

# ADULTS COMMITTEE



**Date: Tuesday, 03 November 2015**

**Democratic and Members' Services**

Quentin Baker

LGSS Director: Law, Property and Governance

**14:00hr**

Shire Hall  
Castle Hill  
Cambridge  
CB3 0AP

**Kreis Viersen Room  
Shire Hall  
Cambridge  
CB3 0AP**

## AGENDA

Open to Public and Press

- 1 Apologies and Declarations of Interest**  
*Guidance for Councillors on declaring interests is available at <http://tinyurl.com/cccd-dec-of-interests>*
- 2 Minutes for Meeting Held on 1st September** **5 - 24**
- 3 Petitions**

### KEY DECISIONS

- 4 Homelessness Service Contract Award** **25 - 30**

### OTHER DECISIONS

- 5 Progress Report on the Prospective Purchase of Southwell Court Residential Care Home** **31 - 34**

<b>6</b>	<b>Adults Autism Strategy</b>	<b>35 - 62</b>
<b>7</b>	<b>Finance &amp; Performance Report September 2015</b>	<b>63 - 112</b>
<b>8</b>	<b>Adults Committee Review of Draft Business Planning Proposals for Older People, Mental Health and Adult Social Care Services 2016/17 to 2020/21</b>	<b>113 - 238</b>
<b>9</b>	<b>Committee Agenda Plan, Appointments to Outside Bodies and Committee Training Plan</b>	<b>239 - 250</b>

The Adults Committee comprises the following members:

Councillor Michael Tew (Chairman) Councillor Anna Bailey (Vice-Chairwoman) Councillor Peter Ashcroft Councillor Chris Boden Councillor Sandra Crawford Councillor Derek Giles Councillor Samantha Hoy Councillor Gail Kenney Councillor Lucy Nethsingha Councillor Kevin Reynolds Councillor Paul Sales 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:** Tuesday 1<sup>st</sup> September 2015

**Time:** 2.00p.m. to 5.05pm.

**Present:** Councillors A Bailey (Vice-Chairwoman), C Boden, P Clapp (substituting for Councillor Ashcroft), S Crawford, D Giles, S Hoy, G Kenney, M Loynes (substituting for Councillor Reynolds), L Nethsingha, M Tew (Chairman), J Scutt (substituting for Councillor Sales), G Wilson and F Yeulett.

**Apologies:** Councillors P Ashcroft, K Reynolds and P Sales

The newly appointed Chairman of the Adults Committee paid tribute to the former Chairwoman of the Committee, Councillor Rylance who passed away recently and pledged to continue her good work. The Chairman expressed his thanks to all those that attended Councillor Rylance's funeral.

### **107. DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **108. MINUTES – 7<sup>TH</sup> JULY 2015 AND ACTION LOG.**

The minutes of the meeting held on 7<sup>th</sup> July 2015 were agreed as a correct record and signed by the Chairman.

The Action Log was noted.

### **109. PETITIONS**

No petitions were received.

### **110. CONTRACT EXEMPTION REPORT FOR THE PROVISION OF ADVOCACY SERVICES AND SERVICES THAT PROMOTE INDEPENDENCE AND WELLBEING FOR OLDER PEOPLE.**

The Committee received a report that proposed to extend the Age UK contract "Services which promote independence and wellbeing for older people in Cambridgeshire" for 13 months until 31<sup>st</sup> December 2016. This was to allow time for the advocacy project to take forward the re-commissioning of all advocacy services across Cambridgeshire and for a single advocacy contract to be developed. The services provided covered advocacy, the Healthy Homes Service, Volunteer Visiting Service, Community Warden Schemes and day services. Officers explained to Members that there was a two-fold reason for the extension to the contract being requested. Firstly

work was taking place to rationalise seven separate advocacy contracts into one contract that met the requirements of the Care Act 2014. Secondly services other than advocacy were being discussed with Uniting Care Partnership which had only recently been established and therefore more time was required for discussions to take place.

During discussion Members:

- Noted that the demand for advocacy services continued to increase and questioned how the service would be improved and whether there would be financial benefits to merging advocacy services to one contract. Officers explained that by reducing the number of contracts it allowed duplication of services to be driven out and that it would be compliant with the requirements of the Care Act 2014. They highlighted that the funding provided by Central Government for the implementation of the Care Act included an allocation for advocacy services and the demand for advocacy services was being closely monitored.
- Expressed concern that the extension to the contract being requested was a further extension to one previously agreed. A Member asked whether there was a timetable that led up to 31<sup>st</sup> December 2016 and requested regular reports to Spokes to monitor progress. Officers confirmed that they would update progress to Spokes.
- Requested that a future meeting of the Committee receive a report regarding the draft service specification of the proposed advocacy services. Officers advised that a report would be produced for the December meeting of the Committee.
- Requested assurance that the report to be produced for the December meeting of the Committee demonstrated how the Advocacy Service would meet the diverse needs of people and questioned whether there would be a reduction in the level of advocacy available. Officers were conscious that there were diverse groups that required advocacy services and would seek assurance from bidders that they were able to cope with the different demands placed upon it. Assurance was given that the statutory requirements for advocacy services set out in the Care Act 2014 would be met however the level of Community Advocacy may be reduced. The provision of Community Advocacy would be addressed in the December report.
- Questioned how inflation was managed within the contract and whether the division of funding had been agreed with Uniting Care Partnership. Members were informed that there had been no specific agreement regarding inflation. Uniting Care Partnership was committed to providing the same amount of money.
- Clarified with officers that advocacy staff were paid employees and not volunteers due to the legislative framework they operated under.
- Sought assurance that the transition from the old contract to the new contract would be seamless. Officers confirmed the transition would be seamless.
- Expressed disappointment about the lack of detail on performance of the provider relating to the previous term of contract, as the information had been requested to be included at Spokes. Members therefore, requested a briefing note be issued to

Members regarding the performance data of the Age UK contract. Officers confirmed that it would be circulated. **ACTION**

- Sought clarification regarding the Handypersons Contract detailed in paragraph 2.2.3 of the report. Officers explained that once an agreement had been reached with an organisation to provide that contract then notice would be served to Age UK on that element of the contract.

It was resolved unanimously:

To approve a contract exemption with respect to Age UK's existing contract to deliver services which promote independence and wellbeing for older people in Cambridgeshire for 13 months from 30<sup>th</sup> November 2015 to 31<sup>st</sup> December 2016.

**111. THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST 2014/15 ANNUAL REPORT ON THE DELIVERY OF THE COUNCIL'S DELEGATED DUTIES FOR OLDER PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS.**

The Committee was presented with the Cambridgeshire and Peterborough NHS Foundation Trust's (CPFT) annual report. The report covered the delivery of Mental Health Services under the Section 75 Agreement for the period 2014/15. Officers highlighted that the report covered a period prior to the writing of the Mental Health Strategy. The Committee was informed that the report formed part of the assurance process under the Section 75 Agreement. Officers drew attention to the close partnership working that took place and the integrated way in which the service was delivered.

During discussion of the annual report Members:

- Raised an issue that constituents with mental health issues contacted Councillors and it was not always clear how to respond in those circumstances. Officers confirmed that they would be able to provide a briefing on how to manage such situations. **ACTION.**
- Highlighted that more work needed to be completed with GPs as they could be inconsistent in their approach to patients mental health issues. Officers confirmed that a recent report by the Care Quality Commission reinforced this point and agreed with the importance GP training for consistency of approach to be improved.
- Drew attention to paragraph 2.12 of the annual report, dealing with "parity of esteem" having been a welcome headline and emphasised the difficulties facing Mental Health Services with reduced budgets. Officers explained that the Mental Health budget could not be viewed differently to other budgets within Children, Families and Adults Services, but careful judgements were being made and the scrutiny of existing care packages would be carried out as part of the process of managing demand and spend as set out in the Council's Business Plan

- Noted the improvement in delayed transfers of care but concern was raised over the increase since March 2015 seen in the Finance and Performance report. Officers explained that CPFT had taken responsibility for wider community health services for older people and the increase related to areas that would have previously been reported elsewhere.
- Questioned how the Council was working in partnership with District Councils regarding accommodation and how the Council supported people with mental health issues in employment. It was explained that links continued to be forged with District Councils regarding housing and work was ongoing regarding accommodation and support within CPFT. With regard to supporting employment, work was carried out in supporting people in the journey back to work.
- Commended the money saved last year but questioned whether it would be possible to remain within budget when it was reduced. Officers advised that efficiencies would have to be found wherever possible but warned that it would result in a reduction in the level of support and services available.
- Were interested to see what had been implemented to control care costs when care packages were reviewed and expressed concern over the low numbers of reviews that had been carried out. It was agreed with officers that there needed to be a focus on reviews and the area would be addressed in more detail in the next report.

#### **ACTION**

It was resolved to:

Comment and advise on any area of the report in the context of the commitments agreed under the signed Section 75 Agreement.

## **112. SOCIAL CARE STRATEGY FOR ADULTS WITH MENTAL HEALTH NEEDS**

The Committee was presented the final draft of the Social Care Strategy for Adults with Mental Health Needs. Officers highlighted the focus within the strategy on prevention methods and that it was a strategy about building relationships. The strategy had been well received by members of staff and it was noted that the Health colleagues had also been enthusiastic about it.

Following the presentation of the report Members:

- Questioned when the Committee would receive a monitoring report on the progress of the strategy. Officers advised that a report would be produced for 6 months' time. **ACTION**
- Expressed concern that Social Workers employed to carry out social care tasks reported they were completed too much work that related to Cambridgeshire and Peterborough Foundation Trust (CPFT) functions. Assurance was given that this related to a very specific instance and that resources were deployed flexibly to both Council and CPFT functions to best effect.



- Agreed they would be interested in hearing the views of social workers in the progress report. Members were informed that the feedback received from Social Workers regarding the strategy had been positive and any further feedback would be included in the monitoring report. **ACTION**
- Asked whether “Priority 4” of the strategy was working because some negative feedback had been received from the Carers Board. Officers accepted that improvements were needed not just for Mental Health services but Learning Disability services also.
- Highlighted that carers should have been included as stakeholders during the consultation. Officers confirmed that carers had contributed through “Re-think”, online and the strategy had been presented to the Carers Partnership Board.
- Raised concerns that Social Workers had not integrated within the service as well as had been hoped for. It was explained that integration was moving in the right direction and the importance of this was recognised.
- Concern was raised over suicides and whether there was enough expertise to recognise mental health crisis due to cuts. Officers explained that it was difficult to answer as the vast majority of suicides were not known to Mental Health services or GPs. Members were reassured that there were no current plans to reduce staff or training.

It was resolved:

To approve the final draft of the Strategy following circulation of earlier drafts and amendments as a result of a six week consultation period that concluded on 24<sup>th</sup> July 2015.

#### **113. BUSINESS PLANNING FOR CHILDREN, FAMILIES AND ADULTS SERVICES 2016 TO 2020**

The Service Director Strategy and Commissioning for Children, Families and Adults Services (CFA) updated the Committee on the development of business planning proposals for CFA and sought a steer from the Committee regarding the strategic direction for business planning prior to the development of detailed business planning proposals for the next 5 years. Members were reminded of the Business Planning workshop scheduled to take place in October. Officers highlighted the pressures facing the service including Living Wage, Care Act 2014, market pressures and general increases in prices. Officers also focussed on the need to look at preventative measures in order that demand for service was reduced.

During discussion of the report Members:

- Expressed concerns regarding the demographic pressures the Council faced and recommended that robust data about demographic pressures be included in the budget as there would be a point in the future when the pressures could no longer be absorbed and additional funding would be required. Members requested that

the emphasis of paragraph 5.4 of the report be altered and for the wording to be changed to read “demographic pressures have to be recognised.” Officers explained that the challenge of demographic changes thus far had been absorbed but confirmed that the pressures facing the Council would be identified and clear actions to mitigate them where possible demonstrated at the October Business Planning workshop.

- Requested information for the October workshop that highlighted what service reductions to services there would be. Officers confirmed that the draft information would be available at the October workshop.
- Expressed the view that new housing developments should be self-sufficient in terms of Section 106 agreements in order that the costs of new demographic pressures were mitigated. It was confirmed that discussions had taken place with District Councils regarding new developments but it was accepted that for 3-5 years there were additional costs to be absorbed. There was a balance to be struck between the economic benefits of new developments against the additional costs they incurred.
- Questioned how inflation was managed and whether there was concern that advocacy services might not be able to accept the terms of the contract. Officers were confident that advocacy services would accept the proposed inflation element of the contracts. Careful attention was paid to the contract by Officers to ensure that it was viable.
- Requested that a discussion took place regarding Council Tax and that a 5% increase in Council Tax should be considered in order for services to be protected. Officers confirmed that this would normally be presented and agreed to provide forecasts for how a 5% increase in Council Tax would affect budgets at the October seminar.
- Expressed concern over the future of the FACET centre in March and the size of Personal Budgets people could expect to receive in the future. Officers could not speculate on the future of the FACET and could not see how the budget could be balanced without reducing the amount spent on individual care packages.
- Questioned whether the Council was on target for moving individuals to Personal Budgets. Officers informed Members that the number of people electing to receive Direct Payments was different across client groups. Less older people were taking up Direct Payments but they were still being promoted by staff.
- Questioned whether officers were aware of the difficulties Four Seasons Health Care was experiencing. Officers confirmed they were aware and were working on the issue.

It was resolved to:

- a) Comment on the draft strategy and the principles and direction of travel it set for the transformation of Children, Families and Adults Services over the period to 2020.

- b) Comment on the suggested approach to the treatment of demographic pressures within CFA services for the 2016/17 Business Plan.
- c) Comment on the suggested approach to the treatment of inflationary pressures within CFA services for the 2016/17 Business Plan.
- d) Note the suggested next steps for the development of detailed business planning proposals for the 2016/17 Business Plan.

#### **114. PHYSICAL DISABILITY AND SENSORY SERVICES COMMISSIONING STRATEGY 2015-19**

The final draft of the Commissioning Strategy for Physical Disability and Sensory Services was presented to the Committee. The strategy had been previously presented to the Committee in November 2014 and a period of consultation agreed. The document had been amended following feedback received from the consultation. Officers explained that the strategy looked to intervene in a smaller way earlier to prevent the need for a larger intervention later.

During consideration of the report Members:

- Expressed concern that visual loss/impairment was not as high a priority as expected and that the Isle of Ely Society for the Blind was not mentioned. Assurance was given that contacts had been made with the society over many years but they wished to remain small and independent. It was confirmed that events were taking place to promote partnership events and the Isle of Ely Society for the Blind would be taking part.
- Sought clarification regarding the staffing costs of the team. It was confirmed that the majority of the £12million budget was individual care packages.
- Questioned how the Assistive Technology Team was funded. It was explained that it was funded 50/50 between Cambridgeshire County Council (CCC) and the NHS; however the running of the service had now been taken over by CCC. It was recognised that a core service was required that had expertise and that was able to deliver savings.
- Questioned why there were differences in the numbers of people with hearing difficulties between Cambridge and Fenland. It was explained that the numbers in Cambridge would be affected by the number of students and that there could have been historical provision of services in Fenland that might have resulted in more people with hearing difficulties living there.

It was resolved:

To comment on and approve the final draft of the Physical Disability and Sensory Impairment Strategy 2015-19.

## 115. FINANCE AND PERFORMANCE REPORT – JULY 2015

The Committee was provided with the July 2015 Finance and Performance Report. The report responded to comments made by the Committee the last time the report was presented. Officers highlighted the Learning Disabilities Team, which showed favourable changes with the forecast overspend decreased by £288k in the last month. The announcement of the delay of the introduction of the cap in care costs had resulted in a £900k favourable change.

During discussion of the report 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. **ACTION**
- Raised concerns that due to the changes to the implementation dates of the cap in care costs as per the requirements of the Care Act 2014 the funding would not remain in place. It was confirmed that the Government had not communicated to the Council whether or not the funding would be clawed back.
- Sought clarification regarding table 1.2 of the report. Officers agreed to clarify this. **ACTION**
- Raised concerns regarding the forecast overspend in the Learning Disability Service, highlighting that it was projected to cost twice as much as the Older People's service.
- Drew attention to the budget tables, and, using table 2.5.3 of the report as an example, raised detailed concerns on the presentation of the figures and sought clarification regarding the budget columns as they had changed from the last Finance and Performance report, when they would have been expected to remain the same. Members had confidence that the numbers reported were correct but felt unable to interrogate the data as it was currently presented. Officers explained that additional expenditure had been added as the contents of the report were developed, which had not been previously included. Officers agreed that the content of the Finance and Performance report would be reviewed and amended to improve transparency and consistency for members.
- Expressed concern that the average unit cost of the Learning Disabilities Team was over £100. Officers reminded Members of the statutory responsibility for meeting individuals assessed needs and that it would be discussed further at the October Business Planning Seminar.
- Welcomed the information provided for delayed transfers of care and noted the seasonal effect on numbers. However, they expressed a lack of confidence in the data for Cambridgeshire and Peterborough Foundation Trust (CPFT) and asked for the figures to be included in future reports. **ACTION**
- Questioned what had affected the delayed discharge figures at the Queen

Elizabeth Hospital. Officers agreed to provide the delayed transfers of care dashboard. **ACTION** (it has been confirmed since the meeting that this is already provided to members)

- Sought assurance on the implications for Service Users regarding Direct Payment claw-backs. Officers explained that Direct Payment claw-backs were carried out when people had not spent all of the money allocated to them, which formed part of the Direct Payment agreement.
- Noted that residential/nursing care placements for people with learning disabilities were the most expensive placements. It was requested for the Business Planning seminar in October whether officers could identify if more people could be moved from residential/nursing homes into the community. Officers explained that it would not be possible to move everyone into the community but they would provide information on those people that were in permanent residential/nursing care at the October seminar.

It was resolved to review and comment on the report.

#### **116. SERVICE COMMITTEE REVIEW OF THE DRAFT 2016-17 CAPITAL PROGRAMME.**

The Committee was presented with an overview of the draft capital programme for 2016 – 17 for the Adult Social Care and Older People and Mental Health Service Directorates.

During discussion of the report Members:

- Noted that the proposed building of a Local Authority managed care home had not been entered on the Capital Programme. Officers advised that it had not been added because agreement had not been given for it to be built. The entry would be made once it was agreed.

It was resolved to:

- a) Note the overview and context provided for the 2016-17 Capital Programme
- b) Comment on the draft proposals for Adult Social Care and Older People and Mental Health Service Directorates 2016-17 Capital Programme and endorse their development

#### **117. TRANSFORMING LIVES: A NEW STRATEGIC APPROACH TO SOCIAL WORK AND SOCIAL CARE FOR ADULTS IN CAMBRIDGESHIRE**

The Committee was asked to consider the progress made on key areas of development which would contribute to the Transforming Lives model being implemented and the next steps and future plans for the work to be delivered. Officers set out what had been learned from the innovation sites and highlighted how the Physical Disabilities Team had benefited from working more closely with the Reablement Team. It was noted that 3.1.1 of the report demonstrated how Transforming Lives was being implemented.

Members were informed that the Older People's service was a more complex arrangement and work was needed together with Uniting Care Partnership. Older People's Services were reliant on a pathway through the Council's Contact Centre, which would need to be reviewed to see how it could be improved.

Attention was drawn by officers to paragraph 4.6 of the report that showed "patch analysis" work had begun following a request at the July meeting of the Adults Committee. Further workshops were due to take place in September. Officers recommended that a report should be brought before the Committee in December that further demonstrated the implementation of Transforming Lives.

During discussion of the report Members:

- Noted that the focus so far had been on staff working practices and were interested to see in the next report what Service Users were receiving differently and understand how it had affected the amount spent on care packages. It was explained that the evaluation carried out so far had been on Social Care practice but how Transforming Lives was affecting spending was starting to be captured.
- Questioned what Transforming Lives meant for individuals. Members were informed that case studies had been developed for the care teams and these would be included in the December report. An example was provided of where an Older People's team had worked very differently with a Service User and enabled them to leave a Care Home. Although the approach had saved money it had taken a lot of time as there was a dedicated person working on it for a significant time, but as staff built confidence it would make the process more efficient.
- Questioned whether Transforming Lives was delivering on its objectives. Officers explained that although it was early in the introduction of the Transforming Lives model, the Learning Disabilities Team had a greater understanding of the support that was available in communities and had examples of small reductions in care costs.
- Expressed interest in whether savings were being matched to increase satisfaction in services received and highlighted the increased pressure on the voluntary sector. Officers explained that the Transforming Lives model was not solely about savings and that modelling work was being carried out with the voluntary sector that would mitigate the risks of increased demand.
- Highlighted the importance of lobbying the Government when cuts were unsustainable and people were at risk as a result. Officers reassured Members that the Executive Director of Children's, Families and Adults Services was active in this.

It was resolved to comment on:

- a) The progress and plans in place for implementation across the service areas.
- b) The progress and plans for areas of cross-cutting work that supports the implementation in service areas.

