partnership training, specialist team facilitating tier 4 placements. The service works in collaboration with a range of key partners including GP's, probation, IDVA's, social care, mental health services, and homelessness services. The specialist service provides outreach support in both Cambridge City and across rural parts of the county and is open at weekends and evenings to provide flexibility on appointment times for those service users in employment.

- 2.12 The specialist adult treatment services have developed an effective 'Recovery champion' programme which utilises those individuals with 'lived experience' to provide peer support for those at the beginning of their recovery journey. Recovery champions undertake a range of tasks within the services including assisting with assessments, manning the front desks, telephone support, facilitating groups with professionals and workforce training.
  
- 2.13 Cambridgeshire and Peterborough Foundation Trust (CPFT) deliver 3 inpatient hospital detox beds based at Fulbourn Hospital for people who are unable to undertake a safe detoxification (from drugs and/or alcohol) in the community and require inpatient services. Additionally, the DAAT facilities residential rehab placements for those individuals who meet the eligibility criteria for care. The DAAT partnership also commissions a range of housing related support projects helping offenders and those with chronic alcohol use to gain accommodation and strive towards independent living.
  
- 2.14 **Young People/Families**  
 CASUS (Cambridgeshire Adolescent Substance Misuse Service) deliver the combined drugs and alcohol service for young people (12-21 years). It provides a comprehensive treatment service, and capacity allowing, delivers prevention interventions in a number of settings and with different groups. A key concern is the needs of children and young people in vulnerable groups who are at a higher risk of misusing substances for example 'looked after' children and children who live with parents/carers who misuse. There are approximately 2000 adults in specialist treatment services across Cambridgeshire, 850 of which are parents. CASUS deliver a small service to children who have substance misusing parents to increase their self-esteem and resilience. Inclusion adult services will suggest to clients that their children would benefit from a referral to young carers provision at Centre 33. The YOS Substance misuse service delivers treatment interventions to those young offenders who are misusing substances, and also deliver prevention interventions to those on the cusp of misuse and to those vulnerable to misuse.
  
- 2.15 Within all specialist commissioned services the DAAT partnership has focused to re-engineer the offer to families to ensure the needs/impact of drug and alcohol use on children and family members is assessed and managed effectively. This has resulted in improvements, which includes the design and implementation of a robust data system for recording children's information and a safeguarding manual for all staff. The DAAT partnership is also working closely with Children's Services, including Together for Families, to jointly implement support packages for families.

## 2.16 **User Engagement**

User engagement is well established across the drug and alcohol system. All the commissioned services have strong service user engagement groups in place which are attended periodically by members of the Partnership and also offer comprehensive support and opportunities to individuals in recovery.

- 2.17 Sun Network is commissioned to provide the independent service user contract. This Service focuses engagement with users independently of the treatment service to gain feedback on local provision and encourage those who are not currently in services to seek specialist support. The service runs regular 'Recovery cafés across the county and provides advocacy work. The Service also provides service user input and feedback to the Drug and Alcohol Commissioning Group assisting in the monitoring and development of local quality services.

- 2.18 The DAAT partnership is always looking at new and innovative opportunities for Recovery. Cambridgeshire was successful in its bid to Public Health England (PHE) to develop a Recovery Hub in Cambridge City. This project will be a community based resource, which will include 'The Edge Café. It will be run for service users by service users and provide 'step down' support for those seeking long term abstinence as a move on from specialist services, encouraging individuals to be less dependent on a range of costly health and social care provision. The Recovery Hub/Café is due to open shortly.

## 2.19 **Criminal justice**

The service works closely with criminal justice partners to ensure that there are clear pathways into treatment for those offenders identified with drug and alcohol problems. The Partnership recently introduced a specialist prison in-reach post from the drug service to HMP Peterborough. Approximately 100 offenders accessing prison substance misuse services are referred to Cambridgeshire per annum. Previously, on average, only 34% were picked up by services on release, this has now increased to 83% in contrast to a National average of 50%.

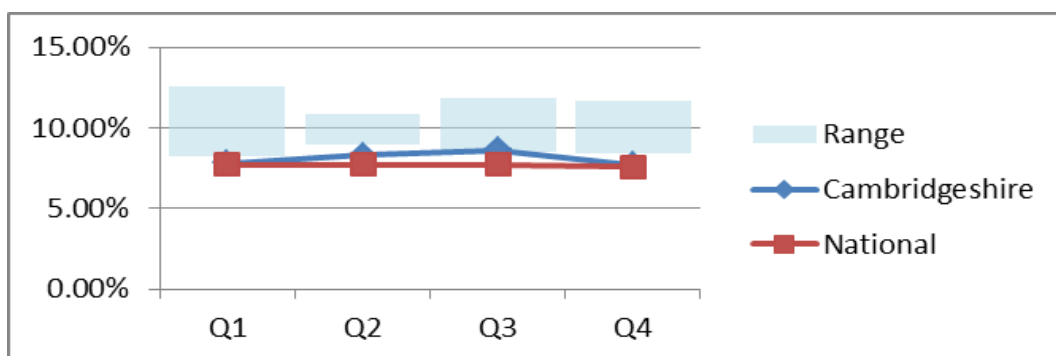
## 2.20 **Performance outcomes**

The performance data of the Drug & Alcohol Treatment Service is obtained from NDTMS (National Drug Treatment Monitoring System) which is monitored by Public Health England (PHE). PHE measures a number of different outcomes and gives local authorities guidance on how their partnership is expected to perform. There are national expectations and local expectations, which are more specific to a local authority or group of local authorities. PHE created Local Comparator Areas which cluster similar local authorities together, this is based specifically on the populations in substance misuse treatment and not on broader similarity between the general populations of local authorities. PHE monitors to ensure that local authorities are performing within a similar range and observes trends over time.

Numbers in Adult Treatment Services (rolling)

	Q1 2015/16
Drug Service	1631
Alcohol Service	815

- 2.21 To understand Cambridgeshire's rankings of successful completions for Opiate treatment in the year 2014/15 the graph below captures the local outcomes in comparison to the National average and the *upper quartile range* for the Local Comparator Areas. Successful completions are defined as "The client exited the treatment system in a planned way at the end of their latest treatment journey".



## 2.22 Adults Successful Completions (Alcohol)

Local comparator areas do not exist for Alcohol, the DAAT target for Inclusion is to perform similar to, or above, the national average. Successful completions for alcohol treatment in 2014/15 performed below the national average however there were significant improvements over the year and local alcohol outcomes are now in line with National trends.

*Successful completions as a proportion of all in treatment*

2014/15	Cambridgeshire	Numbers	National Average
Q1	32.60%	220/675	39.79%
Q2	37.00%	263/711	39.53%
Q3	37.70%	293/777	39.49%
Q4	39.30%	334/850	39.21%

2015/16	Cambridgeshire	Numbers	National Average
Q1	40.90%	333/815	39.14%

## 2.23 Young People

There were 122 young people in CASUS (rolling) and 17 new presentations to service (year to date) in Q1 15/16. All YP receive their first interventions within 3 weeks and receive a care plan within 2 weeks, performance in this area remains consistent.

	Q1 15/16
YP in services (rolling)	122
New presentation (YTD)	17
Waiting Times (received first intervention within 3 weeks)	100%
Care Plan (received a care plan within 2 weeks)	100%



- 2.24 **Investment in Drug and Alcohol work**  
Current investment in countywide drug and alcohol treatment & associated support services (Including Commissioning team) is £6.5 million. The majority of investment funds front line specialist treatment services (Public Health Grant).
- 2.25 **Joint Strategic Needs Assessment**  
The Public Health Team have recently undertaken a Drugs and Alcohol Joint Strategic Needs Assessment (JSNA) which was presented to the Health and Wellbeing Board on the 15<sup>th</sup> September, 2016. This document captures the needs of children, young people, adults and older people in relation to the misuse of both legal and illegal substances providing an overview of the issues and presenting a number of strategic and action based recommendations.  
<http://cambridgeshireinsight.org.uk/JSNA/Drugs-and-Alcohol-2015>
- 3.0 ALIGNMENT WITH CORPORATE PRIORITIES**
- 3.1 Developing the local economy for the benefit of all**
- 3.1.1 Recovery based treatment services will enable more people recovering from Drug and alcohol difficulties to access employment and contribute to the local economy.
- 3.2 Helping people live healthy and independent lives**
- 3.2.1 A strong emphasis on prevention and early intervention work to address drug and alcohol difficulties at the earlier opportunity and access to specialist service/interventions will enable people with drug and alcohol problems to lead more healthy and independent lives.
- 3.3 Supporting and protecting vulnerable people**
- 3.3.1 The support available for people with drug and alcohol difficulties as described in the report allows individuals to address a range of issues including homelessness, health difficulties, financial and social/emotional difficulties improving personal resilience and encouraging opportunities for integration into local communities and re-engagement with families.
- 4.0 SIGNIFICANT IMPLICATIONS**
- 4.1 Resource Implications**
- 4.1.1 There are no significant implications within this category.
- 4.2 Statutory, Legal and Risk Implications**
- 4.2.1 Local Drug and Alcohol priorities are aligned with the National Drug and Alcohol strategies and specialist treatment services are working under NICE clinical frameworks and compliant with the Care Act 2014.
- 4.3 Equality and Diversity Implications**
- 4.3.1 The strategic aim is to prevent harm to those individuals affected by substance misuse and that commissioned specialist services are available to all Cambridgeshire residents with drug and/or alcohol problems. There are no specific equality or diversity implications in this report.