- c) The recommendation that the next progress report and plans for implementation be brought back to the Adults Committee in December 2015.

**118. ADULTS AGENDA PLAN; APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND OUTSIDE BODIES AND TRAINING PLAN**

The agenda plan for the Committee was presented to Members together with the Committee training plan. Members noted the removal of "Use of Grants for Third Sector Organisations as an Alternative to Contracts" from the agenda for the November meeting of the Committee.

Members were also asked to consider an appointment to the Mental Health Governance Board. Councillor Kenney was nominated and appointed to sit on the Board.

Members requested that all Members of the Committee act as substitutes for each other with regard to attendance at Outside Bodies and Internal Advisory Groups. It was resolved to:

- a) Note the agenda plan and considers the need for the reserve date in December to be reinstated for consideration of the budget reports
- b) Appoint one Member and a substitute to the Mental Health Governance Board.
- c) Note the position with regard to the development of the Committee's training plan and consider if any further additions were required.

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 26<sup>th</sup> October 2015

**Minutes of 6<sup>th</sup> January 2015**

<b>Minute No.</b>	<b>Report Title</b>	<b>Action to be taken by</b>	<b>Action</b>	<b>Comments</b>	<b>Completed</b>
93.	Cambridgeshire Care Card Scheme	C Bruin	Circulation of the final report was requested by Members following its approval by the Health Innovation and Education Cluster	<b>Update:</b> final report not yet approved	<b>ongoing</b>

<b>94.</b>	<b>Residential, Nursing, and Specialist Accommodation for Older People</b>	R O'Driscoll	Members requested a copy of the project plan be circulated to provide an overview of progress so far and key milestones for the future.	<b>Update:</b> A draft strategy plan has been produced, which includes an outline programme plan. This is being taken to the Executive Partnership Board for discussion on 15 November 15 and will be subject to revision following that meeting. After this meeting, this will be circulated to Members.	<b>ongoing</b>
<b>95.</b>	<b>Transforming Lives – A New Strategic Approach To Social Work and Social Care for Adults In Cambridgeshire</b>	M Hay / C Bruin	An analysis of a community to take place to look at the numbers receiving services and where they were receiving the care services from to identify where money could be saved from rationalising care rounds.	Ongoing	<b>ongoing</b>

## Minutes of 7<sup>th</sup> July 2015

<b>104.a</b>	<b>Finance and Performance Report May 2015</b>	S Heywood	Members requested again further information regarding the figures in particular a break down by hospital as it would be more beneficial to Members and the public.	This had been discussed on the basis of issuing members with the latest version of the Delayed Transfers of Care (DTC) dashboard which provides this breakdown. In fact as a clarification Members of the Adult Committee are reminded that they already receive this on a monthly basis. The information is being provided in the next report to Committee.	<b>Completed</b>
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<b>104.b</b>	<b>Finance and Performance Report – Outturn 2014/15</b>	S Heywood / C Black	Members questioned whether work had begun on the Continuing Healthcare Funding project. Officers advised that they would ask the Service Director for Older People's Services and Mental Health to confirm with the Committee.	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>Completed</b>
<b>104.b</b>	<b>Finance and Performance Report – Outturn 2014/15</b>	S Heywood	Officers agreed to check the figures on pages 1 and 27 for accuracy and provide Members with an explanation of how they were reached.	This was discussed at the Adults Committee in September. DSG financing is now also shown on page 1, so that it ties up.	<b>Completed</b>
<b>104.b</b>	<b>Finance and Performance Report – Outturn 2014/15</b>	S Heywood / C Black	Officers agreed to clarify what the additional money regarding falls prevention was for with the Service Director for Older People's Services and Mental Health.	Falls have been identified as one of the major causes of hospitalisation and long term care. This money is being targeted on a falls longer term activities that also will target falls prevention and be funded by Public Health- which were approved as part of a business case by the Health Committee.	<b>Completed</b>

## Minutes of 1<sup>st</sup> September 2015

110.	<b>CONTRACT EXEMPTION REPORT FOR THE PROVISION OF ADVOCACY SERVICES AND SERVICES THAT PROMOTE INDEPENDENCE AND WELLBEING FOR OLDER PEOPLE.</b>	K Dodd	Members requested a briefing note be issued to Members regarding the performance data of the Age UK contract.	<i>Update being sought</i>	
111.	<b>THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST 2014/15 ANNUAL REPORT ON THE DELIVERY OF THE COUNCIL'S DELEGATED DUTIES FOR OLDER PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS</b>	K Dodd	Raised an issue that constituents with mental health issues contacted Councillors and it was not always clear how to respond in those circumstances. Officers confirmed that they would be able to provide a briefing on how to manage such situations	<i>Update being sought</i>	

111.	<b>THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST 2014/15 ANNUAL REPORT ON THE DELIVERY OF THE COUNCIL'S DELEGATED DUTIES FOR OLDER PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS</b>	K Dodd	Members were interested to see what had been implemented to control care costs when care packages were reviewed and expressed concern over the low numbers of reviews that had been carried out. It was agreed with officers that there needed to be a focus on reviews and the area would be addressed in more detail in the next report. ACTION	Ongoing	<b>Ongoing</b>
112.	<b>SOCIAL CARE STRATEGY FOR ADULTS WITH MENTAL HEALTH NEEDS</b>	K Dodd	Members questioned when the Committee would receive a monitoring report on the progress of the strategy. Officers advised that a report would be produced for 6 months' time	Monitoring report to be received March 2016, added to the forward agenda plan.	<b>Ongoing</b>

112.	<b>SOCIAL CARE STRATEGY FOR ADULTS WITH MENTAL HEALTH NEEDS</b>	K Dodd	Members agreed they would be interested in hearing the views of social workers in the progress report. Members were informed that the feedback received from Social Workers regarding the strategy had been positive and any further feedback would be included in the monitoring report	Feedback will be included in the monitoring report being presented in March 2016.	<b>Ongoing</b>
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.	
115.	<b>FINANCE AND PERFORMANCE REPORT – JULY 2015</b>	T Kelly	Members sought clarification regarding table 1.2 of the report. Officers agreed to clarify this	This table has been re-labelled and further explained for the November committee.	<b>Completed</b>

115.	<b>FINANCE AND PERFORMANCE REPORT – JULY 2015</b>	T Kelly	Members expressed a lack of confidence in the data for Cambridgeshire and Peterborough Foundation Trust (CPFT) and asked for the figures to be included in future reports.	The latest updated figures have been included in the report for the November Committee.	<b>Completed</b>
115.	<b>FINANCE AND PERFORMANCE REPORT – JULY 2015</b>	T Kelly	Officers agreed to provide the delayed transfers of care dashboard.	<p>This relates to 104b.</p> <p>This had been discussed on the basis of issuing members with the latest version of the Delayed Transfers of Care (DTOC) dashboard which provides this breakdown. A breakdown was circulated to Members last month.</p> <p>In fact as a clarification Members of the Adult Committee are reminded that they already receive this on a monthly basis.</p>	<b>Completed</b>





**CAMBRIDGE CITY HOMELESSNESS REABLEMENT SERVICE WILLOW WALK**

*To:* **Adults Committee**

*Meeting Date:* **3 November 2015**

*From:* **Adrian Loades  
Executive Director: Children, Families and Adults Services**

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

*Forward Plan ref:* **2015/056**      *Key decision:* **Yes**  
4 year contract award  
with 2 year extension  
value is £1,434,000

*Purpose:* **To request a procurement exemption and permission to award the Cambridge City Homelessness Support contract to Riverside ECHG (previously known as English Churches Housing Group). A full procurement exercise was undertaken but as there were fewer than three bidders for the contract, procurement regulations state that an exemption from further tendering is required.**

*Recommendation:* **That the Committee agree to an exemption from a further procurement exercise so that the contract can be awarded to the successful bidders Riverside ECHG.**

<b><i>Officer contact:</i></b>	
Name:	David Frampton
Post:	Mental Health Commissioning Manager
Email:	<a href="mailto:david.frampton@cambridgeshire.gov.uk">david.frampton@cambridgeshire.gov.uk</a>
Tel:	01223 507143

## **1.0 BACKGROUND**

- 1.1 Following recent completion of the procurement process for the Cambridge City Homelessness Reablement Service, Riverside ECHG (previous title: English Churches Housing Group) was the successful bidder, meeting all the service requirements at a financially improved value with a saving of £26,648 per annum.
- 1.2 As there were fewer than three bidders and the contract value is over £500k, contract regulations require Adults Committee approval before the contract can be awarded.
- 1.3 The contract is to provide support to homeless people at the Willow Walk Hostel in Cambridge which has 22 bedrooms on site. The people being supported are likely to have complex and multiple needs, including a history of drug and alcohol problems, mental health or learning disability problems. The contract is not for the accommodation.
- 1.4 The recommendation to award this contract has been considered within the context of CFA business planning process and the Strategy for Children, Families and Adults Services in Cambridgeshire 2016/17 to 2020/21. These savings are part of the Older People and Mental Health Section, item AR 6.211 Voluntary and Community services.
- 1.5 The service is part of a homelessness pathway. Referrals are exclusively from Jimmy's Night Shelter in Cambridge, which is the first part of the pathway and responsible for the initial assessment and response. Whilst the person is at the Willow Walk Hostel, staff will further assess and design a support plan. Some people will be able to move on within months, whilst other people will need a longer period of engagement because of their previous unsettled lifestyle. Move-on will be into other parts of the homelessness system, or into group homes supported by Riverside staff.
- 1.6 The service was tendered and full procurement completed earlier this year, with a start date for the new contract of 1 July 2015. The contract value is £239,832 per annum and the contract length is four years, with a two year extension option. The total contract value therefore, is £1,434,000. Riverside Housing ECHG was the previous provider and the only bidder for the contract.
- 1.7 It is likely that there was only a single bidder because bidders have to have accommodation available from which to deliver the support (although this contract is for the support only).
- 1.8 Although the bid from Riverside Housing ECHG was the only tender, it was robustly evaluated by a tender panel, moderated by a manager from the Procurement Team and the bid was found to be satisfactory in all areas.

## 2.0 OPTIONS

2.1 As there was only one bidder there are three options.

- Cease to contract the service
- Run another procurement exercise
- Follow procurement regulations in the event of a single bidder and seek an exemption to award the contract if the bidder is successful and meets Council requirements

### 2.2 **Option 1 - Cease to contract the service**

2.2.1 This option is not recommended because it supports some of the most vulnerable people, some with a record of street homelessness and subsequent low employment skills. Without the support offered by the service, needs would increase and become more complex and this would be more likely to lead to the need for statutory social care services. This service makes a contribution to the local economy by helping vulnerable people get back to work or, if in employment ready, to improve their basic skills. Part of the capital investment (as set out in paragraph 2.6) will be used to fund employment and computer training facilities on the site where group work and individual teaching of basic skills will be undertaken.

### 2.3 **Option 2 - Run a further procurement exercise**

2.3.1 This option is not recommended as it is unlikely that a further procurement exercise would generate an increase in bidders, as this recent procurement exercise has tested the market and demonstrated there is no competing interest in the contract.

2.3.2 Additionally, the successful bidder also meets the contract requirements and an improved financial value. It is hoped that the County Council is able to take advantage of both the improved service and cost as soon as possible, and secure benefit of the capital funding from the HCA (deadline for awards December 2015).

### 2.4 **Option 3 - Award the contract to the successful bidder**

2.4.1 **This option is recommended for the following reasons.** The outcome of the tender process represents better value for the County Council. Although the service provider would remain unchanged, there have been significant positive changes that have increased the value of the contract for the Council. These benefits are:

#### 2.4.2 **Increased value**

The contract value has been reduced (without a reduction in direct service support to users of the service) from £266,480 per annum to £239,832 per annum. This is a 10% saving which will contribute towards delivering CFA savings targets. The revised service specification will enable more strategic and focused work. The role of the service has been changed, with a shift in expectation that people will stay long term in the accommodation to one of working with people early on in their stay and working with the night shelter

and complex cases team so that people can be assessed quickly. The aim being that they can move towards more independent and mainstream accommodation.

#### **2.4.3 Increased capital investment**

There will be considerable capital investment into Willow Walk by partners. The total investment will total £859,000. Riverside Housing ECHG will contribute £402,000, the HCA (Homes and Communities Agency) £250,000 and Cambridge City District Council £84,000. This investment into en-suite bedrooms, disabled access and reception and education areas will modernise the existing building and make it fit for purpose. This will enable staff to work to improve coping skills of people using the service so they can move on into more settled accommodation.

There has also been work undertaken with the Cambridge City Council to ensure that the scheme supports their homelessness strategy. Hence the City Council has agreed to contribute £84,000 towards the capital funding

#### **2.4.4 Supports the preventative role of the Council**

There are strong business reasons for the Council continuing to support this service. There is a direct link between homelessness and other risk factors and vulnerability - specifically substance misuse, mental ill health and physical ill health. Without the support offered by the service, needs would increase and become more complex and this would be more likely to lead to the need for statutory social care services. Service users may already be being supported by social care for other needs, but costs may increase.

#### **2.4.5 Supports the role of key partners**

The funding for the service (including a range of other homelessness services in Cambridgeshire) was transferred to the County Council by the Government, rather than to District Councils, in 2003. This funding was originally included in Housing Benefit entitlement paid to each individual in supported housing, which was in turn passed onto the provider to support staffing costs. Supporting homelessness provision is a statutory duty of the District Councils, but the funding for this purpose was in effect transferred to the Council.

### **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

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

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

- 3.1.1 This service supports some of the most vulnerable people some with a record of street homelessness and subsequent low employment skills. This service makes a contribution to the local economy by helping vulnerable people get back to work or, if not employment ready, to improve their basic skills.
- 3.1.2 Part of the capital investment will be used to fund employment and computer training facilities on the site where group work and individual teaching of basic skills will be undertaken.

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

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

- 3.2.1 The service is part of a homelessness pathway. A pathway describes how the various homelessness services work together to match support with the person's needs. People using homelessness services will initially be assessed in the night shelter known as Jimmy's Night Shelter and will then pass onto longer term homelessness services, such as Willow Walk, followed by a less supported group homes or general housing.
- 3.2.2 The capital investment will enable the service to offer a better standard of accommodation and facilities. A key aim of the service is to work with people to access health services and improve self care. Some people can be enabled to on from the service in months but other people will require a longer stay. One of the success factors in such schemes with people who are most vulnerable is in fact to maintain engagement with them.
- 3.2.3 The service will be performance managed. The following will be reviewed as part of contract monitoring:
  - All service users will have needs identified and support plans which clearly identify move on plans into settled accommodation and how their other needs will be addressed.
  - Services users will be registered for Choice based lettings with the appropriate District Council on admission to the service.
- 3.2.4 A dedicated resettlement officer will be employed as part of the service. This person will engage with other support services so that support for the person moving on can be coordinated.

### **3.3 Supporting and protecting vulnerable people**

- 3.3.1 The following points set out details of implications identified by officers:

This service works with some of the most vulnerable people in the County. People who use this service will be better enabled to maintain their independence. The provider will be supported to develop a skilled and competent workforce able to meet the needs of vulnerable people. The remodelled service will provide:

- a focus on identifying risk for each individual
- safety and a secure environment
- assistance in crises

## **4.0 SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

- 4.1.1 As referred to in section 2.1, the new contract offers better value for the Council, reduced from £266,480 to £239,832 per annum. This is a 10% saving which will contribute towards delivering CFA savings targets. In addition, the contract will attract significant new capital funding of £859,000. The recommendation to award of this contract has been considered within the context of CFA business planning process and the Strategy for Children, Families and Adults Services in Cambridgeshire 2016/17 to 2020/21. These savings are part of the Older People and Mental Health Section, AR 6.211 Voluntary and Community services

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

- 4.2.1 In preparing this paper, the opinion of the LGSS legal and procurement teams was sought. The risk of challenge is minimal as the County has followed a clear tender process and potential providers have had an opportunity to bid for the contract. The County is following its procurement regulation guidance by seeking an exemption to further tendering where there have been fewer than three bidders.

### **4.3 Equality and Diversity Implications**

- 4.3.1 There have been no significant implications identified by officers.

### **4.4 Engagement and Consultation Implications**

- 4.4.1 Consultation has taken place with the City Council and DAAT (Drug and Alcohol Action Team). The aim has been to ensure the new contract reflects the support needs of service users and they can access services.

### **4.5 Public Health Implications**

- 4.5.1 This service will improve the health of Cambridgeshire residents as there is a strong association between homelessness and ill health and disability.

### **4.6 Localism and Local Member Involvement**

- 4.6.1 This service will enable those who are most vulnerable to engage and be part of the community. There is a focus on engaging with some of the most vulnerable people who have been street homeless.

<b>Source Documents</b>	<b>Location</b>
Contract tender paperwork for the above service – this contains commercially sensitive business exempt information which is not to be disclosed to the public	Contract Team - Adult Social Care Octagon, Shire Hall, Cambridge

**PROGRESS REPORT ON THE PROSPECTIVE PURCHASE OF SOUTHWELL  
COURT RESIDENTIAL CARE HOME**

*To:* **Adults Committee**

*Meeting Date:* **3<sup>rd</sup> November 2015**

*From:* **Adrian Loades  
Executive Director: Children, Families and Adults Services**

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

*Forward Plan ref:* **Key decision: No**

*Purpose:* **To update Adults Committee on negotiations to acquire Southwell Court Residential Care Home, and to share recommendations on the future of the site following consideration of expert advice**

*Recommendation:* **Adults Committee is asked to agree:**

- (a) not to purchase or lease Southwell Court Care Home**
- (b) to the County Council working with South Cambridgeshire District Council to secure the development of an extra care sheltered scheme on this site**

<b><i>Officer contact:</i></b>	
Name:	Richard.O'Driscoll
Post:	Head of Service Development (Older People)
Email:	<a href="mailto:Richard.O'Driscoll@cambridgeshire.gov.uk">Richard.O'Driscoll@cambridgeshire.gov.uk</a>
Tel:	01223 729186

## **1.0 BACKGROUND**

- 1.1 Southwell Court is a residential care home with 35 beds, situated in Melbourn, South Cambridgeshire. It was originally built by Granta Housing Association in 1994, on land gifted by South Cambridgeshire District Council and with grant aid from the Department of Health. It was subsequently acquired by Metropolitan Housing Association who merged with Granta.
- 1.2 The County Council was informed by Metropolitan in Autumn 2014 that it no longer wished to provide a residential care service on this site, as it did not believe it was viable and it did not consider residential care to be part of its core business. The home was subsequently closed in December 2014, necessitating the transfer of residents to other care homes. At the time concerns were raised by County and District Council officers and Ward Members, the Member of Parliament and residents.
- 1.3 The result of the closure has been a significant loss of residential care capacity, in an area where there is relatively low provision. The closure occurred at a time when the County Council was considering how best to expand affordable care home provision, in Cambridgeshire, including the possibility of building its own care home. This work continues and has been the subject of a separate report to Adults Committee.

## **2.0 MAIN ISSUES**

- 2.1 Since the closure of Southwell Court, the County Council has been working closely with South Cambridgeshire District Council officers, County and District Council Ward Members and Metropolitan to acquire the site in order to restore and potentially develop additional residential care capacity.
- 2.2 A series of meetings have taken place with Metropolitan to progress this aim. This has at times been difficult, as Metropolitan have been inconsistent in their messages concerning disposal and value of the land. That being said, it has been possible to make some progress and local partners have worked well together to explore options and a way forward.
- 2.3 As part of the process of acquisition, land searches have revealed that South Cambridgeshire District Council has a covenant in place which restricts the future use of the land to older people's care provision. This has been extremely helpful in facilitating discussions between the interested parties. It also has a direct impact on the commercial value of the land.
- 2.4 As part of the negotiation process, a commercial valuation of the site has been obtained and a tentative agreement has been reached with Metropolitan on an asking price of £1.5 million. This is in recognition of a further £250K capital investment requirement, by the Council, to bring the building up to standard.
- 2.5 The agreement set out in 2.4 was subject to a detailed assessment by an expert consultant and ultimately to approval by the full Council. Accordingly, Cordis Bright, a specialist care home consultancy were instructed to consider the commercial viability of running the care home in its present or in an altered form. They have advised that while the building is in relatively good condition, the number of bedrooms is insufficient to make it commercially



viable. Furthermore, the design of the building makes it difficult to usefully extend or remodel, and also increases staffing requirements and costs.

- 2.6 Cordis Bright concluded that while the asking price is competitive, they would not recommend purchase of the property in its present form. They have suggested an alternative option for consideration of a five year leasing arrangement as a short term measure to increase capacity. However, this too is costly and would be likely to result in an additional revenue requirement of £3 million over a five year period.
- 2.6 Further discussions have taken place between Council Officers and Cordis Bright and these have concluded that reopening the home in its present form is not economically viable. There are other potential options for the site. The most practical of which would be for South Cambridgeshire District Council to facilitate the development of an extra care sheltered housing scheme, designed to meet the needs of older people and incorporating specialist support for people with dementia.
- 2.7 Such a development would be in keeping with the strategic aims of both the County Council and South Cambridgeshire District Council (SCDC) and initial indications are that SCDC are interested in pursuing this option. The County Council has also received a view from the Homes and Community Agency that they are keen to provide capital funding to support such an initiative. There are no capital requirements for the County Council in pursuing this option, and there will be no additional revenue requirements.
- 2.8 Members are asked to comment on the content of the report and recommendations. Specifically, to support the work with South Cambridgeshire District Council to take forward the proposal to develop an extra care sheltered housing scheme with specialist support for people with dementia.

### **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

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

- 3.1.1 The proposed development would provide significant local employment opportunities for Melbourn and the surrounding area. It would also provide a cost effective alternative to residential care for local residents.

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

- 3.2.1 There is a strong evidence base that suggests extra care sheltered housing improves health and wellbeing outcomes and helps to maintain independence in older age.

#### **3.3 Supporting and protecting vulnerable people**

- 3.3.1 Extra care sheltered housing provides for the availability of 24/7 care to support independent living for some of the most vulnerable members of society.

## **4.0 SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

- 4.1.1 Extra care sheltered housing provides a range of services including accommodation that support people to be independent for longer, reducing the need for costly care home provision.

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

- 4.2.1 There are no significant implications within this category.

### **4.3 Equality and Diversity Implications**

- 4.3.1 The proposal increases the availability and types of service available for older people with long term conditions including dementia.

### **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 The County Council and District Council division Members have been actively involved with this issue. It is anticipated that this will continue as plans develop. It will also be important to involve local residents.

### **4.6 Public Health Implications**

- 4.6.1 There is a strong evidence base that suggests extra care sheltered housing improves health and well-being outcomes for older people.

<b>Source Documents</b>	<b>Location</b>
Review of potential purchase of a Care Home Cordis Bright, July 2015	richard.o'driscoll@ cambridgeshire.gov.uk

**ADULTS AUTISM STRATEGY**

*To:* **Adults Committee**

*Meeting Date:* **3 November 2015**

*From:* **Adrian Loades, Executive Director: Children, Families and Adults Services**

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

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

*Purpose:* **To seek approval of the Cambridgeshire Adult Autism Strategy**

*Recommendation:* **The Committee is asked to approve the Cambridgeshire Adult Autism Strategy**

<b><i>Officer contact:</i></b>	
Name:	Claire Bruin
Post:	Service Director: Adult Social Care
Email:	Claire.Bruin@cambridgeshire.gov.uk
Tel:	01223 715665

## **1.0 BACKGROUND**

- 1.1 Autism, Autistic Spectrum Disorder (ASD) or Autistic Spectrum Condition (ASC) are general terms used to describe a group of complex disorders of brain development. Autism affects, in varying degrees, how a person communicates verbally and non-verbally, and relates to other people. It also affects how people with the condition make sense of the world around them. Some people with autism are able to live independent lives and excel but others may have accompanying learning disabilities, mental health and physical health conditions and need long term specialist support.
- 1.2 Cambridgeshire's strategy for improving the lives of people with autism has traditionally formed part of the Learning Disability commissioning strategy. However as autism affects a range of people with different needs and in line with national guidance, work has been completed to create a single strategy that addresses the circumstances of people with autism as a distinct group.
- 1.3 The Adult Autism Strategy has been co-produced with people on the autistic spectrum, family carers and other relevant stakeholders. It includes an action plan that builds on a previous action plan designed to implement 'Leading Fulfilling and Rewarding Lives' (2010), the government's plan to put the requirements of the Autism Act into effect. It also addresses new national requirements arising from the publication of 'Think Autism' (2014) and the new 'Adult Autism Strategy: Statutory Guidance' issued in March 2015. As this work is an ongoing process some of the actions have been completed and these are indicated in the action plan itself

## **2.0 MAIN ISSUES**

- 2.1 It is estimated that there will be about 6,500 people with autism in Cambridgeshire by 2016 and about 4,500 of these will be of working age. Over half will in addition have learning disabilities, physical disabilities or mental health problems. People with autism are more likely than the general population to be socially excluded, be unemployed; have poor physical health and experience poor housing conditions
- 2.2 Central government have brought forward a range of legislation and policy initiatives in order to improve the lives of people with autism. These include:
  - The Autism Act (2009)
  - Fulfilling and rewarding lives - the national strategy for autism (2010). Statutory guidance for implementing the national strategy (DOH Best Practice Guidance, Gateway 15204, 2010)
  - In June 2012 the National Institute of Health and Clinical Excellence (NICE) produced clinical guidelines on the recognition, referral, diagnosis and management of people with autism. A key purpose of these guidelines was to provide evidence based recommendations to support the further implementation of the national autism strategy.
  - Think Autism (2014) – the governments update of Fulfilling and Rewarding Lives
  - Adult Autism Strategy: Statutory Guidance (2015)
- 2.3 Cambridgeshire has responded positively to these initiatives in the following ways:
  - Autism awareness training is available for staff working in health and social care and this is being more widely offered to libraries and other community services. The specific needs of people with autism are featured as part of local Care Management training and there is specialist autism training that is

relevant for those working in Learning Disability Services.

- There is a diagnostic pathway and a local diagnostic service for adults. There is also a social care and support pathway
- Two part time Autism Support Managers based at the Chitra Sethia Centre for Autism provide a link from diagnosis to support, care and assessment. They support people with a range of needs and aim to prevent or delay the development of care and support needs.
- The Adult and Autism Team (AAT) provides social care assessments for people with autism who do not have a diagnosed learning disability or mental health condition.
- An Autism Consortium is in operation that is fully inclusive and includes people with autism and family carers and other partners such as health, the police, Job Centre Plus and third sector providers. This is a positive forum with good engagement from all stakeholders. A 'Speak Up Spectrum' has been established so that people with autism and family carers are involved in co-production.

**2.4** However, in order to fully comply with the most recent statutory guidance and to further improve the lives of people with autism, additional actions need to be undertaken and these are detailed below:

- Specialist training to be provided for frontline staff, including staff carrying out social care assessments.
- Implementation of Childrens and Families Act requirements for children with special educational needs and disability (SEND).
- Implementation of Care Act responsibilities in terms of assessment of needs for children and young people under 18 years of age.
- Additional preventative services in line with the Care Act responsibilities and Transforming Lives.
- Provision of clear advice and information that is accessible to people with autism and their carers in line with the Care Act.
- Advocacy services to be available to support involvement in needs assessments in line with the Care Act.
- Ensuring that employment is promoted as a positive outcome for children and young people with autism who have Education Health and Care (EHC) plans.
- Assess the care and support needs of adults with autism who are in prison and ensure that eligible needs are met.

### **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 The report above sets out the implications for this priority in paragraphs 2.3 and 2.4 above.

#### **3.3 Supporting and protecting vulnerable people**

3.3.1 The report above sets out the implications for this priority in paragraphs 2.1, 2.3 and 2.4 above.

### **4.0 SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

4.1.1 The action plan will be delivered within current resource levels.

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

4.2.1 The report above sets out the implications for this category in paragraphs 2.2, 2.3 and 2.4 above.

#### **4.3 Equality and Diversity Implications**

4.3.1 The aim of the strategy is to improve the lives of people on the autistic spectrum. The Community Impact Assessment outlines the impact of the strategy on a range of groups with protected characteristics.

#### **4.4 Engagement and Consultation Implications**

4.4.1 The report above sets out the implications for this category in paragraph 1.3 above

#### **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 There are no significant implications within this category.

### **SOURCE DOCUMENTS GUIDANCE**

<b>Source Documents</b>	<b>Location</b>
Autism Strategy and Action Plan 2015/16-2018/19	Copies are available in Members' Group Rooms
Community Impact Assessment	Copies are available in Members' Group Rooms

## **Cambridgeshire Autism Strategy and Action Plan 2015/16 to 2018/19.**

### **1. Introduction**

1.1. Autism is a lifelong developmental disability, sometimes referred to as Autistic Spectrum Disorder (ASD) or Autistic Spectrum Condition (ASC). It affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. It is a spectrum condition, which means that, while all people with autism share certain difficulties, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. People with autism may also experience over-or under-sensitivity to sounds, touch, tastes, smells, light or colours. Asperger Syndrome is a form of autism. People with Asperger syndrome are often of average or above average intelligence. They have fewer problems with speech but may still have difficulties with understanding and processing language. In this document we refer to this diverse group as 'people with autism'.

1.2. Cambridgeshire's strategy for improving the lives of people with autism has traditionally formed part of the Learning Disability commissioning strategy. However as autism affects a range of people with different needs it has been decided to create a single strategy that addresses the circumstances of people with autism as a distinct group.

1.3. This strategy includes an action plan that builds on a previous action plan designed to implement 'Leading Fulfilling and Rewarding Lives' (2010), the government's plan to put the requirements of the Autism Act into effect. It also addresses new requirements arising from the publication of 'Think Autism' (2014) and new 'Adult Autism Strategy: Statutory Guidance' issued in March 2015. This action plan is detailed in section 4 below and shows how these plans and guidance will be implemented in Cambridgeshire.

### **2. Where are we now**

2.1. It is estimated that about 1% of the population nationally are on the autistic spectrum, the majority being male, although there may be under-reporting of females with autism. In Cambridgeshire this amounted to about 6,300 people in 2012 and is

estimated to increase to over 6,500 people in 2016. (Cambridgeshire Insight at: <http://www.cambridgeshireinsight.org.uk/population-and-demographics/population-forecasts> ) This included 4160 people of working age in 2012 and 4552 in 2016. People with autism often have no obvious disability and some individuals may not wish to have their condition recognised. Diagnostic services are not readily available to all ages and these factors may result in relatively few people being diagnosed compared with the numbers who have the condition. In Cambridgeshire in 2014 there were 72 people who were diagnosed with an autistic spectrum condition and 52 on the waiting list for an appointment.

2.2. The NAS estimates that only 15% of adults with autism in the UK are in full-time paid employment (NAS 'Autism and Asperger's Facts and Figures 2014' at: <http://www.autism.org.uk/about-autism/myths-facts-and-statistics/some-facts-and-statistics.aspx> .) Applied to the 4160 people of working age with autism in Cambridgeshire in 2012 this means that over 3500 (85%) people of working age with autism are not in full time employment.

2.3. It has been estimated by NAS that between 25% and 33% of people with learning disabilities are also on the autistic spectrum. Cambridgeshire's Joint Strategic Needs Assessment (2013) <http://www.cambridgeshirejsna.org.uk/physical-disabilities-and-learning-disabilities-through-life-course-2013> estimated that in 2012 there were about 11,000 adults in Cambridgeshire with some kind of learning disability, ranging from moderate to severe. Therefore there are likely to be between 2730 and 3630 people in the county with a learning disability who are also on the autistic spectrum. This group are more likely than their non-disabled peers to:

- be socially excluded;
- have poorer physical and mental health;
- have difficulties in accessing healthcare;
- be at risk from abuse;
- be discriminated against;
- need support to access housing, health, employment and independent living;
- be at greater risk of ending up in prison.

2.4. Learning disability of any kind is more common in poorer households and mild learning disability is also more common in poorer communities. There are proportionally more people with learning disabilities in Fenland compared to other districts. As



the population with learning disabilities as a whole is predicted to increase in Cambridgeshire in the coming years, there will be a proportionately higher increase in the numbers in Fenland and this will include those with complex needs and multiple disabilities.

2.5. The mental health needs of adults with autism, personality disorder and dual diagnosis are complex. People with these conditions often experience more than one disorder or disease (both mental and physical), behaviour difficulties, social exclusion and unemployment. Some may have contact with the criminal justice system, as either victims of crime or offenders. Some may also have been excluded from accessing health or social care services because of their diagnosis. There are often significant implications for family and carers.

2.6. Adults with mental illness have a substantially reduced life expectancy due to both mental and physical ill health with a significant proportion of excess deaths being associated with physical conditions. There is often inequality of access to health services for physical illness for people who use mental health services. People with mental illness need equal access in order to improve their physical health problems and reduce their risk factors. This would result in improvements to both their physical and mental health.

2.7. For adults with autism, a high-quality diagnostic service is available from Cambridgeshire and Peterborough Foundation Trust (CPFT). However, services to support adults with autism and their carers in the community are sometimes fragmented and difficult to access.

2.8. Adults with personality disorder, dual diagnosis and autism sometimes experience mental health crises and need help quickly to stop them harming themselves or others. The Crisis Care Concordat is aimed at making sure that people experiencing a mental health crisis receive an appropriate emergency mental health service. It reflects a new requirement for the NHS that “every community has plans to ensure no one in mental health crisis will be turned away from health services”. Effective local implementation of the Crisis Care Concordat is critical to ensuring that adults in mental health crisis are able to recover, and that admissions to hospital or to prison might be avoided. Action has been taken in developing the Crisis Concordat and this was signed by statutory agencies in Cambridgeshire in November 2014.

2.7. It was found in Cambridgeshire that people with autism who have a need for support can fall through the gap created by traditional learning disability and mental health boundaries of both health and social care. Therefore Cambridgeshire County

Council decided to create a Vulnerable Adults Team, renamed the Autism and Adult Support Team (AASST) in November 2014 and the Adults and Autism Team (AAT) in April 2015. This team has responsibility for undertaking statutory social care assessments for people on the Autistic Spectrum, where primary need is not Mental Health, Learning or Physical Disability. The team also arrange ongoing support for people who meet Adult Social Care eligibility criteria. The team has 0.5 Senior Care Manager and 1.75 Care managers and from 1<sup>st</sup> April 2015 will have a stand alone budget.

2.8. There is a need to ensure that team members have the skill and knowledge to undertake their work and ongoing training will remain a priority. Training has been identified and some of this has already taken place. Staffing levels will also need to be monitored to ensure that it is adequate to meet service needs. The team will work closely with Children's Services, the National Autistic Society and other partner agencies.

2.9. The team will be working with the Learning Disability Partnership Young Adults Team to incorporate the changes in line with Special Education Needs & Disabilities (SEND) reforms within the Children and Families Act and the Care Act (2014). Processes to prepare people for adulthood are being developed jointly across children's and adult health, education and social care services. AAT will fully involve young people with autism and their families in multi-agency planning for preparation for adulthood.

2.10. Recent years have brought new statutory guidance and guidelines for local authorities and NHS bodies, which are contained in the following documents;

- The Autism Act (2009)
- Fulfilling and rewarding lives - the national strategy for autism (2010). Statutory guidance for implementing the national strategy (DOH Best Practice Guidance, Gateway 15204, 2010)
- In June 2012 the National Institute of Health and Clinical Excellence (NICE) produced clinical guidelines on the recognition, referral, diagnosis and management of people with autism. A key purpose of these guidelines was to provide evidence based recommendations to support the further implementation of the national autism strategy.
- Think Autism (2014) – the governments update of Fulfilling and Rewarding Lives
- Adult Autism Strategy Statutory Guidance (2015)

2.8. Locally Cambridgeshire aims to help people to live independent lives in the community; protect the most vulnerable in our society and provide support to people when they need it most. In 2010 Cambridgeshire commissioned a project development worker to support people with autism and their families. Information was gathered on 41 people with autism aged between 14 and 50 years old. It was found that access to diagnosis; employment and support through transition to adulthood were the main areas where help was needed.

2.9. It is also the case that people with learning disabilities who have autism have traditionally been placed out of county, as it is generally this group of people and those with mental health difficulties who have very complex and specialist health and social care support needs which pose a challenge to existing services. Being placed out of county can mean they are living a long way from their families and support networks and may be more likely to receive inadequate support in the long term. In view of this the Learning Disability Partnership established an Out of County project team to settle people in community based facilities within Cambridgeshire and as a result the vast majority of people in 'Winterbourne' type hospital placements have now been brought back in county. In addition six students who were in an out of county residential establishment providing education and care have been successfully moved back into Cambridgeshire.

2.10. Following the publication of 'Fulfilling and Rewarding Lives' Cambridgeshire established a strategic autism consortium in 2011 which drew up an action plan to implement the government's strategy. This consortium has several active members who are on the autistic spectrum or who are family carers. As a result of the work of this group and others the outcomes listed in 3.1 below were achieved:

2.11. There is still much more work to be done – data from the support manager posts mentioned above shows that people still require support around social isolation, housing and employment. There is a need for more information about what outcomes are being achieved by the above measures. There are growing numbers of children who will progress into adulthood and increase the demand for services in this area.

2.12 However there are also opportunities in Cambridgeshire such as the introduction of Transforming Lives, which is a new model of social care which aims to help people progress to greater independence, choice and control within their local communities. Transforming Lives adopts a tiered approach to providing support to people, rather than a 'one size fits all' approach. The graphic below explains these different tiers:



2.13 This approach benefits people on the autistic spectrum. Many are not eligible for social care and could therefore access advice and support under Tier One. Again Tier Two would assist those who require immediate short term help with no presumption about long term support. The self directed, personal-budget based Tier Three support offers ongoing, more

personalised support which will benefit groups with a range of different needs, such as those on the autistic spectrum. Improved access to community services as described in the action plan below will assist people in Tier One

2.14 In addition to Transforming Lives, the Care Act (2014) places an obligation on Cambridgeshire to provide advice and information to a wider range of people in the county other than those who are eligible for social care. Both these initiatives should have a beneficial impact on people with autism in Cambridgeshire.

### **3. Where do we want to be**

3.1. In Cambridgeshire we are committed to implementing the government's 'Think Autism' strategy. This revised strategy contains 15 priorities that should be met locally. These 15 priorities fall into 3 broad areas;

- An equal part of my local community (priorities 1 to 6)
- The right support at the right time during my lifetime (7 to 13)
- Developing my skills and independence and working to the best of my ability (14 and 15)

A web link to the revised strategy can be found at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/299866/Autism\\_Strategy.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf)

Cambridgeshire also aims to comply fully with the statutory guidance issued in March 2015 and which can be found at:

<https://www.gov.uk/government/publications/adult-autism-strategy-statutory-guidance>

Cambridgeshire already complies with much of the statutory guidance in the following respects:

1. Autism awareness training is available for staff working in health and social care and there is a strategy in place to deliver this. The specific needs of people with autism are featured as part of local Care Management training and there is specialist autism training that is relevant for those working in Learning Disability Services.

2. There is a diagnostic pathway for adults and a local diagnostic service
3. A social care and support pathway has been established in addition to a children's pathway
4. Two part time Autism Support Managers based at the Chitra Sethia Centre for Autism provide a link from diagnosis to support, care and assessment. They support people with a range of needs and aim to prevent or delay the development of care and support needs.
5. The Adult and Autism Team (AAT) provides social care assessments for people with autism who do not have a diagnosed learning disability or mental health condition
6. Local health and social care data systems have a field to indicate whether a diagnosis of autism has been established for people with autism only and people with autism and a learning disability.
7. A meaningful Autism Consortium is in operation that includes people with autism and family carers and other partners such as health, the police, Job Centre Plus and third sector providers
8. A 'Speak Up Spectrum' has been established so that people with autism and family carers can be more involved in co-production
9. There is a named autism lead in Cambridgeshire County Council
10. There is senior level sign off for the autism self assessment process
11. The Joint Strategic Needs Assessment includes autism
12. There is an established Safeguarding Board for adults
13. The numbers and length of stay in hospital placements have been reduced in line with the Winterbourne Concordat
14. The Learning Disability Partnership has developed a combined residential, educational and care resource in Cambridgeshire for younger people with learning disabilities who are also likely to be on the autistic spectrum. This has resulted in seven people returning to the county to complete their education and means people are less likely to go out of county in the future
15. A county wide advocacy service is available and accessible to people with autism
16. Employment is a key focus of the Speak Up Spectrum and 'Think Autism' funding is aimed at improving employment opportunities.

However further work is needed in the following areas:

1. Specialist training to be provided for frontline staff, including staff carrying out social care assessments
2. Clearer links between the pathways for diagnosis, care and support and children's services

3. Implementation of Childrens and Families Act requirements for children with special educational needs and disability (SEND)
4. Implementation of Care Act responsibilities in terms of assessment of needs for children and young people under 18 years of age
5. Greater integration and co-operation between social care, health, housing and other relevant partners in line with the Care Act
6. Collection of more data on autism locally including children, older people and minority ethnic groups
7. Using a variety of methods to obtain feedback from people with autism and family carers about their experiences
8. Consideration of additional preventative services in line with the Care Act responsibilities and Transforming Lives
9. Provision of clear advice and information that is accessible to people with autism and their carers in line with the Care Act
10. Ensuring that the Cambridgeshire Safeguarding Board complies with requirements under the Care Act
11. Comply fully with the Equality Act 2010 in relation to people with autism
12. Further reduction in the numbers of people placed in hospitals and ensure that the least restrictive care options are being used
13. Advocacy services to be available to support involvement in needs assessments in line with the Care Act
14. Ensuring that staff exercising functions under the MCA have regard to the Mental Capacity Act 2005; Code of Practice 2007, and in particular, how it relates to people with autism
15. Ensuring that employment is promoted as a positive outcome for the majority of children and young people with autism who have Education Health and Care (EHC) plans
16. Improve the employment prospects of adults with autism
17. Assess the care and support needs of adults who are in prison and ensure that eligible needs are met

#### **4. How will we get there**

The Action Plan below shows how we will implement 'Think Autism' and comply with statutory guidance in Cambridgeshire. It links each action to the overarching objectives of 'Think Autism'.