#### 4.4 Engagement and Consultation

4.4.1 There are no significant implications within this category.

#### 4.5 Localism and Local Member Involvement

4.5.1 There are no significant implications within this category.

#### 4.6 Public Health

4.6.1 Local authorities' statutory responsibilities for public health services are set out in the *Health and Social Care Act 2012*. Local authorities have, since 1 April 2013, been responsible for improving the health of their local population and for public health services including services aimed at reducing drug and alcohol misuse.

4.6.2 The misuse of drugs and alcohol is associated with poor health outcomes alongside a range of socio-economic factors which create a high cost pressure for a wide range of services including physical and mental health, social care (Adults and Childrens), criminal justice and housing services.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: M Wade (CYP)
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Lynne Owen
Are there any Equality and Diversity implications?	Yes Name of Officer: Sarah Ferguson
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Simon Cobby
Are there any Localism and Local Member involvement issues?	Yes Name of Officer: Sarah Ferguson
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Tess Campbell

Source Documents	Location
None.	

# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 3rd October 2016



Cambridgeshire  
County Council

## Notes

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.

\* indicates items expected to be recommended for determination by full Council.

+ indicates items expected to be confidential, which would exclude the press and public. Additional information about confidential items is given at the foot of this document.

Draft reports are due with the Democratic Services Officer by 10.00 a.m. eight clear working days before the meeting.

The agenda dispatch date is five clear working days before the meeting.

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
<b>03/11/16</b>	Finance and Performance Report	T Kelly	Not applicable.	27/10/16		26/10/16
	Commissioning for better outcomes peer challenge July 2016	A Loades	Not applicable			
	Business Planning	A Loades	Not applicable			
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
	Recruitment & Retention Update	Charlotte Black	Not applicable			
	Total Transport	Toby Parsons	Not applicable			

	Ditchburn Place	Kim Fairbairn	Not applicable			
	Disabled Facilities Grant Review	Geoff Hinkins	Not applicable			
	Continuing Health Care	Richard O'Driscoll	Not applicable.			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
<b>08/12/16</b>	Business Planning	A Loades	Not applicable	27/10/16		30/11/16
	Homecare Sufficiency	R O'Driscoll	Not applicable			
	Care Home Development Plan Business Case	R O'Driscoll	Not applicable			
<b>19/01/17</b>	Finance and Performance Report	T Kelly	Not applicable.			11/01/17
	Business Planning	A Loades	Not applicable			
	Risk Register	A Loades	Not applicable.			
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
<i>[09/02/17] Provisional Meeting</i>						01/02/17
<b>09/03/17</b>	Finance and Performance Report	T Kelly	Not applicable			01/03/17
<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Spokes meeting date</b>	<b>Deadline for draft reports</b>	<b>Agenda despatch date</b>
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			

	Adults Committee Agenda Plan	D Snowdon	Not applicable			
<i>[06/04/17] Provisional Meeting</i>						29/03/17
<b>01/06/17</b>	Finance and Performance Report	T Kelly	Not applicable			24/05/17
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			

**Notice made under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 in compliance with Regulation 5(7)**

1. At least 28 clear days before a private meeting of a decision-making body, public notice must be given which must include a statement of reasons for the meeting to be held in private.
2. At least 5 clear days before a private meeting of a decision-making body, further public notice must be given which must include a statement of reasons for the meeting to be held in private, details of any representations received by the decision-making body about why the meeting should be open to the public and a statement of the Council's response to such representations.

Forward plan reference	Intended date of decision	Matter in respect of which the decision is to be made	Decision maker	List of documents to be submitted to the decision maker	Reason for the meeting to be held in private

**Decisions to be made in private as a matter of urgency in compliance with Regulation 5(6)**

3. Where the date by which a meeting must be held makes compliance with the above requirements impracticable, the meeting may only be held in private where the decision-making body has obtained agreement from the Chairman of the Council.
4. Compliance with the requirements for the giving of public notice has been impracticable in relation to the business detailed below.
5. The Chairman of the Council has agreed that the Committee may hold a private meeting to consider the business referred to in paragraph 4 above because the meeting is urgent and cannot reasonably be deferred for the reasons stated below.

Date of Chairman's agreement	Matter in respect of which the decision is to be made	Reasons why meeting urgent and cannot reasonably be deferred

For further information, please contact Quentin Baker on 01223 727961 or [Quentin.Baker@cambridgeshire.gov.uk](mailto:Quentin.Baker@cambridgeshire.gov.uk)