**Table 1. Action Plan to implement 'Think Autism' and the Adult Autism Strategy: Statutory Guidance in Cambridgeshire**

No	Overarching Objective Linked to Think Autism	Lead Organisation or role	Actions	Outcomes	Timeline	Progress and RAG Status
1	<p><b>An equal part of my local community</b></p> <p>I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.</p>	<p>a) NAS* (Bev Price and CCC Lee McManus)</p> <p>b) VoiceAbility (James Sheard)</p> <p>c) Red2Green</p>	<p>a) Encourage local businesses and organisations to sign up to the DH pledge.</p> <p>b) VoiceAbility have produced a publication for people with Autism who are entering hospital. This is now available at Addenbrookes and should be made available at other hospitals in the county. Make the publication available at Front facing services at District Councils ie Leisure services and Housing Associations</p> <p>c) Aspirations social skills programme brings together students from local</p>	<p>a) Local businesses and organisations sign the pledge</p> <p>b)VoiceAbilty publication available in hospitals</p> <p>c) Raised awareness</p>	<p>a) Feb 2016</p> <p>b) Feb 2016</p> <p>c) July 2015</p>	<p>a) Autism Alliance have been given funds to work on this. AMBER</p> <p>b) Work ongoing with Hinchbrook. AMBER</p> <p>c)War dvd project competed.</p>



			schools, local residents and people with autism to remember the 2 <sup>nd</sup> World War. Visits to Imperial War Museum Duxford and Bletchley Park planned	and acceptance of autism		Residents and students have been working together to raise awareness. Commemoration day in June. COMPLETED
		d) NAS (Bev Price) and CCC (Lee McManus)	d) Check to see we are involving people in co-production in line with the NAS guide and produce recommendations to remedy any shortfall	d) Involvement in line with NAS guide	d) Feb 2016	d) Capital Grant process decided on co-productive model. Ongoing and good progress so far LMCM to check we are in line with NAS guide. AMBER
		e) VoiceAbility	e) Ensure advocacy services are accessible to people with autism, including older people, in line with Care Act obligations.	e) Advocacy services accessible in line with Care Act	e) December 2016	e) Advocacy services currently accessible to people with autism. Project Board to make Care Act ready - AMBER

	I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.	f) CCC (Lee McManus)	f) Involve people with autism and family carers in the autism self assessment process 2015. Move towards a co-productive model at the Autism Consortium and Speak Up Spectrum	f) More emphasis on co-production	f) As required	f) Involvement of Speak Up Spectrum in the self assessment process AMBER
	I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.	g) NAS Cambridge (Joseph Simon and Bev Price). Autism Anglia (Amy McKenna)	g) Continue to explore opportunities for social interaction and group support amongst people with autism, including drop ins and social events	g) More opportunities for social interaction	g) Ongoing	g) Cambridge social event well established. Speak Up Spectrum includes socialising AMBER
		h) Red2Green	h) Continue social skills programme designed to work together, including cooking, social events, trips for meals, clients visiting Estonia and Spain as part of EU funded project	h) Enhanced social skills	h) Ongoing	h) Visits completed AMBER
	I want the	i) CCC and others	i) Ensure accurate, accessible and up to date information is provided about	i) Accessible information	i) Mar 2016	i) Some information

	everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism.	j) CCC and others	services for people on the spectrum in line with Care Act  j) Raise awareness amongst staff coming into contact with people on the spectrum. Provide specialist training for social workers and care managers who carry out needs assessments under the Care Act 2014 in line with statutory guidance (2015). Ensure that staff exercising MCA functions have regard to the MCA Act 2005 and Code of Practice 2007	available for people with autism  j) Awareness training provided. Front line staff have received specialist training	j) July 2016	available but there are gaps AMBER  j) Multi agency training plan and general awareness training in place. Specialist training scheduled for 2015-16 AMBER
		k) CCC and others	k) Ensure Equality Impact Assessments (EIA's) take into account the needs of people on the spectrum.	k) Relevant EIA's are co-produced with people with autism and family carers	k) As necessary	k)ongoing AMBER
		l) CCC and others	l) Ensure Transforming Lives benefits people with autism	l) Good practices established such as signposting	l) April 2016	l) Tier 1 support being provided in LDP pilot and by NAS support managers. TL to be rolled out 2015-16 AMBER

	I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.	m) Police and Crime Commissioner	m) Ensure enhanced services in Cambridgeshire take into account the needs of people on the spectrum.	m) People with autism experience enhanced services	m) Ongoing	m) LMcM to invite representative to group. AMBER
		n) CCC and others	n) Establish Adults Safeguarding Board in line with the Care Act 2015.	n) Safeguarding Board established.	n) July 2015	n) Statutory Safeguarding Board established COMPLETED.
		o) CCC and others	o) Ask train operators whether their Disabled Persons' Protection Policy includes providing disability awareness training to all passenger facing staff and managers. Ask local bus operators whether drivers have undertaken disability awareness training.	o) Train operators and bus drivers have received disability awareness training	o) Mar 2016	o) LMcM to ask local transport operators AMBER
	I want to be seen as me and for my gender, sexual orientation and race to be taken into account.	p) CCC Lee to ask at March meeting	p) A member of the Autism Consortium to ask to join the Hate Crime Group	p) Autism Consortium represented	p) July 2015	p) VoiceAbility already represented COMPLETED
		q) CCC and others	q) Include gender, sexual orientation and race issues in autism	q) Equalities issues part of	q) Ongoing	q) Single Equality Strategy in place.

			awareness training.	training		Equalities issues are raised in general awareness training AMBER
<b>2</b>	<b>The right support at the right time during my lifetime</b>					
	<p>I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.</p> <p>I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about</p>	<p>a) CCC (Lee McManus, Mimi Vidot-Blanc and Teresa Grady) CPFT (Mark Hall)</p> <p>b) CCC (Lee McManus and Public Health Cambs) NAS Cambridge , Red2Green and other providers</p>	<p>a) Strengthen links between the diagnostic; care and support and childrens pathways and align with access to a needs assessment or carer's assessment for adults. Ensure pathways are updated</p> <p>b) Ensure JSNA's for disabilities and mental health continue to include autism and collect data on the needs of people on the spectrum and include older people, people from BAME communities and children. Providers of services to produce updates. 'Champion' for autism on Health and Well Being Board</p>	<p>a) Clear links between pathways</p> <p>b) JSNA reflects needs of people with autism including family carers</p>	<p>a) Mar 2016</p> <p>b) As necessary</p>	<p>a) CLASS clinic pathway updated June 2015 Need to link different pathways LMCM and TG AMBER</p> <p>b) JSNA 2013 includes data on adults and children but not on other groups. Include in next JSNA - LMCM AMBER</p>

local needs, is available for people with autism.						
I want staff in health and social care services to understand that I have autism and how this affects me.	c) CCC (Martine Gryzbek)	c) Ensure a multi-layered approach to training is established ranging from general awareness-raising to more specific training for those undertaking needs assessments	c)Multi layered training strategy in place	c) July 2016	c) Multi agency training plan in place. More specific training to be provided 2015-16 AMBER	
I want to know that my family can get help and support when they need it.	d) CCC social care,	d) Enable access to needs assessments and support for family carers and young family carers in line with the Care Act	d) Carers assessments introduced in line with Care Act	d) April 2015	d) Carers assessments provided by Carers Trust where cared-for is not eligible for social care COMPLETED	
I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition	e) CCC children's services	e) Assess the needs of young people and child carers before they (or the person they care for) turn 18 in order to help them prepare for adulthood.	e) Assessments carried out in line with requirements of Children and Families Act	e) Ongoing	e) Young Adults team to work with people from 16 or 18 years to prepare for adulthood AMBER	
	f) CCC children's services	f) Implement a single Education, Health and Care (EHC) plan for 0-25 year olds on the autistic	f) EHC's implemented in line with	f) Ongoing	f) Preparation for EHC's in hand AMBER	

	from school, getting older or when a person close to me dies.	and young adults team	spectrum.	requirements of Children and Families Act		
	I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.	g) LDP Area Teams	g) Minimise the use of inpatient care for people with complex and challenging needs; use the least restrictive care settings; regularly review the needs of those in such care placements and commission local community based housing and support services for them when they are ready to move back into the community in line with the Winterbourne Concordat	g) Winterbourne Concordat requirements implemented	g) Ongoing	g) Reduction from 16 to 5 patients up to August 2015. Reviews taking place and local inpatients services reviewed GREEN
	If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.	h) Cambridgeshire police, Courts and Prisons	h) Carry out autism awareness training for front line staff.	h) People with autism have a better experience of the criminal justice system	h) Mar 2016	h) Police officers and custody staff receive training. Probation to raise awareness through the NPS Equalities Action Plan 2015/16. Improve screening at by

		i) CCC	i) Assess and meet the social care needs of prisoners in line with the Care Act	i) Social care needs are met	i) April 2016	health professionals through the Liaison and Diversion in the Magistrates Court AMBER  i) Project set up to identify needs of prisoners in the county. Those in secure hospitals to be found community placements in line with Winterbourne Concordat. AMBER
<b>3</b>	<b>Developing my skills and independence and working to the best of my ability</b>					
	I want the same opportunities as everyone else to enhance my skills, to be empowered by	a) CCC, LDP and CPFT	a) Ensure direct payments and personal budgets are available as part of the care and support plan for people on the spectrum and that support is available for people to use them	a) People with autism have more choice and control	a) Ongoing	a) Direct Payment and Personal Budget available to those eligible and support available GREEN



	services and to be as independent as possible.	b) CCC and others	b) Consider applying for funds to enhance employment opportunities.	b) Funding Awarded	b) Ongoing	b) Red2Green granted funds for job search short film. Think Autism funding used for employment GREEN
	I want support to get a job and support from my employer to help me keep it.	c) Red2Green	c) Continue to provide social skills programmes that include independent living skills, money management etc	c) Social skills enhanced	c) Ongoing	c) Programmes in operation GREEN
		d) CCC and job Centre Plus	d) Ensure representation from local Jobcentre Plus as well as employers on the local Autism Consortium.	d) Input from Job Centre Plus and employers into work of consortium	d) Feb 2016	d) Autism Alliance will be supplying training to Job Centre staff to create champions AMBER
		e) CCC and others	e) Ensure that plans for preparing for adulthood for young people with autism include employment as a key outcome, as appropriate employment is part of the new SEN local offer requirement.	e) SEN plans include employment	e) Ongoing	e) Younger adults team established AMBER
		f) NAS and		f) Local	f) September	f) Event held

	VoiceAbility	f) Organise an event for local employers to highlight the benefits of employing people with autism	employers informed of benefits of employing people with autism	2014	September 2014 COMPLETED
	g) CCG	g) Fund a new post to support people with autism into employment	g) Support person in post	g) April 2016	f) Funding Agreed AMBER

\*Guide to Abbreviations

Abbreviation	Full Name
AAT	Adult and Autism Support Team
ASD	Autistic Spectrum Disorder
BAME	Black Asian and Minority Ethnic
CCC	Cambridgeshire County Council
CCG	Cambridgeshire and Peterborough Clinical Commissioning Group
CCS	Cambridgeshire Community Services
City Council	Cambridge City Council
CLASS	Cambridge Lifespan Asperger Syndrome Service
CPFT	Cambridgeshire and Peterborough Foundation Trust
CRHB	Cambridgeshire Sub Regional Housing Board
DC's	District Councils
FACS	Fair Access to Care
LDP	Learning Disability Partnership
MCA	Mental Capacity Act
NAS	National Autistic Society
SDS	Self Directed Support

SEND	Special Educational Needs and Disability
TL	Transforming Lives



## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Children's Families and Adults		Name: Lee McManus
Service / Document / Function being assessed		Job Title: Service Development Manager
Cambridgeshire Adult Autism Strategy		Contact details: Lee.mcmanus@cambridgeshire.gov.uk
<b>Business Plan Proposal Number (if relevant)</b>		
Aims and Objectives of Service / Document / Function		
The strategy and action plan recommend changes which will Improve the lives of people on the autistic spectrum and comply with government statutory guidance		
What is changing?		
The strategy recommends a series of actions which will enable people on the autistic spectrum to receive improved post diagnostic help; better access to services and improved opportunities for employment. The actions also ensure that Cambridgeshire County Council complies with legislative requirements and statutory guidance under the Autism Act 2009.		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
Council Officers, people with autism and family carers and other statutory and non-statutory stakeholders		

## 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		√	
Disability	√		
Gender reassignment		√	
Marriage and civil partnership		√	
Pregnancy and maternity		√	
Race		√	

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

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

Autism is a disability and as the action plan and strategy are designed to improve the lives of people with a disability there will be a positive impact

### Negative Impact

### Neutral Impact

The action plan and strategy will have a largely neutral effect on the other protected characteristics

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

## Community Cohesion

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

The action plan and strategy when implemented will help improve community cohesion by increasing awareness of autism and allowing people on the spectrum greater access to services and support

**FINANCE AND PERFORMANCE REPORT – SEPTEMBER 2015**

**To:** Adults Committee

**Meeting Date:** 3 November 2015

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

**Electoral division(s):** All

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

**Purpose:** To provide the Committee with the September 2015 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 September 2015.

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

<b>Officer contact:</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 Annex C.
- 1.4 A guide to Finance & Performance Report, explaining the columns of the finance table, is attached at Annex A ("A Guide to the FPR Finance Tables").

## **2.0 MAIN ISSUES IN THE SEPTEMBER CFA FINANCE & PERFORMANCE REPORT**

- 2.1 The September 2015 Finance and Performance report is attached at Annex D. The previous report presented to Committee (the July Finance & Performance Report) identified a forecast overspend at year end of £3,056k across CFA. At the end of September, CFA forecast an overspend of £1,377k.
- 2.2 Between August and September, the main revenue changes were as follows:
- The Learning Disability Services forecast overspend has decreased by £429k;
  - The forecast underspend on Carers support has increased by £230k;
  - Older People's Services is reporting new underspends, totalling £656k, principally the result of permanent efficiencies achieved on housing-related support contracts and in the overheads related to Reablement and Occupational Therapy Services.
- 2.2.1 These favourable changes follow efforts to identify further underspends to offset pressures within CFA in 2015/16 as well as to confirm permanent reductions through the Business Planning process for future years.
- 2.3 **Performance**  
There are sixteen CFA service performance indicators and five are shown as green, six as amber and five are red.
- Of the seven Adults Performance Indicators, three are currently red: the average number of all bed-day delays, the average number of Adult Social Care attributable bed-day delays and the proportion of adults with learning disability in paid employment.
- 2.4 **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 PRESENTATION OF INFORMATION**

#### **3.1 Further to requests from Members of the Committee at the last meeting:**

- The summary table at paragraph 1.2 of the Finance & Performance Report has been relabelled to clarify that the first line of indicators relate to performance measures, and the second line relates to the status of the projects and programmes within the CFA Portfolio.
- The key activity data presented at section 2.5 of the report has been re-checked for casting errors. The tables for Adults services should be read with the notes preceding 2.5.3 and following 2.5.6 in mind. The scope of activity and budget included within the tables has continued to increase and so month-month comparisons are not yet possible. The key activity data is intended as a snapshot and indication of activity and spending levels rather than the complete and definitive account of the financial position and forecast, which is provided in Appendix 1 of the report.
- Updated delayed transfers of care information is included for Cambridgeshire & Peterborough NHS Foundation Trust in Annex B.

### **4.0 ALIGNMENT WITH CORPORATE PRIORITIES**

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

4.1.1 There are no significant implications for this priority.

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

4.2.1 There are no significant implications for this priority

#### **4.3 Supporting and protecting vulnerable people**

4.3.1 There are no significant implications for this priority

### **5.0 SIGNIFICANT IMPLICATIONS**

#### **5.1 Resource Implications**

5.1.1 This report sets out details of the overall financial position of the CFA Service.

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

5.2.1 There are no significant implications within this category.

#### **5.3 Equality and Diversity Implications**

5.3.1 There are no significant implications within this category.

#### **5.4 Engagement and Consultation Implications**

5.4.1 There are no significant implications within this category.

#### **5.5 Localism and Local Member Involvement**

5.5.1 There are no significant implications within this category.

## **5.6 Public Health Implications**

5.6.1 There are no significant implications within this category.

### **SOURCE DOCUMENTS GUIDANCE**

<b>Source Documents</b>	<b>Location</b>
None	

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.

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.

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.

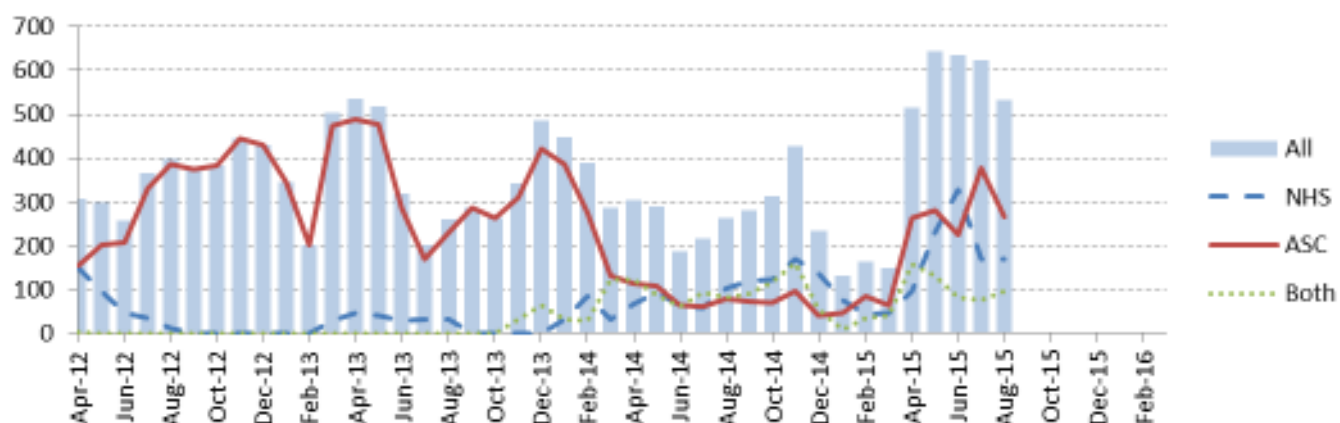
It is expressed in hundreds of thousands and as a percentage difference.

### 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		Forecast Variance Outturn (May) £'000	
					£'000	%		%
<b>Adult Social Care Directorate</b>								
0 1	Strategic Management – ASC	4,742	731	294	-437	-60%	-1,200	-25%
0	Procurement	577	103	298	195	189%	0	0%
0	ASC Strategy & Transformation	1,710	367	352	-15	-4%	0	0%
0	ASC Practice & Safeguarding	2,158	158	21	-138	-87%	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	30,991	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%

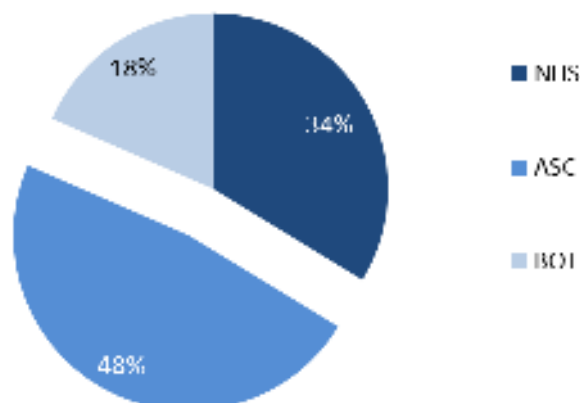
### 1.1. Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

#### Bed-day delay trend by attributor



Delays from CPFT have seen significant increases since April. This is due to the transfer of some services from Cambridgeshire Community Services (CCS) to CPFT from the 1<sup>st</sup> April increasing the number of cases coupled with the effects of organisational change. There were 624 bed day delays from CPFT in July 2015, 169 attributable to the NHS, 378 attributable to Social Care and 77 to both.

#### Proportion of bed-day delays by attributor (for selected year)



Year to date, 48% of bed-day delays from CPFT are attributable to Social Care and 34% to the NHS. This is the only organisation, in 2015/16 to date, where there are more delays attributable to Social Care and to both Social Care and the NHS than to the NHS alone.

There is not confidence in the data reported for CPFT. It is clear that there are not robust arrangements in place to validate delays in the Community Hospital and Mental health beds. This is resulting in a likely over statement of the ASC position. This has been picked up with CPFT and will be followed up by the Head of Service Development for Older People, who leads on hospital discharge work for the County Council.

## **Adults Committee Revenue Budgets**

### **Director of Adult's Social Care**

Strategic Management - ASC

Procurement

ASC Strategy and Transformation

ASC Practice & Safeguarding

Local Assistance Scheme

### 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

### **Director of Older People and Mental Health Services**

Director of Older People and Mental Health

City & South Locality

East Cambs Locality

Fenland Locality

Hunts Locality

Addenbrooke's Discharge Planning Team

Hinchingbrooke Discharge Planning Team

Reablement, Occupational Therapy & Assistive Technology

Integrated Community Equipment Service

### Mental Health

Head of Services

Adult Mental Health

Older People Mental Health

### **Director of Children's Enhanced and Preventative Services**

Safer Communities Partnership



From: Tom Kelly and Martin Wade  
 Tel.: 01223 703599, 01223 699733  
 Date: 8<sup>th</sup> October 2015

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

### **Finance and Performance Report – September 2015**

#### **1. SUMMARY**

##### **1.1 Finance**

<b>Previous Status</b>	<b>Category</b>	<b>Target</b>	<b>Current Status</b>	<b>Section Ref.</b>
<b>Red</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 – August 2015 Data (see sections 4 & 5)**

<b>Monthly Indicators</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>Total</b>
August Performance (No. of indicators)	5	6	5	16
August Portfolio (No. of indicators)	0	5	4	9

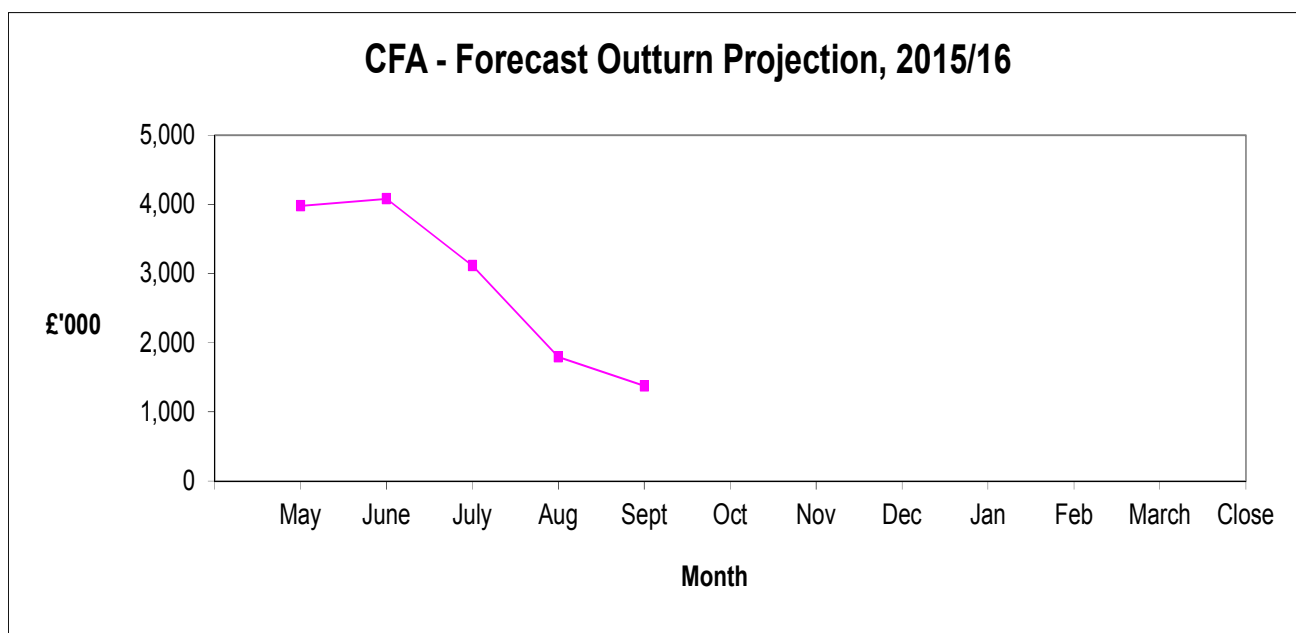
#### **2. INCOME AND EXPENDITURE**

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

<b>Forecast Variance - Outturn (Aug) £000</b>	<b>Directorate</b>	<b>Current Budget for 2015/16 £000</b>	<b>Current Variance £000</b>	<b>Current Variance %</b>	<b>Forecast Variance - Outturn (Sept) £000</b>	<b>Forecast Variance - Outturn (Sept) %</b>
-268	Adult Social Care	83,911	-853	-2.4%	-1,045	-1.2%
-1,803	Older People & Adult Mental Health	85,262	-712	-1.6%	-2,459	-2.9%
1,625	Children's Social Care	34,505	852	4.9%	1,725	5.0%
1,948	Strategy & Commissioning	42,060	720	3.6%	2,598	6.2%
-263	Children's Enhanced and Preventative	32,046	-315	-2.5%	-263	-0.8%
556	Learning	20,446	-1,723	-16.9%	1,021	5.0%
<b>1,795</b>	<b>Total Expenditure</b>	<b>298,231</b>	<b>-2,030</b>	<b>-1.5%</b>	<b>1,577</b>	<b>0.5%</b>
0	Grant Funding	-53,692	0	0.0%	-200	0.4%
<b>1,795</b>	<b>Total</b>	<b>244,539</b>	<b>-2,030</b>	<b>-1.8%</b>	<b>1,377</b>	<b>0.6%</b>

The service level finance & performance report for September 2015 can be found in [appendix 1](#).

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



## 2.2 Significant Issues

At the end of September 2015, CFA is forecasting a year end overspend of £1,377k. Significant issues are detailed below:

- i) In Adult Social Care, the forecast overspend on Learning Disability has decreased by £429k to £2,135k, largely as a result of improved commitment record accuracy, particularly in relation to block contract arrangements.
- ii) In Adult Social Care, the forecast underspend on Carers support has increased by £230k to £380k as a result of lower than expected allocations to individual Carers, following new arrangements from April 2015.
- iii) In Adult Social Care, significant underspends continue to be forecast on the Physical Disabilities, Care Act and Deprivation of Liberty Safeguard budgets.
- iv) In the Older People's & Mental Health directorate, favourable changes of £656k are reflected in the Director and Reablement policy lines. These reflect where efficiencies have been achieved on contracts pending future budget reductions, the one-off impact of revised management arrangements (reablement worker salary arrears) or new service provision (prisons social care).
- v) In the Children's Social Care directorate, a £1,725k overspend is forecast, an increase of £100k from last month mainly the result of workforce and agency spending levels exceeding budget



- vi) In the Strategy and Commissioning directorate, within LAC Placements there is a £1,500k forecast overspend, an increase of £400k from last month, resulting from a continued unprecedented growth in the LAC population which has exacerbated the pressure carried forward from 2014/15.
- vii) In the Strategy and Commissioning directorate, SEN Placements is forecast to overspend by £200k. This is due to increasingly complexity of needs and therefore a requirement for more specialist placements. This is fully funded by the DSG.
- viii) In the Learning Directorate, the forecast overspend has increased by £200k. This is a pressure on the Directorate's vacancy savings target. Vacancies in the Directorate are mostly arising in teams with income targets, and so the salary saving is being used to offset the income lost from not having a person in post.
- ix) In the Learning directorate, the Home to School Transport (Mainstream) forecast overspend has increased by £150k, due to the movement of a cross CFA transport savings target which was previously reported under Strategic Management – Learning.

### **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 September for **Looked After Children (LAC)** is shown below:

	BUDGET				ACTUAL (September)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Sep 15	Yearly Average	Projected Spend	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost
Residential - disability	2	£381k	52	3,663.30	3	2.52	£241k	2,152.13	0.52	-£140k	-1,511.17
Residential schools	8	£828k	52	1,990.93	11	9.96	£1,024k	1,970.34	1.96	£195k	-20.59
Residential homes	16	£2,342k	52	2,814.92	27	27.38	£3,964k	2,857.51	11.38	£1,622k	42.59
Independent Fostering	261	£9,813k	52	723.03	235	240.94	£9,675k	782.47	-20.06	-£138k	59.44
Supported Accommodation 16+	15	£1,170k	52	1,500.00	27	21.4	£1,184k	1,134.54	6.4	£14k	-365.46
Growth/Replacement	9	£203k	52	433.58	10	10.97	£205k	353.93	1.97	£2k	-79.65
Savings requirement	-	£k	-	-	-	-	£310k	-	-	£310k	-
	-	£k	-	-	-	-	-£366k	-	-	-£366k	-
<b>TOTAL</b>	<b>311</b>	<b>£14,737k</b>			<b>313</b>	<b>313.17</b>	<b>£16,237k</b>		<b>2.17</b>	<b>£1,500k</b>	
In-house fostering	140	£3,472k	55	185.55	122	144.02	£3,333k	180.06	4.02	-£139k	-5.50
Kinship	26	£733k	55	185.55	31	23.01	£650k	193.21	-2.99	-£83k	7.66
In-house residential	16	£1,588k	52	1,908.52	10	11.24	£1,588k	3,053.63	-4.76	£k	1,145.11
Concurrent Adoption	3	£50k	52	350.00	9	8.33	£151k	350.00	5.33	£101k	0.00
Growth/Replacement	-	£k	-	-	-	-	£120k	-	-	£120k	-
<b>TOTAL</b>	<b>185</b>	<b>£5,843k</b>			<b>172</b>	<b>186.6</b>	<b>£5,843k</b>		<b>1.6</b>	<b>£0k</b>	
Adoption	289	£2,442k	52	162.50	334	328.44	£2,967k	166.64	39.44	£525k	4.13
<b>TOTAL</b>	<b>289</b>	<b>£2,442k</b>			<b>334</b>	<b>328.44</b>	<b>£2,967k</b>		<b>39.44</b>	<b>£525k</b>	
<b>OVERALL TOTAL</b>	<b>785</b>	<b>£23,022k</b>			<b>819</b>	<b>828.21</b>	<b>£25,047k</b>		<b>43.21</b>	<b>£2,025k</b>	

Note: Adoption includes Special Guardianship and Residency Orders. Any unutilised growth/replacement in-house will be used to support growth externally.

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

BUDGET				ACTUAL (September)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements Sep 15	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
ASD	92	£5,753k	£62,536	99	99.65	£6,271k	£62,932	7	7.65	£518k	£396
BESD	35	£1,438k	£41,089	29	32.39	£1,265k	£39,045	-6	-2.61	£-173k	£-2,044
HI	4	£135k	£33,690	3	2.85	£69k	£24,267	-1	-1.15	£-66k	£-9,423
MLD	3	£99k	£33,048	3	2.69	£97k	£36,036	0	-0.31	£-2k	£2,988
MSI	1	£75k	£75,017	0	0.00	£0k	-	-1	-1.00	£-75k	£-75,017
PD	1	£16k	£16,172	2	2.00	£33k	£16,690	1	1.00	£17k	£518
PMLD	1	£41k	£41,399	0	0.34	£13k	£37,696	-1	-0.66	£-29k	£-3,703
SLCN	3	£141k	£47,128	3	3.01	£171k	£56,684	0	0.01	£29k	£9,556
SLD	2	£174k	£87,129	1	1.76	£129k	£73,313	-1	-0.24	£-45k	£-13,815
SPLD	10	£170k	£16,985	6	7.02	£113k	£16,089	-4	-2.98	£-57k	£-897
VI	2	£55k	£27,427	2	2.00	£55k	£27,477	0	0.00	£k	£49
Savings requirement	0	£0k	£0	-	-	£83k	-	-	-	£83k	-
<b>TOTAL</b>	<b>154</b>	<b>£8,099k</b>	<b>£52,590</b>	<b>148</b>	<b>153.71</b>	<b>£8,299k</b>	<b>£53,990</b>	<b>-6</b>	<b>-0.29</b>	<b>£200k</b>	<b>£1,400</b>

Note: the overall variance includes recoupment

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

## 2.5.3 Key activity data to the end of September for **Adult Social Care (ASC)** Services is shown below:

		BUDGET			ACTUAL (September)			VARIANCE
Service Type		Budgeted No. of Clients 2015/16	Budgeted Average Unit Cost (per week)	Annual Budget	Snapshot of No. of Clients at End of Sept 15	Current Average Unit Cost (per week)	Projected Spend	Net Variance to Budget
Physical Disability Services	Residential	40	£969	£2,015k	39	£1,071	£2,133k	£118k
	Nursing	23	£926	£1,107k	26	£833	£1,136k	£29k
	Community	835	£236	£10,788k	747	£274	£10,604k	-£184k
Physical Disability Services Total		898		£13,910k	812		£13,873k	-£37k
Income variance								-£223k
Further savings assumed within forecast								-£140k

Learning Disability Services	Residential	294	£1,253	£19,161k	300	£1,357	£21,220k	£2,059k
	Nursing	17	£1,437	£1,270k	18	£1,434	£1,345k	£75k
	Community	1,272	£543	£35,907k	1,234	£586	£37,681k	£1,774k
Learning Disability Service Total		1,583		£56,338k	1,552		£60,247k	£3,909k
Further savings assumed within forecast								-£300k

The Learning Disability Partnership is in the process of loading care packages for automatic payment and commitment recording through the Council's AFM system.

Until this has been fully completed, activity analysis is based on more restricted details about package volume (hours/nights) and length, than is available through AFM.

In the table above, the assumption has been made that packages that are currently open last 365 days, as a proxy for full year activity, rather than full reflection of closed and part-year packages

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

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

		BUDGET			ACTUAL (September)			VARIANCE
Service Type		<i>Budgeted No. of Clients 2015/16</i>	<i>Budgeted Average Unit Cost (per week)</i>	<i>Annual Budget</i>	<i>Snapshot of No. of Clients at End of Sept 15</i>	<i>Current Average Unit Cost (per week)</i>	<i>Projected Spend</i>	<i>Variance</i>
Adult Mental Health	Community based support	67	£76	£265k	97	£99	£565k	£300k
	Home & Community support	196	£87	£886k	187	£79	£767k	-£118k
	Nursing Placement	13	£682	£461k	16	£648	£510k	£49k
	Residential Placement	71	£732	£2,704k	70	£774	£2,596k	-£108k
	Supported Accommodation	137	£81	£579k	142	£86	£615k	£37k
<b>Adult Mental Health Total</b>		<b>484</b>		<b>£4,894k</b>	<b>512</b>		<b>£5,053k</b>	<b>£160k</b>
<b>Further savings assumed within forecast</b>								<b>-£321k</b>

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

OP Total	BUDGET			Projected to the end of the year			Variance From Budget
Service Type	<i>Expected No. of clients 2015/16</i>	<i>Budgeted Average Cost (per week)</i>	<i>Gross Annual Budget</i>	<i>Service Users</i>	<i>Current Average Cost (per week)</i>	<i>Gross Projected spend</i>	<i>Gross Projected spend</i>
Residential	531	£458	£12,641k	552	£433	£12,723k	£82k
Residential Dementia	320	£523	£8,707k	330	£501	£8,764k	£57k
Nursing	319	£609	£10,103k	326	£584	£10,053k	-£50k
Respite	289	£497	£861k	326	£501	£930k	£69k
Community based							
~ Direct payments	356	£209	£3,862k	296	£247	£4,025k	£163k
~ Day Care	326	£106	£1,793k	431	£130	£2,136k	£343k
~ Other Care			£5,478k			£6,026k	£548k
~ Homecare arranged	1,807	<i>per hour</i> £16.48	£18,587k	1,841	<i>per hour</i> £15.61	£17,935k	-£652k
<b>Total</b>	<b>3,948</b>		<b>£62,032k</b>	<b>4,102</b>		<b>£62,592k</b>	<b>£560k</b>
<b>Further Savings Assumed Within Forecast</b>							<b>-£560k</b>

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

OP Mental Health	BUDGET			Projected to the end of the year			Variance From Budget
<i>Service Type</i>	<i>Budgeted No. of clients 2014/15</i>	<i>Budgeted Average Cost (per week)</i>	<i>Gross Annual Budget</i>	<i>Service Users</i>	<i>Current Average Cost (per week)</i>	<i>Gross Projected spend</i>	<i>Gross Projected spend</i>
Residential	14	£456	£332k	37	£584	£373k	£41k
Residential Dementia	37	£530	£1,020k	25	£487	£1,147k	£127k
Nursing	36	£627	£1,173k	30	£745	£1,186k	£13k
Nursing Dementia	156	£682	£5,534k	159	£676	£5,594k	£60k
Respite	16	£400	£38k	8	£583	£38k	£0k
Community based:							
~ Direct payments	16	£272	£226k	19	£226	£225k	-£1k
~ Other Care			£53k			£43k	-£10k
		<i>per hour</i>			<i>per hour</i>		
~ Homecare arranged	92	£16.08	£615k	95	£14.75	£583k	-£32k
<b>Total</b>	<b>367</b>		<b>£8,991k</b>	<b>373</b>		<b>£9,189k</b>	<b>£198k</b>
Further Savings Assumed Within Forecast							-£198k

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

- Respite, Day Care and Other Care (including Extracare) have been added increasing the budget since the last report published to Committee.
- Respite care budget is based on clients receiving 6 weeks care per year instead of 52.
- Residential, Residential Dementia, Nursing and Nursing Dementia budgets have been increased due to funding for Deferred Property payments.
- Day Care OP Block places are also used by OPMH clients, therefore there is no day care activity in OPMH

Across Adults Services there are also budget revisions as a result of the transfer of function for the independent living fund.

We are continuing to develop this data to encompass an increasing proportion of the service's expenditure; this means comparisons are not currently possible with previous months.

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**

##### **2015/16 and Future Years Scheme Costs**

In September, there has been a £527k increase in the overall capital scheme costs. These changes relate to future years and have been addressed through the 2016/17 Business Plan. The schemes affected are;

- Fordham Primary: -£523k reduction in overall cost to provide an expansion to 2 forms of entry, in line with the revised milestone report received.
- Clay Farm, Cambridge: £900k increased due to slight delay in the start on site of the project (now anticipated in October 2016, not July 2016) and revised costs following more developed plans.
- Fourfields, Yaxley: -£150k reduction due to revised costs at Mile Stone 3.
- Huntingdon Primary: £150k increase due to revised build cost.

##### **2015/16 In Year Pressures/Slippage**

As at the end of September the capital programme forecast underspend is expected to be £3,923k. The favorable movement of £2,424k since last month relates to changes in the following schemes;

- Isle Primary, Ely: -£1,000k slippage due to delays in establishing site infrastructure.
- Burwell Primary School; -£900k slippage in 2015/16, following objection to the scheme there has been a delay in the start on site from September. Site works likely to begin December 2015.
- Strategic Investments; -£478k slippage due to revised phasing of Adult Social Care undertaken for 2016/17 business planning.
- Assistive Technology: £129k slippage due to increased investment technology costs during 2015/16.
- Enhanced Frontline: -£335k slippage due to revised phasing and prioritising of refurbishment work required.

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.

A new development for this year is inclusion of deprivation indicators. This will be developed over the coming year as relevant data is available. Information on % Y12 in Learning, % 16-19 NEET, Take up of Free 2 places, % young people with SEND who are EET, % Adults in contact with Secondary Mental Health Services (aged 18-64) in employment are available in this month's report; % Adults with a Learning Disability (aged 18-64) in employment is now included for the first time as promised last month.

In addition the following indicators will be included in future reports once current data is available:

- KS2 and GCSE FSM attainment gaps - will be included once 2016 results are received in the Autumn term.

Five indicators are currently showing as RED:

- **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 been adversely affected by a number of the county's largest secondary academies slipping from 'good' to 'requires improvement'. Only 15 out of 32 Secondary schools with Inspection results are judged as good or outstanding, covering 14,550 pupils. This is 44% of pupils against the target of 75%.

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

The number of Looked After Children has remained at 563 during August 15. The current target has been set with an upper limit equating to 500 LAC by April 2016. The savings required on the LAC placements budget are significant. Within the LAC Placements Strategy there are a number of workstreams established which will contribute to an overall reduction in LAC numbers as well as reducing the costs of placements in order to make these savings. These include looking at alternative methods of meeting children's needs e.g. the Alternative to Care Service, increasing the numbers of available in-house foster placements to reduce the use of Independent Fostering Agency placements

- **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 2,639 bed-day delays, which is 26% above the current BCF target ceiling of 2,088. In July there were 2,739 bed-day delays, down 22 from the previous month, 651 above the monthly target.

Between August '14 and July '15 there were 35,097 bed day delays across the whole of the Cambridgeshire system - representing a 31% increase against the preceding 12 months. This situation is well documented in the media with several of our local hospital trusts having to close their A & E departments due to insufficient capacity. Many of the patients are elderly who on average have longer lengths of stay in hospital, which in turn impacts on the hospitals ability to ensure sufficient throughput. Daily conference calls are held between CCC and the hospitals to identify patients who can be discharged safely and quickly.

Across this period NHS bed-day delays have increased by 57% from 15,998 (Aug 13 - Jul 2014) to 25,056 (Aug 14 - Jul 15), while bed-day delays attributed to Adult Social Care have decreased from 9,626 (Aug 13 - Jul 14) to 8,103 (Aug 14 - Jul 15) an improvement of 15%.

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

Between April - July '15 there were 1,701 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 110.3 delays per 100,000 of 18+ population. For the same period the national rate was 97.2 delays per 100,000. The numbers have increased due to a number of factors, one of which is the increased number of admissions within the Acute Trusts particularly for the over 85s who tend to require longer more complex care on discharge. In addition, there have been some challenges around the availability of domiciliary care provision particularly in hard to reach areas of the county. In addressing these issues, we are in regular contact with providers and are actively working with them to increase their staffing capacity.

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

Though performance is very low at the moment, employment information is collected at a client's annual review so numbers are expected to increase in the second half of the year when most reviews are planned. Work is underway to ensure that reviews take place and are recorded correctly.

## 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 below are areas that will be discussed by Members through the Democratic process and this update will provide further information on the portfolio.



## APPENDIX 1 – CFA Service Level Budgetary Control Report

Forecast Variance Outturn (Aug) £'000	Service	Current Budget for 2015/16 £'000	Expected to end of Sept £'000	Actual to end of Sept £'000	Current Variance		Forecast Variance Outturn (Sept)	
					£'000	%	£'000	%
Adult Social Care Directorate								
-2,093	1 Strategic Management – ASC	3,829	1,346	685	-660	-49%	-1,628	-43%
0	Procurement	563	308	321	13	4%	-14	-3%
-37	ASC Strategy & Transformation	2,297	835	734	-101	-12%	-37	-2%
-100	2 ASC Practice & Safeguarding	2,143	562	307	-256	-45%	-675	-31%
0	Local Assistance Scheme	386	363	420	57	16%	0	0%
Learning Disability Services								
-315	3 LD Head of Services	250	-2,775	-2,928	-154	6%	-743	-297%
75	3 LD Young Adults	640	435	456	21	5%	492	77%
1,711	3 City, South and East Localities	31,166	13,941	14,345	404	3%	1,395	4%
1,228	3 Hunts & Fenland Localities	21,617	9,101	9,685	583	6%	1,126	5%
-135	3 In House Provider Services	4,554	2,116	2,016	-101	-5%	-135	-3%
Physical Disability Services								
-130	4 PD Head of Services	965	462	471	9	2%	-72	-8%
-319	4 Physical Disabilities	12,269	6,892	6,724	-168	-2%	-394	-3%
0	Autism and Adult Support	607	303	165	-138	-46%	18	3%
-3	Sensory Services	504	252	222	-30	-12%	2	0%
-150	5 Carers Services	2,121	1,245	911	-334	-27%	-380	-18%
-268	Director of Adult Social Care Directorate Total	83,911	35,387	34,533	-853	-2%	-1,045	-1%
Older People & Adult Mental Health Directorate								
-963	6 Director of Older People & Adult Mental Health Services	8,517	7,084	6,690	-394	-6%	-1,360	-16%
-78	City & South Locality	18,610	9,158	9,224	66	1%	0	0%
0	East Cambs Locality	7,242	3,211	2,937	-274	-9%	-99	-1%
-0	Fenland Locality	8,141	4,035	3,964	-71	-2%	0	0%
81	Hunts Locality	12,469	6,110	6,218	108	2%	-1	0%
0	Addenbrooke Discharge Planning Team	1,051	457	548	90	20%	0	0%
0	Hinchingbrooke Discharge Planning Team	634	317	315	-2	-1%	0	0%
-240	7 Reablement, Occupational Therapy & Assistive Technology	8,190	3,018	2,749	-269	-9%	-358	-4%
-473	8 Integrated Community Equipment Service	802	1,808	1,815	7	0%	-473	-59%
Mental Health								
-7	Head of Services	4,268	2,104	2,179	75	4%	-7	0%
-161	9 Adult Mental Health	7,207	2,871	2,816	-55	-2%	-161	-2%
39	Older People Mental Health	8,132	3,825	3,831	6	0%	0	0%
-1,803	Older People & Adult Mental Health Directorate Total	85,262	43,997	43,285	-712	-2%	-2,459	-3%

Forecast Variance Outturn (Aug) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Sept £'000	Actual to end of Sept £'000	Current Variance £'000   %		Forecast Variance Outturn (Sept) £'000   %	
Children's Social Care Directorate									
400	10	Strategic Management – Children's Social Care	2,727	1,561	1,697	137	9%	400	15%
525	11	Head of Social Work	4,224	1,890	2,173	283	15%	525	12%
0		Legal Proceedings	1,530	613	556	-57	-9%	0	0%
0		Safeguarding & Standards	1,176	588	621	34	6%	0	0%
350	12	Children's Social Care Access	4,448	2,203	2,347	145	7%	400	9%
0		Children Looked After	10,707	5,470	5,523	53	1%	0	0%
350	13	Children in Need	3,982	1,936	2,171	235	12%	400	10%
0		Disabled Services	5,711	3,197	3,219	23	1%	0	0%
1,625		Children's Social Care Directorate Total	34,505	17,455	18,308	852	5%	1,725	5%
Strategy & Commissioning Directorate									
-302	14	Strategic Management – Strategy & Commissioning	86	153	131	-21	-14%	-252	-293%
-50		Information Management & Information Technology	1,915	1,058	1,016	-42	-4%	-50	-3%
0		Strategy, Performance & Partnerships	1,628	334	316	-18	-5%	0	0%
Commissioning Enhanced Services									
1,100	15	Looked After Children Placements	16,490	7,039	7,490	450	6%	1,500	9%
0	16	Special Educational Needs Placements	8,469	5,823	5,854	31	1%	200	2%
0		Commissioning Services	3,768	1,988	2,009	21	1%	0	0%
0		Early Years Specialist Support	1,323	464	472	8	2%	0	0%
625	17	Home to School Transport – Special	7,085	2,590	2,733	144	6%	625	9%
575	18	LAC Transport	671	280	458	178	64%	575	86%
Executive Director									
0		Executive Director	449	202	197	-4	-2%	0	0%
0		Central Financing	175	60	34	-26	-43%	0	0%
1,948		Strategy & Commissioning Directorate Total	42,060	19,991	20,711	720	4%	2,598	6%
Children's Enhanced & Preventative Directorate									
-29		Strategic Management – Enhanced & Preventative	1,065	732	745	13	2%	21	2%
-60		Children's Centre Strategy	726	430	372	-58	-14%	-60	-8%
0		Support to Parents	3,495	285	264	-21	-8%	0	0%
0		SEND Specialist Services	5,890	2,776	2,775	-1	0%	0	0%
0		Safer Communities Partnership	7,252	3,080	3,076	-4	0%	0	0%
Youth Support Services									
0		Youth Offending Service	1,954	89	88	-2	-2%	0	0%
-120	19	Central Integrated Youth Support Services	1,181	538	416	-122	-23%	-120	-10%
Locality Teams									
-11		East Cambs & Fenland Localities	3,636	1,517	1,501	-16	-1%	-28	-1%
-35		South Cambs & City Localities	4,200	1,860	1,784	-76	-4%	-48	-1%
-8		Huntingdonshire Localities	2,649	1,185	1,158	-27	-2%	-29	-1%
-263		Children's Enhanced & Preventative Directorate Total	32,046	12,492	12,177	-315	-3%	-263	-1%

Forecast Variance Outturn (Aug) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Sept £'000	Actual to end of Sept £'000	Current Variance £'000   %		Forecast Variance Outturn (Sept) £'000   %	
Learning Directorate									
150	20	Strategic Management - Learning	-113	-35	162	197	-557%	192	169%
-15		Early Years Service	1,831	603	582	-21	-3%	-15	-1%
-47		Schools Intervention Service	1,591	716	635	-81	-11%	-47	-3%
-172	21	Schools Partnership Service	1,532	944	939	-5	0%	-5	0%
0	22	Childrens' Innovation & Development Service	167	-590	-288	302	-51%	-159	-95%
-25		Integrated Workforce Development Service	1,505	288	246	-42	-15%	-25	-2%
0		Catering, Cleaning & Grounds Service	-350	966	981	15	2%	0	0%
0		Teachers' Pensions & Redundancy	3,000	1,658	1,646	-12	-1%	0	0%
Infrastructure									
-265	23	0-19 Organisation & Planning	1,807	993	538	-455	-46%	0	0%
0		Early Years Policy, Funding & Operations	158	-13	-14	-1	5%	0	0%
0		Education Capital	176	139	140	1	0%	0	0%
930	24	Home to School/College Transport – Mainstream	9,143	4,519	2,898	-1,622	-36%	1,080	12%
556	Learning Directorate Total		20,446	10,188	8,465	-1,723	-17%	1,021	5%
1,795	Total		298,231	139,510	137,480	-2,030	-1%	1,577	1%
Grant Funding									
0	25	Financing DSG	-23,212	-11,606	-11,606	0	0%	-200	-1%
0		Non Baselined Grants	-30,479	-14,777	-14,777	0	0%	0	0%
0	Grant Funding Total		-53,692	-26,383	-26,383	0	0%	-200	0%
1,795	Net Total		244,539	113,127	111,097	-2,030	-2%	1,377	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 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>1) Strategic Management – ASC</b>	<b>3,829</b>	<b>-660</b>	<b>-49%</b>	<b>-1,628</b>	<b>-43%</b>
<p>During July, the government announced a 4-year delay in implementing the Care Act funding reforms. This means that the assessment of people funding their own care, who would have begun to accrue spending against the care cap from April, will not now need to begin this financial year, technical preparations for care accounts can take place over a longer timeframe, and provision is no longer needed to meet additional costs next year. The Council had taken a cautious approach to making spending commitments in these areas pending further announcements and will be able to avoid expenditure totaling £1,685k. The assumption has been made that the additional funding already announced by government will continue to be received by the Council this financial year. There has been national recognition that the social care system is under significant strain as part of the announcement and the funding will instead be used to offset significant demand pressures for existing social care services, particularly in the Learning Disability Partnership (see below). However, there is now greater uncertainty about the extent to which this part of the Care Act funding will continue in future years.</p> <p>This underspend is partially offset by a small pressure on the vacancy savings budget.</p> <p>The anticipated underspend on Deprivation of Liberty Safeguards is now fully shown against the ASC Practice &amp; Safeguarding policy line below, rather than being partially shown on this line, as it emerged in earlier months.</p>					
<b>2) ASC Practice &amp; Safeguarding</b>	<b>2,143</b>	<b>-256</b>	<b>-45</b>	<b>-675</b>	<b>-31%</b>
<p>An underspend of £675k is anticipated on the Mental Capacity Act/Deprivation of Liberty Safeguarding budget due to shortage of available assessors. There has been a delay 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. Previously this underspend was shown under strategic management, but is now shown in the Service overseeing this area of work.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>3) Learning Disability Services</b>	<b>58,227</b>	<b>755</b>	<b>3%</b>	<b>2,135</b>	<b>4%</b>

Across the Learning Disability Partnership (LDP) at the end of September the ongoing pressure from known commitments reduced from a total of £3,625k to £2,985k. These commitments include full year impact of people requiring new or increased services in 2015/16 and young people who will turn 18 during this financial year.

Savings planned for the remainder of the year through increased use of assistive technology, reviewing expenditure on leisure activities, shared accommodation services and implementing the transport policy is expected to total £300k. This gives a forecast outturn of £2,685k. Of this, £2,135k relates to the County Council after the pooled budget risk share with the NHS is taken into account.

This forecast represents a reduction in the forecast overspend of £540k (£429k after NHS risk share) from last month. In all localities, the movement is principally the result of changes to the commitment records following further scrutiny of accuracy and the review of block contract commitments.

#### Further actions being taken to reduce the overspend

Additional project management resource has been made available to support the LDP management team approach to delivering savings and some capacity for in-depth analysis of spend to identify where to target review and reassessment activity. In order to reduce the overspend in the LDP, the spend on individual people has to be reduced. This has to be done within the legal framework of reviewing and reassessing needs so that we can demonstrate that we are still meeting eligible needs. Areas being focused include the following:

- Residential care and 24/7 supported living where additional day care or 1 to1 support has also been commissioned. Analysis of spend in these areas has been undertaken and an action plan will be drawn up to target the required social care reviews that will be needed to realise any savings in this area.
- Review and scrutiny of out-of-county placements, other high cost packages and ordinary residence.
- Increased use of in-house day services and respite services. This is being picked up in panel discussions, set alongside the principles of choice and control, with self-directed support in mind.
- Continuing to work closely with Children's colleagues to set realistic expectations and prepare young people for greater independence in adulthood. This work is part of the preparing for adulthood model and also the ongoing consideration around 'all age' services.
- Robust negotiations with providers where new or increased packages are required. This involves new arrangements for placement finding, decisions through panel and is embedded in transforming lives principles.
- Additional frontline staff are being recruited to provide more capacity to undertake reviews and reassessment, with the expectation that new recruits will join the team over the next two months.

There has been a focus on improving the robustness of the Young Adults forecast during September, and the outturn for this budget is now reflected against that policy line (previously some provision had been made under the LD Head of Service category, explaining the movement between those two lines)

Work is continuing to move the commitment records to a fully automated process that will provide greater accuracy and provide managers with better management information to support their oversight of changes from month to month. This work is progressing with additional hours and workforce being channeled towards the South team.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>4) Physical Disabilities incl. Head of Services</b>	<b>13,234</b>	<b>-159</b>	<b>-2%</b>	<b>-467</b>	<b>-4%</b>
<p>Disability Services (Physical Disability, Sensory Loss, HIV and Vulnerable Adult and Autism Services) continue to report an underspend of £467k. This includes an expectation that net reductions of £130k can be achieved in the remainder of the year.</p> <p>In the main the underspend is due to contract funding no longer required under the Head of Service budget and expected clawback on direct payments paid to people with a Physical Disability. Service demand across all of Disability Services is being managed through short term planning, increasing people's independence and use of community resources.</p>					
<b>5) Carers Service</b>	<b>2,121</b>	<b>-334</b>	<b>-27%</b>	<b>-380</b>	<b>-18%</b>
<p>An underspend of £380k is anticipated within the Carers budget – this is mainly the result of allocations to individual carers being lower than expected. Revised arrangements for carers support were implemented from 1 April, following the Care Act, and it is taking longer than expected for the additional anticipated demand to reach expected levels.</p> <p>This area will continue to be monitored closely as the new arrangements embed further.</p>					
<b>6) Director of Older People and Mental Health Services</b>	<b>8,517</b>	<b>-394</b>	<b>-6%</b>	<b>-1,360</b>	<b>-16%</b>
<p>The following underspends were identified and reported at the September General Purposes Committee meeting:</p> <ul style="list-style-type: none"> <li>• services to respond to new responsibilities for social care needs for prisoners are still being established with the likely underspend this year being £240k</li> <li>• a budget of £330k for delayed transfers of care reimbursement is not required following implementation of the Care Act</li> <li>• release of an accrual made in last year's accounts for a £300k potential dispute on costs of nursing care. We now believe this will be resolved without making use of this provision.</li> </ul> <p>The forecast underspend has increased further since last month as a result of reductions already realised on housing related support, £300k, (a permanent reduction will be made through Business Planning) as well as the one off impact of a deferred payment debt nearing collection and fully accounted for (£150k) as well as the net combination of more minor reductions (£40k).</p> <p>The underlying Older People's cost of care forecast, managed through locality teams, has reduced since last month. The service is nearing its savings target for the year and a balanced year-end position is forecast. There remains significant risk and uncertainty in supporting a strained health and care economy through the upcoming winter period.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>7) Reablement, Occupational Therapy &amp;</b>	<b>8,190</b>	<b>-269</b>	<b>-9%</b>	<b>-358</b>	<b>-4%</b>
<p>The underspends in this policy line are the result of:</p> <ul style="list-style-type: none"> <li>capitalisation of Assistive Technology spend, which generates £125k revenue saving</li> <li>release of a £118k accrual made in last year's accounts for potential accommodation and administrative costs. Negotiations have progressed and we now judge that this provision is unlikely to be required.</li> <li>a one-off delay in salary costs of £71k. Some salary costs such as enhancements and extra hours are paid a month in arrears. Payments for these in April were made by the NHS as they related to March 15 and were therefore prior to the Reablement service being transferred to County Council management. Only 11 months of costs will be incurred by CCC this year. As this is a specific variation, it is excluded from vacancy savings calculations.</li> <li>reduction in the overheads related to Occupational Therapy, as this service moved to a new NHS provider this year (£44k).</li> </ul>					
<b>8) Integrated Community Equipment Service (ICES)</b>	<b>802</b>	<b>7</b>	<b>0%</b>	<b>-473</b>	<b>-59%</b>
<p>ICES reports a forecast underspend of -£473k; this largely arises from the intention to charge an additional £400k of equipment spend to the capital budget. Demand for this service is strong, and the revenue forecast is being closely monitored.</p>					
<b>9) Adult Mental Health</b>	<b>7,207</b>	<b>-55</b>	<b>-2%</b>	<b>-161</b>	<b>-2%</b>
<p>The underlying Adult Mental Health cost of care forecast was worsened since last month, largely as a result of three new high cost placements totalling £160k. Spending reductions will continue to be a focus in this area; however with underlying pressures totalling £249k, achieving the forecast underspend is considered an optimistic outlook at this stage.</p>					
<b>10) Strategic Management - Children's Social Care</b>	<b>2,727</b>	<b>137</b>	<b>9%</b>	<b>400</b>	<b>15%</b>
<p>The Children's Social Care (CSC) Director budget is forecasting an over spend of £400k. CSC Strategic Management has a vacancy savings target of £656k and although the directorate actively manages the staff budgets and use of agency staff, savings are not expected to be achieved to meet the target in full. This is because, due to service need, posts are required to 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.</p> <p>The use of agency staff is very difficult to predict due to changing circumstances. Agency cover is only used where circumstances dictate and no other options are available. We continue to make concerted efforts to minimise the dependency on agency and continue to look at other ways to manage work within the Units despite high levels of demand.</p> <p>The recruitment and retention strategy for social work staff should decrease the reliance on agency staffing. The additional staffing costs as a result will be funded from reserves for 2015/16 so there is no increase in forecast overspend as a result.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>Strategic Management - Children's Social Care continued</b>					
Recruitment in Wisbech and East Cambs is particularly problematic which may be due in part to that area bordering a number of Local Authorities. This area holds the highest amount of vacancies and is therefore reliant on agency social workers and consultants to cover vacancies.					
<u>Actions being taken:</u>					
Workforce management continues to be reviewed weekly/fortnightly at CSC Heads of Service and CSC Management Teams respectively. We have monitoring procedures in place to manage the use of agency staff going forward and are focusing on the recruitment of Consultant Social Workers and Social Workers, but good quality agency staff continue to be needed in order to manage the work in the interim. The approval of the approach to recruitment and retention recently agreed by relevant Committees will support the work to reduce the use of agency staff.					
<b>11) Head of Social Work</b>	<b>4,224</b>	<b>283</b>	<b>15%</b>	<b>525</b>	<b>12%</b>
The Head of Social Work budget is forecasting an over spend of £525k due to an increase in the number of adoption/special guardianship orders. The increase in Adoption / Special Guardianship / Child Arrangement orders are however a reflection of the good practice in making permanency plans for children outside of the looked after system.					
The over spend is mostly attributable to demographic pressures. Previously no demography has been allocated to reflect the rise in numbers. This pressure is now being taken forward as part of the 2016/17 Business Planning process.					
<b>12) Children's Social Care Access</b>	<b>4,448</b>	<b>145</b>	<b>7%</b>	<b>400</b>	<b>9%</b>
The Access budget is forecasting an over spend of £400k due to the use of agency staffing. Please see Strategic Management Children's Social Care (note 10) above.					
<b>13) Children In Need</b>	<b>3,982</b>	<b>235</b>	<b>12%</b>	<b>400</b>	<b>10%</b>
The Children in Need budget is forecasting an over spend of £400k due to the use of agency staffing.					
Please see Strategic Management Children's Social Care (note 10) above.					
<b>14) Strategic Management – S&amp;C</b>	<b>86</b>	<b>-21</b>	<b>-14%</b>	<b>-252</b>	<b>-293%</b>
Within the additional savings identified at the September GPC meeting there is an expectation for the following;					
<ul style="list-style-type: none"> <li>• reduction of £227k in earmarked Building Schools of the Future reserve to reflect anticipated demand levels</li> <li>• saving on SEND delivery grant funding of £25k.</li> </ul>					



Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>15) Looked After Children Placements</b>	<b>16,490</b>	<b>450</b>	<b>6%</b>	<b>1,500</b>	<b>9%</b>

Client Group	Budgeted Packages	31 Aug 2015 Package	30 Sep 2015 Packages	Variance from Budget
Residential Disability – Children	2	3	3	+1
Child Homes – Educational)	8	11	11	+3
Child Homes – General	16	28	27	+11
Supported Accommodation	15	26	27	+12
Supported living 16+	9	6	10	+1
Fostering & Adoption	261	244	235	-26
<b>TOTAL</b>	<b>311</b>	<b>318</b>	<b>313</b>	<b>+2</b>

Overall Looked After Children (LAC) numbers at the end of September 2015, including placements with in-house foster carers, residential homes and kinship, are 570, 35 more than 1 April 2015 and 7 more than the end of July 2015.

External placement numbers (including 16+ and supported accommodation) at the end of August are 313, a fall of 5 from August.

The LAC Placements budget (including 16+ and supported accommodation) is now forecasting an overspend of £1,881k. The forecast reflects planned end-dates where existing Looked After Children are expected to leave their placement or the care system, and assumes additional new placements (growth) of combined cost £310k.

The overspend is partially explained by a £1.8m pressure carried forward from 2014/15, as the LAC population grew at an unprecedented rate towards the end of the financial year; £1.8m is the full year impact of this growth.

There are a number of work streams within the LAC Placements Strategy which are presently on target to reduce this financial pressure and are therefore not reflected in the current forecast but may impact the current commitment if delivery stalls. These are:

- Review of high cost residential placements – developing in county provision including long breaks and challenging new residential placements.
- Commissioning savings – seeking discounts and savings through tendering.
- Assisted boarding – approaching private boarding schools as an alternative to residential placements.
- Creative care – using resources more creatively to identify better solutions for young people.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%

### Looked After Children Placements continued

There are also workstreams which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. These workstreams cannot impact current commitment but aim to prevent it increasing:

- Alternatives to Care – working with children on the edge of care to enable them to remain at home or out of the care system. This aims to reduce the growth in the LAC population.
- In-house fostering – increasing in-house fostering capacity to reduce the use of Independent Fostering Agency placements, therefore reducing the use of external placements.

The savings target for LAC Placements in 15/16 is £2m and this has been allocated to the work streams above. A large proportion of these savings have been achieved, and they are already included within commitment records and therefore their impact on expenditure is included within the forecast overspend of £1,881k. Work has been undertaken to review the achievability of further savings, focusing on alternative solutions to high cost residential packages and continuing to seek discounts. The savings are as follows:

Workstream	Achieved to date	Total expected	Difference
High cost placements	£0k	£0k	£0k
Commissioning savings	£292k	£310k	£18k
Assisted Boarding	£0k	£0k (unless children are placed in-year)	£0k
Creative Care	£0k	£0k	£0k
Conversion of IFAs to in-house	£0k	£100k	£100k
Alternatives to care staffing			
<b>Total</b>	<b>£292k</b>	<b>£410k</b>	<b>£118k</b>

A large proportion of the future savings are dependent on finding alternative social care solutions for children who currently have high cost packages. This carries significant risk for achievement of savings, and is monitored monthly at the LAC Commissioning Board.

The Alternatives to Care workstream was allocated £500k from CFA reserves and it was agreed that this would be used to cover any shortfall in savings as the teams became established during 15/16 and 16/17, and therefore not at full capacity. It is anticipated that £250k of the reserve will be required in 15/16, which will offset part of the current overspend.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%

### Looked After Children Placements continued

Growth included within the forecast is £460k which allows for the replacement of social care settings which have ended or are due to end, therefore maintaining current numbers, and also assumes new placements will be made. The target is to maintain current numbers and as such the provision for growth has been reduced. This too carries significant risk as growth in the LAC population in recent weeks has been greater than forecast and, as such, the growth allowance in the financial forecast has been insufficient. The growth, partly explained by national trends will be mitigated by the preventative strategies above but could be too great to prevent further financial pressure. Growth is monitored monthly at the LAC Commissioning Board.

The combination of further savings, holding growth and use of CFA reserves, reduces the forecast overspend to £1.5m.

<b>16) SEN Placements</b>	<b>8,469</b>	<b>31</b>	<b>1%</b>	<b>200</b>	<b>2%</b>
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OFSTED Category	1 Apr 2015	30 Sep 2015	Variance from 1 Apr 2015
Autistic Spectrum Disorder (ASD)	98	99	+1
Behaviour, Emotional and Social Difficulty (BESD)	38	29	-9
Hearing Impairment (HI)	3	3	-
Moderate Learning Difficulty (MLD)	1	3	+2
Multi-Sensory Impairment (MSI)	0	0	-
Physical Disability (PD)	1	2	+1
Profound and Multiple Learning Difficulty (PMLD)	2	0	-2
Speech, Language and Communication Needs (SLCN)	3	3	-
Severe Learning Difficulty (SLD)	3	1	-2
Specific Learning Difficulty (SPLD)	9	6	-3
Visual Impairment (VI)	2	2	-
<b>Total</b>	<b>160</b>	<b>148</b>	<b>-12</b>

The Special Educational Needs (SEN) Placements budget is forecast to come in £200k over budget, including secured additional income from Health, following development of a tool to assess the percentage level of contributions to placement costs. This budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant. Included in the above numbers are 20 children educated under a block contract.

The budget is under significant pressure due to numbers: whilst maintained Statement numbers are decreasing the level of need is escalating in early years with this age group requiring additional capacity in all of our Special Schools in 15/16. This additional need in early years has meant that the schools are at capacity, placing greater pressure to look outside of Cambridgeshire.

Going forward into 2016/17 we will continue to:-

- Actions in the Placements Strategy are aimed at returning children to within County borders and reducing Education Placement costs.
- A shared care service enabling parents to continue to keep children at home has recently come on line.
- Additional classes (and places) commissioned and funded at all of our area special schools to meet the rise in demand for early years. Funded from the HNB.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>SEN Placements continued</b> <ul style="list-style-type: none"> <li>• Previous discussions for 3 new special schools to accommodate the rising demand over the next 10 years needs to be revisited as there is a pressure on capital funding. One school is underway and alternatives to building more special schools are being investigated, such as additional facilities in the existing schools, looking at collaboration between the schools in supporting post 16, and working with FE to provide appropriate post 16 courses.</li> <li>• Review SEBD provision and look to commission additional specialist provision.</li> <li>• Business case presented to health commissioners to improve the input of school nursing in area special schools to support increasingly complex medical/health needs. Deliver SEND Commissioning Strategy and action plan to maintain children with SEND in mainstream education.</li> </ul>					
<b>17) Home to School Transport – Special</b>	<b>7,085</b>	<b>144</b>	<b>6%</b>	<b>625</b>	<b>9%</b>
<p>The forecast for Home to School Transport – Special, taken from the commitment record, is an overspend of £1.9m. Further savings are being developed and a review of all transport for the new academic year is being undertaken, resulting in an in-year pressure of £625k.</p> <p>This excludes a pressure on LAC Transport which is detailed below. There was a residual pressure of £1.2m from 14/15 but this has in part been mitigated by planned savings.</p> <p>The planned savings are as follows:</p> <ul style="list-style-type: none"> <li>• A reduction in the amount paid to parents approved to use their own transport to get their children to school to from 45p to 40p per mile effective from 1 September 2015</li> <li>• Reviews to reduce the number of single occupancy journeys undertaken and rationalise routes where possible.</li> <li>• Changes to the SEN post-16 transport policy, introducing contributions from parents / carers to transport costs.</li> <li>• Working with Health professionals to agree an alternative to using ambulances for Home to School Transport.</li> </ul> <p>To manage the pressure going forward, the following options are being worked on:</p> <ul style="list-style-type: none"> <li>• Cost-benefit analysis on path improvement at Meadowgate school, enabling the removal of transport. This will be implemented in 2016/17.</li> <li>• Retendering of 500 routes following a market development campaign in Summer 2015. The tender process is due to begin in January 2015 and contracts awarded for the start of the new financial year 2016/17.</li> <li>• Introducing termly reviews of transport with Casework Officers and schools. This is ongoing to ensure current transport arrangements are appropriate and to review all single occupancy routes.</li> <li>• Including transport reviews at both the first and second statutory reviews. This is ongoing, reviewing the permanence of social care placements and therefore the</li> </ul>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>18) LAC Transport</b>	<b>671</b>	<b>178</b>	<b>64%</b>	<b>575</b>	<b>86%</b>
<p>The forecast for LAC Transport, taken from the commitment record, is +£642k. Savings have been developed, resulting in an in-year pressure of £575k.</p> <p>The pressure is a result of an increasing LAC population and a policy to, where possible, keep a young person in the same educational setting when they are taken into care or their care placement moves, providing stability.</p> <p>The planned savings are as follows:</p> <ul style="list-style-type: none"> <li>• Investigate providing allowances for in-house foster carers to provide Home to School Transport.</li> <li>• Conduct a recruitment campaign to increase the number of volunteer drivers within Cambridgeshire and therefore reduce the average cost per mile for LAC Transport.</li> <li>• Review all LAC routes for possibility to combine with existing Mainstream and SEN transport routes.</li> <li>• Improved procurement and a target reduction in the number of short notice journeys.</li> </ul> <p>The savings target above has been adjusted, taking into account the part year effect of these savings, but there remains an element of risk in their achievability.</p>					
<b>19) Central Integrated Youth Support Services</b>	<b>1,181</b>	<b>-122</b>	<b>-23%</b>	<b>-120</b>	<b>-10%</b>
<p>An under spend of £120k is forecast. A one-off under spend of £100k is anticipated against the Young Carers budget. New expectations around the level of support provided to young people who take on caring roles for adults has led to a review and enhancement of the service in line with the expectations of the Care Act. A new contract is currently being tendered. Due to a period of transition between the current service contract and the transfer to a new enhanced offer, not all of the additional 'pressures' funding awarded in the Business Plan for this work will be required in 15/16. This is a non-recurrent position and the additional funding will be applied in full from 16/17 through the revised contract. A £20k under spend has arisen by allocating costs to an external grant received for an innovation project.</p>					
<b>20) Strategic Management – Learning</b>	<b>-113</b>	<b>197</b>	<b>-557%</b>	<b>192</b>	<b>169%</b>
<p>There is a reported pressure of £192k on Strategic Management – Learning.</p> <p>A pressure of £200k exists on the Directorate's vacancy Savings target.</p> <p>The directorate was significantly restructured in 14/15, leading to a reduced headcount and a greater traded income target. This has meant there are fewer posts from which to take savings. Furthermore when an income-generating post falls vacant, the salary saving is used in part to offset the reduced income. The vacancy savings target was not reduced to reflect this new position and consequently a pressure has emerged.</p> <p>Steps will be taken in year to try to offset this with vacancies in non-traded teams but the ad-hoc nature of vacancies makes this difficult to forecast.</p> <p>There is an underspend of £8k reported against funding earmarked for the independent chair of the School-led School improvement board. This is due to the delay in appointment, which will now not be until the Spring term.</p> <p>A pressure of £150,000 on Home to School transport was previously reported against this policy line. This is now being reported against Home to School/College Transport (Mainstream).</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>21) Schools Partnership Service</b>	<b>1,532</b>	<b>-5</b>	<b>0%</b>	<b>-5</b>	<b>0%</b>
<p>A reduction of £13k in projects funding</p> <p>A £159k reduction in Education ICT asset reserve was previously reported here but is now being reported under the Children's, Innovation and Development Service due to a change in line management arrangements.</p>					
<b>22) Children's Innovation and Development Service</b>	<b>167</b>	<b>302</b>	<b>-51%</b>	<b>-159</b>	<b>-95%</b>
<p>Within the additional savings identified at the September GPC meeting there is a one reduction by £159k of the Education ICT Replacement Reserve. This was previously reported under Schools Partnership Service but there has been a change in line management arrangements for this service.</p>					
<b>23) 0-19 Organisation &amp; Planning</b>	<b>1,807</b>	<b>-455</b>	<b>-46%</b>	<b>0</b>	<b>0%</b>
<p>The previously reported £265k reduction in expenditure through capitalisation of come revenue costs has been deleted. The expenditure was deemed ineligible for capitalisation.</p>					
<b>24) Home to School / College Transport – Mainstream</b>	<b>9,143</b>	<b>-1,622</b>	<b>-36%</b>	<b>1,080</b>	<b>12%</b>
<p>The forecast outturn for Home to School/College Transport – Mainstream is +£1.080m, an increase of £150k from last month.</p> <p>This is due to the movement of the £150k cross CFA transport saving, previously reported against the Strategic Management – Learning policy line. This target represents required efficiencies to be achieved through Home to School Mainstream, SEND and Adult Learning Disabilities (ALD) transport by further aligning activity and exploring opportunities for greater joint working. Work is taking place to review the procurement of school and day care routes together, which is expected to deliver savings in 2016/17 conditional on changes to ALD and Older People's transport.</p> <p>The provisional forecast for Home to School Mainstream transport is an overspend of £930k, this includes in-year savings achieved as a result of the implementation of a reduction in the amount paid to parents approved to use their own transport to get their children to school from 45p to 40p per mile and the withdrawal of free transport between Horningsea and Fen Ditton Primary School and between Stapleford/Great &amp; Little Shelford and Sawston Village College for those children living within the statutory walking distances following decisions by the Service Appeal Committee that these routes are available for a child to use to walk to school accompanied by an adult as necessary.</p> <p>The forecast variance outturn also takes account of the following, all of which came into effect on 1 September 2015:</p> <ul style="list-style-type: none"> <li>• Changes to the post-16 transport policy including the introduction of a subsidised rate for new students living in low-income households who would previously have been entitled to free transport</li> <li>• Implementation of an £10 per term increase in the cost of purchasing a spare seat on a contact service and for post-16 students who do not meet low income criteria</li> <li>• Award of contracts following re-tendering</li> </ul>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>Home to School / College Transport – Mainstream continued</b>  In addition, new transport arrangements will need to be put in place during the course of the new academic year as a result of families moving into and within Cambridgeshire in cases where the local schools are full. This is the main reason for the current in-year pressure. Work has been undertaken to ensure forecasts of growth are incorporated into the demographic increase within the commitment for 2016/17.  The following options are being worked on to reduce demand and costs in future years: <ul style="list-style-type: none"> <li>• funding late in-catchment applications on a discretionary basis;</li> <li>• subsidising the cost of bikes for pre and post-16 aged children;</li> <li>• incentives for volunteering / parent car pool schemes;</li> <li>• cost-benefit analysis for limited direct provision, e.g. Council-run minibuses for a small number of high cost routes</li> </ul>					
<b>25) Financing DSG</b>	<b>-23,212</b>	<b>0</b>	<b>0%</b>	<b>-200</b>	<b>-1%</b>
Within CFA, spend of £23.2m is funded by the ring fenced Dedicated Schools Grant. The Education Placements budget is forecast to overspend this year by £200k.  Vacancy savings are taken across CFA as a result of posts vacant whilst they are being recruited to, and some of these vacant posts are also DSG funded. It is estimated that for this financial year vacancy savings of £200k will be taken in relation to DSG funded posts and will be used to offset the pressure on the DSG funded budgets.					

## 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	6,933
Better Care Fund	Cambs & P'Boro CCG	15,457
Adult Social Care New Burdens	DCLG	3,193
Social Care in Prisons Grant	DCLG	339
Delayed Transfer of Care	Department of Health	170
Unaccompanied Asylum Seekers	Home Office	600
Youth Offending Good Practice Grant	Youth Justice Board	653
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Non-material grants (+/- £160k)	Various	180
Troubled Families	DCLG	2,046
Music Education HUB	Arts Council	781
<b>Total Non Baselined Grants 2014/15</b>		<b>30,479</b>

Financing DSG	Education Funding Agency	23,212
<b>Total Grant Funding 2014/15</b>		<b>53,691</b>

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

<b>Directorate</b>	<b>Grant Total £'000</b>
Adult Social Care	3,418
Older People	16,116
Children's Social Care	671
Strategy & Commissioning	111
Enhanced & Preventative Services	9,279
Learning	884
<b>TOTAL</b>	<b>30,479</b>



## APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
<b>Budget as per Business Plan</b>	<b>244,270</b>	
Commissioning Services	37	SEND Preparation for Employment Grant
Early Years Service	26	Supporting Disadvantaged Children in Early Years Grant
Reablement, Occupational Therapy & Assistive Technology	-64	With the TUPE of 270 staff from the NHS to the County Council on 1 April, a contribution has been made by CFA to LGSS for payroll, payables and other professional services to support this new workforce. These services were previously provided by Serco through the now ended NHS contract.
Across CFA	-268	Centralisation of the budget for mobile telephone/device costs.
Mental Health – Head of Services	-7	The Mental Health service has agreed with a care provider to convert some existing accommodation, at Fern Court in Huntingdonshire, to ensure high needs services can continue to be provided at this location. Facilities Management will manage an ongoing rental contribution from the Council to the provider.
Children Looked After	27	Allocation of Q1 Staying Put Implementation Grant
Across ASC and OP&MH	519	Allocation of first half year instalment Independent Living Fund (ILF), following transfer of function from central government
<b>Current Budget 2015/16</b>	<b>244,539</b>	

## APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 30 Sep 15		
	£'000	£'000	£'000	£'000	
<b>General Reserve</b>					
CFA carry-forward	0	0	0	-1,377	Forecast overspend of £1,377k applied against reserves.
<b>subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-1,377</b>	
<b>Equipment Reserves</b>					
ICT Equipment Replacement Reserve	566	159	725	566	Ed ICT plan to replace major infrastructure in 2015/16 and need to build up reserve to £500k across the preceding years
IT for Looked After Children	178	0	178	94	Replacement reserve for IT for Looked After Children. Laptops to be replaced in 2015/16.
<b>subtotal</b>	<b>744</b>	<b>159</b>	<b>903</b>	<b>660</b>	
<b>Other Earmarked Funds</b>					
<b>Adult Social Care</b>					
Capacity for Reviews	336	0	336	136	Resources to support reviews to achieve savings from reviews of packages for LD and PD service users.
Capacity in Procurement and Contracts	250	-6	244	125	Increase in capacity for contract rationalisation and review etc.
In-house Care Home	15	-8	7	0	£5k to pay for the initial work to develop the proposal ahead of July Report. A further £10k required if committee determines the proposal to be further pursued. There will be legal costs associated with forming a LA trading company if that route is followed
AFM Implementation	10	0	10	0	Cost of short term staff / cover to support transferring all commitment records to Adults Finance Module.
MASH & Adult Safeguarding	7	0	7	0	Officer capacity to support the development of the MASH & safeguarding changes linked to the Care Act.
<b>Older People &amp; Mental Health</b>					
Resilient Together	399	0	399	266	Programme of community mental health resilience work (spend over 3 years)
Reviews of Packages in Older People and Mental Health Services	300	-300	0	0	Invest in additional capacity to undertake package reviews on a much larger scale than previously possible - on the assumption that by applying our latest thinking and the transforming lives approach to each case we will reduce the cost of packages
Continuing Health Care	130	0	130	87	The County Council could decide to employ its own staff to undertake CHC assessments - ensuring they are completed in a transparent way with a view to ensuring that those who are eligible for CHC receive it. This would allow us to address the issues whereby clients with continuing health needs are currently being funded in full by social care services. Funded to cover costs until March 2017.

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 30 Sep 15		
	£'000	£'000	£'000	£'000	
Social Work Recruitment	120	-12	108	60	MB2 Social Work recruitment stability / strategy post and reward measures
Home Care Development	90	0	90	70	Managerial post to take forward proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work
Falls Prevention	80	0	80	0	Falls have been identified as one of the major causes of hospitalisation and long term care. This money is being targeted on a falls prevention initiative which will include education and exercise for older people in supported housing.
Dementia Coordinator	50	0	50	30	£50k for 12 months role
Live in Care	20	0	20	0	Evaluation of scheme by consultancy
<b>Children Social Care</b>					
Alternatives to Care / Family Crisis Support Service	500	0	500	250	New service which is able to offer a rapid response to situations where young people are identified as at risk of becoming looked after either in an emergency or as a result of a specific crisis. The intention would be to offer a direct and intensive intervention which would explicitly focus on keeping families together, brokering family and kinship solutions and finding alternatives to young people becoming looked after.
Repeat Removals	100	0	100	50	Establishing a dedicated team or pathway to provide on-going work with mothers who have children taken into care - to ensure that the remaining personal or family needs or issues are resolved before the mother becomes pregnant again.
Brokering Family Solutions / Family Group Conferences	100	-100	0	0	Part fund the FGC Service or alternative arrangements within CSC from reserves, providing it with sufficient resource to allow it to ensure we can attempt to broker family solutions for all cases where there is potentially escalating cost to CCC and a chance/plan for reunification – i.e. All risk of LAC, PLO, court work and all relevant CP cases
IRO & CP Chairperson	80	0	80	0	Six months temporary posts
Fostering Marketing Manager	50	0	50	0	Provide resource to support the programme of work to drive the recruitment of in-house foster carers and hit recruitment target of a 36 net increase in available carers
Adaptions to Respite Carer homes	29	0	29	12	Committed for adaptations to respite carer homes.
<b>Strategy &amp; Commissioning</b>					
Building Schools for the Future	477	0	477	130	Funding allocated to cover full programme and associated risks. Projected £120k ICT risk.
Flexible Shared Care Resource	415	0	415	0	Provision opened May 2014.
START Team	164	0	164	0	Funding capacity pressures as a result of EHCPs.

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 30 Sep 15		
	£'000	£'000	£'000	£'000	
Home to School Equalisation	165	87	253	253	Reserve to even out the number of school days per year.
Time Credits	157	0	157	83	Funding for 2 year Time Credits programme from 2015/16 to 2016/17 for the development of connected and supportive communities.
Disabled Facilities	200	0	200	120	Funding for grants for disabled children for adaptations to family homes.
Commissioning Services – Children's Placements	84	0	84	11	Funding to increase capacity. Two additional Resource Officers are in post. To be used flexibly between 2015/16 to 2016/17.
IT Infrastructure Costs	57	-57	0	0	Roll Out for Corporate iPads
<b>Enhanced &amp; Preventative</b>					
Multi-Systemic Therapy Standard	364	0	364	182	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.
Family Intervention Project Expansion	366	0	366	0	To increase capacity in Family Intervention Project. Additional FIP workers and Deputy Managers are in post. Funding to be used in 2015/16.
Information Advice and Guidance	320	0	320	80	Proposal to delay the saving from the IAG teams by 1 year by funding from reserves Another option would be to consider making this a saving part way through the year which would give us more time to work on alternative on-going funding models for the IAG function.
MST Child Abuse & Neglect	307	0	307	0	To continue funding the MST CAN project (previously DoH funded). Funding to be used in 2015/16.
YOT Remand	223	0	223	223	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
All age Lead Professional	40	0	40	0	Trialing an all age locality lead professional - Appoint 5 and see how they get and how the idea works
<b>Learning</b>					
Trinity School	105	-50	55	55	New pressures emerging in Learning driven by requirement to resource the Post Ofsted Action Plan for Trinity Special School, which has been placed in Special Measures by Ofsted.
Art Collection Restoration Fund / Cambridgeshire Culture	140	0	140	140	Fund to support cultural activities within the county and the maintenance and development of the Art Collection.
Discretionary support for LAC education	134	0	134	134	LAC Pupil Premium grant from Department for Education to provide further discretionary support for Looked After Children.
Schools Partnership - NtG CREDS	72	-72	0	0	Funding to be used in 2015/16
ESLAC support for children on edge of care	50	0	50	50	Pilot Scheme

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 30 Sep 15		
	£'000	£'000	£'000	£'000	
Capacity to attract private and independent sponsorship of programmes for children	50	0	50	50	A number of private sector organisations have begun to discuss how they might invest in Cambridgeshire's children and young people. Recruit to a fixed term position for 12 months to develop a sponsorship framework which identifies: a funding pipeline; multi-year funding streams and funding security for medium term plans, including identifying how these can allow us to substitute for activities we currently fund from core budget.
School advisor savings	35	0	35	35	Short term commissioning capacity (35k) in Learning to allow £90k school advisor savings to be made by not recruiting to vacant posts
Capacity to establish a self-sustaining and self-improving school system - leadership	13	0	13	13	Tender for a skilled education sector leader/professional with an in-depth knowledge of school improvement (£13k) to support the move towards a self-sustaining and improving school system
<b>Cross Service</b>					
SW recruitment and retention	674	-11	663	0	Reserves funding for 2015/16.
Other Reserves (<£50k)	255	-2	253	0	Other small scale reserves.
<b>Subtotal</b>	<b>7,533</b>	<b>-531</b>	<b>7,003</b>	<b>2,645</b>	
<b>TOTAL REVENUE RESERVE</b>	<b>8,277</b>	<b>-372</b>	<b>7,906</b>	<b>1,928</b>	
<b>Capital Reserves</b>					
Building Schools for the Future	280	0	280	0	Building Schools for Future - c/fwd to be used to spent on ICT capital programme as per Business Planning 15/16
Basic Need	2,774	2,041	4,815	0	Further receipts anticipated in respect of the targeted basic need and standard basic need. All expected to be spent by Mar 2016
Capital Maintenance	0	2,807	2,807	0	The Capital Maintenance allocation received in 2014/15 will be spent in full.
Other Children Capital Reserves	635	137	772	0	Comprises the Universal Infant Free School Meal Grant c/f and the Public Health Grant re Alcohol recovery hub-anticipate spending by year end.
Other Adult Capital Reserves	2,583	3,217	5,800	1,778	Expected receipts for Community Capacity grant and spend on planned programme.
<b>TOTAL CAPITAL RESERVE</b>	<b>6,272</b>	<b>8,203</b>	<b>14,475</b>	<b>1,778</b>	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

## APPENDIX 6 – Capital Expenditure and Funding

### 6.1 Capital Expenditure

2015/16						TOTAL SCHEME	
Original 2015/16 Budget as per BP	Scheme	Revised Budget for 2015/16	Actual Spend (Sept)	Forecast Spend - Outturn (Sept)	Forecast Variance - Outturn (Sept)	Total Scheme Revised Budget	Total Scheme Forecast Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
	<b>Schools</b>						
27,500	Primary Schools - New Communities	15,657	2,977	15,657	0	95,765	900
32,611	Primary Schools - Demographic Pressures	39,690	19,806	36,693	-2,998	125,450	17,656
1,810	Primary Schools – Adaptations	1,882	1,195	1,882	0	6,541	0
16,000	Secondary Schools - New Communities	16,906	5,143	16,906	0	114,596	-5,245
9,936	Secondary Schools - Demographic Pressures	8,747	2,075	9,047	300	113,380	-19,200
0	Final Payments	0	-14	0	0	0	0
250	Building Schools for the Future	363	96	363	0	9,118	0
1,126	Devolved Formula Capital	2,248	2	2,248	0	17,425	0
0	Energy Investment	0	1	0	0	0	0
0	Universal Infant Free School Meals	164	116	164	0	0	0
3,400	Condition, Maintenance and Suitability	3,400	3,709	4,081	681	47,457	682
300	Site Acquisition and Development	300	1	300	0	1,870	0
500	Temporary Accommodation	500	792	1,500	1,000	8,748	0
0	Youth Service	134	6	134	0	0	0
4,307	Children Support Services	4,607	441	2,233	-2,373	10,636	0
4,614	Adult Social Care	4,706	135	4,022	-684	12,952	0
2,500	CFA Wide	2,500	0	2,500	0	5,000	0
<b>104,854</b>	<b>Total CFA Capital Spending</b>	<b>101,804</b>	<b>36,480</b>	<b>97,731</b>	<b>-4,073</b>	<b>568,938</b>	<b>-5,207</b>

#### **Primary School – Demographic Pressures £2,998k slippage.**

Changes to the overall project costs of the capital programme total -£5,754k. This figure is made up as follows;

- £5,760k relates to four new schemes in the business plan for 2015/16. These being, Hardwick Primary Second Campus £2,360k, Fourfields Primary £1,500k, Grove Primary £1,000k and Huntingdon Primary £900k
- £1,486k relates to the 2015/16 impact of the increased costs of existing schemes. These being, Little Paxton £100k, Fordham Primary £500k, Burwell Primary £486k and Orchard Park Primary £400k
- The remaining -£13,000k is due to anticipated reduced costs of existing schemes in future years, which is currently showing as a total scheme forecast variance and will be managed through the 2016/17 business planning process.

#### Slippage and Acceleration.

A number of schemes have experienced cost movements since the Business Plan was approved. There are three schemes where work has progressed more quickly than had been anticipated in the programme schedules: Little Paxton (£29k), Loves Farm (£75k) and Grove Primary (£100k) where the programme schedules are ahead of anticipated plans.

Schemes that have encountered slippage in 2015/16 include;

- Fordham (£201k) where original phasing is not being achieved as a result of the decision to undertake a review of possible alternative options to meet in-catchment need; start on site now anticipated March 2016;
- Fulbourn (£118k) due to overall scheme revision which will see phase 2 works identified as a separate scheme in the 2016/17 Business Plan;
- Orchard Park, Cambridge (£365k) due to anticipated timescales not being achieved, it is expected only design costs will be incurred in 2015/16;
- Fourfields, Yaxley (£200k) where slippage from original programme has occurred and the start on site is now anticipated in February 2016.
- Burwell Primary (£350k) following slight revision to enabling works timetable which has slipped by one month to February 2016.
- Isle Primary, Ely (£1,000k) due to delays in establishing infrastructure required to further develop the site.
- Westwood Primary expansion (£900k) start on site slipped from September to December 15 due to planning. Scheme was to proceed under delegated power, as an objection to was made. Scheme is required to planning Committee in October.
- Huntingdon Primary School (£50k) revised phasing from the contractor as anticipated start on site late February/early March.

### **Secondary Schools - Demographic Pressures £300k slippage.**

Cambourne Secondary expansion (£300k) underspend in 2015/16 due to design work being accelerated. The scheme will be rephased in the 2016/17 Business Plan.

### **Children Support Services -£2,373k slippage.**

Trinity School (£2,323k) significant slippage had occurred due to delays in finalising the acquisition of the property from Huntingdonshire Regional College. As a result, the start on site date has now slipped to October 2015. Further slippage (£50k) in August 2015 due to costs being reduced through value engineering.

### **Condition, Maintenance and Suitability £681k overspend.**

The forecast £681k overspend is due to Castle and Highfield Special School projects continuing from 2014/15 due to delays on site, together with significantly higher than anticipated tender prices for kitchen ventilation works required to meet health and safety standards.

### **Temporary Accommodation £1,000k overspend.**

It had been anticipated at Business Planning that the current stock of mobiles would prove sufficient to meet September 2015 demand. Unfortunately, it has proved necessary to purchase additional mobiles due to rising rolls at primary schools around the county.

Additionally there is a small adjustment to the expected cost for Hardwick Second Campus (£18k) following receipt of a more accurate costing.

### **Adult Social Care 684k underspend.**

### **Strategic Investment £353k underspend**

The forecast underspend on Strategic investment has arisen as a result of re-phasing expenditure that has been reflected in the 2016/17 business plan.

**Enhanced Frontline £335k underspend.**

The forecast underspend is due to the prioritising of work required to enhance in-house provider services and related delivery of social care, predominantly for clients with needs from learning disabilities, mental health or old age. A further review of investment is required and expenditure has been re-phased during 2016/17 business plan.

**6.2 Capital Funding**




2015/16				
Original 2015/16 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2015/16 £'000	Forecast Spend – Outturn (Sept) £'000	Forecast Funding Variance - Outturn (Sept) £'000
4,949	Basic Need	6,448	6,448	0
6,294	Capital maintenance	5,053	5,053	0
1,126	Devolved Formula Capital	2,248	2,248	0
0	Universal Infant Free School meals	164	164	0
4,614	Adult specific Grants	4,706	4,022	-684
25,557	S106 contributions	19,737	19,737	0
0	BSF -PFS only	280	280	0
0	Capitalised Revenue Funding	0	0	0
700	Other Capital Receipts	700	700	0
34,262	Prudential Borrowing	41,357	37,969	-3,388
27,352	Prudential Borrowing (Repayable)	21,110	21,110	0
<b>104,853</b>	<b>Total Funding</b>	<b>101,803</b>	<b>97,731</b>	<b>-4,072</b>

The overall position of the Capital Plan for September 2015 is a net reduction of £684k in respect of the Adult Social Care Grant. Prudential Borrowing requirements have reduced by £3.388 for 2015/16 financial year. These elements are required to be carried forward into future years







£2,502k is in respect of the Adult Social Care Grant. Prudential Borrowing requirements have reduced by £10,871k for 2014/15 financial year. These elements are required to be carried forward into future years

## APPENDIX 7 – Performance at end of August 2015

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
% year 12 in learning	Enhanced & Preventative	92.6%	96.0%	91.9%	Aug 15		A	In learning for year 12 always drops off at this time of year. However we have improved our performance from this time last year when it was 91.3%. We must work hard now to ensure all young people 16/17 have an offer of learning for September. Locality teams have identified those young people who are at risk of non-participation and are working closely with them to encourage them to remain in learning.
% Clients with SEND who are EET	Enhanced & Preventative	85.2%	90.5%	86.8%	Q1 (April to June 2015)		A	Whilst we have not met the target, EET for young people with SEND has improved since this time last year when it was 86.2% and NEET has reduced for this group from 12.2% in June 2014 to 11.3% currently. Arrangements have been put in place to ensure that young people NEET from our special school provision receive tailored support to help meet their needs. The majority of young people within the SEND NEET cohort have emotional and behavioural issues. Post 16 learning providers are working to ensure that appropriate support arrangements are in place for this group of young people to minimise the risk or drop out
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	76.6%	75.0%	75.2%	Aug-15		G	156 out of 197 primary schools with inspection results have been judged as good or outstanding covering 75.2% of Cambridgeshire pupils. Of the 36 Primary schools inspected this year: 21 Outstanding 135 Good 38 Requires Improvement 3 Inadequate  Two maintained primary schools have gone into an Ofsted category this academic year and have specific actions plans in place to support their improvement.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	44.0%	75.0%	44.0%	Aug-15	➡	R	The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has been adversely affected by a number of the county's largest secondary academies slipping from 'good' to 'requires improvement'. Only 15 out of 32 Secondary schools with Inspection results are judged as good or outstanding, covering 14,550 pupils. This is 44% of pupils against the target of 75%. (Source:Watchsted)
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	86.6%	75.0%	86.6%	Aug-15	➡	G	7 out of 9 Special schools are judged as Good or outstanding.
No or % income deprived 2 year olds receiving free childcare		1126	1400	1301	Spring Term 2015	⬆	A	The DfE Target set is 80% of eligible two-year olds. The latest information from the DfE suggests there are 1991 eligible two-year olds, on income grounds, which equates to a target of approx 1,400 children.  Though the number is below target, performance has steadily improved over this year so far. Performance at the end of the Spring Term 2014 is nearly double that at the same time last year.
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	83.7%	85.0%	84.8%	Aug-15	⬆	A	This is a new indicator for 2015/16. Performance is slightly below the provisional target but has increased during August. Performance is still 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 (from previous period)	RAG Status	Comments
RBT-I - Total number of new users requiring no further service at end of re-ablement phase	Older People & Mental Health	55.2%	57.0%	55.8%	Aug-15		A	Performance has seen a gradual decline since July 2014, and is currently below target. However small improvements have been noted over recent weeks. It should be noted that over the last few years the average age of people being referred into the service has increased along with the level of need. We are seeing a greater number of people requiring double up packages of care and the normal exit routes from reablement into domiciliary care have been impacted due to shortages in the availability of domiciliary care. In recognition of this, a review is currently underway to identify the barriers and opportunities that can provide benefits to the system and service user.
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health		646	565	2014-15		G	This provisional score is calculated using 2nd cut submission data from the SALT return. This new method is different to previous years and as such a direct comparison could be misleading. This indicator is measured annually
The number of looked after children per 10,000 children	Childrens Social Care	42.8	32.8 - 38.5	42.8	Aug-15		R	The number of Looked After Children has remained at 563 during August 15. The current target has been set with an upper limit equating to 500 LAC by April 2016. The savings required on the LAC placements budget are significant. Within the LAC Placements Strategy there are a number of workstreams established which will contribute to an overall reduction in LAC numbers as well as reducing the costs of placements in order to make these savings. These include looking at alternative methods of meeting children's needs e.g. the Alternative to Care Service, increasing the numbers of available in-house foster placements to reduce the use of Independent Fostering Agency placements

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
% children whose referral to social care occurred within 12 months of a previous referral	Childrens Social Care	22.2%	25.0%	23.4%	Aug-15		<b>G</b>	There has been an increase in the number of children having a re-referral within 12 months since the July. Though performance is still below the target, the decline is being monitored and a piece of work started to track cases closed during September to inform work in this area.
% CAFs where outcomes were achieved	Enhanced & Preventative	81.7%	80.0%	79.7%	Aug-15		<b>A</b>	Performance is just below target.
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	507	406	513	Jul-15		<b>R</b>	<p>The Cambridgeshire health and social care system is experiencing a monthly average of 2,639 bed-day delays, which is 26% above the current BCF target ceiling of 2,088. In July there were 2,739 bed-day delays, down 22 from the previous month, 651 above the monthly target.</p> <p>Between August '14 and July '15 there were 35,097 bed day delays across the whole of the Cambridgeshire system - representing a 31% increase against the preceding 12 months. This situation is well documented in the media with several of our local hospital trusts having to close their A &amp; E departments due to insufficient capacity. Many of the patients are elderly who on average have longer lengths of stay in hospital, which in turn impacts on the hospitals ability to ensure sufficient throughput. Daily conference calls are held between CCC and the hospitals to identify patients who can be discharged safely and quickly.</p> <p>Across this period NHS bed-day delays have increased by 57% from 15,998 (Aug 13 - Jul 2014) to 25,056 (Aug 14 - Jul 15), while bed-day delays attributed to Adult Social Care have decreased from 9,626 (Aug 13 - Jul 14) to 8,103 (Aug 14 - Jul 15) an improvement of 15%.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	110	94	120	Jul-15		R	Between April - July '15 there were 1,701 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 110.3 delays per 100,000 of 18+ population. For the same period the national rate was 97.2 delays per 100,000. The numbers have increased due to a number of factors, one of which is the increased number of admissions within the Acute Trusts particularly for the over 85s who tend to require longer more complex care on discharge. In addition, there have been some challenges around the availability of domiciliary care provision particularly in hard to reach areas of the county. In addressing these issues, we are in regular contact with providers and are actively working with them to increase their staffing capacity.
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	14.8%	12.5%	14.7%	Jul-15		G	424 out of 2893 adults in contact with MH services are in employment. Both recording and performance has improved this year, however, there are 370 of the cohort still have no employment status recorded so cannot be included in the numerator for this measure.
1E - Proportion of adults with learning disabilities in paid employment	Adult Social Care	1.9%	7.5%	1.3%	Aug-15		R	Though performance is very low at the moment, employment information is collected at a client's annual review so numbers are expected to increase in the second half of the year when most reviews are planned.

## APPENDIX 8 – CFA Portfolio at end of August 2015

Programme/Project and Lead Director	Brief description and any key issues	RAG
Transforming Lives/Care Act Programme: Claire Bruin	<p>Joint governance arrangements have been established for this with effect from July 2015 and there is a programme of six projects to implement these changes. The Transforming Lives project is focusing on the implementation of the new way of working and the Programme Board reviewed updates from the Physical and Learning Disability Services. A report was also considered and agreed which outlined the elements required to implement Transforming Lives in the Older People's Service.</p> <p>No key issues.</p>	AMBER
Learning Disability Spend: Claire Bruin	A new project has been established to focus on developing an action plan to address the current overspend. The initial analysis work has been completed and a detailed project plan is being developed. Monthly Project Boards have been established to monitor progress and there are no key issues at this early stage.	AMBER
Building Community Resilience Programme: Sarah Ferguson	This programme will respond to the Council's shifting focus from meeting the needs of individuals to supporting communities and families. The strategy has been written and will be shared with service committees for comment before being discussed and agreed at the General Purposes Committee in October 2015. No key issues.	GREEN
Older People Service Development Programme: Charlotte Black	<p>Delivering service improvements for Older People following staff transfers from Cambridgeshire Community Services.</p> <p>Key Issue: Following the recent Home Care Summit a detailed action plan is being prepared to take the changes forward and will be discussed with the Service Director for Older People on 8 September 2015.</p>	AMBER
CFA Commissioning Strategy for 2016-20: Adrian Loades	<p>Delivering a strategy for the next five years that will respond to the savings that need to be made.</p> <p>Progress has been made to incorporate this into the Council's Strategic Framework. Work is underway to translate principles in strategy into five year Business Plan for CFA Services.</p> <p>No key issues.</p>	GREEN

Programme/Project and Lead Director	Brief description and any key issues	RAG
Accelerating Achievement: Keith Grimwade / Meredith Teasdale / Sarah Ferguson	Delivering the strategy aimed at groups of children and young people who are vulnerable to underachievement. An annual report has been produced and an evidence base developed. A comprehensive review of the action plan will be undertaken in October 2015.  No key issues.	AMBER
LAC Placements Strategy: Meredith Teasdale	Delivering the strategy for our Looked After Children including significant savings and the rising number of LAC, which are higher than predicted.  Key issue: To deliver the savings required the LAC Placements Strategy needs to be more radical and further work is underway to do that. The strategy will go to the November committee. Specific actions in the strategy include the implementation of the Alternatives to Care Service.	AMBER
Early Help: Sarah Ferguson	Delivering the implementation of a revised Early Help offer in Cambridgeshire. Work is in progress on the second phase of the Early Help review.  No key issues.	GREEN
Together for Families: Sarah Ferguson	The Together for Families work in Cambridgeshire provides a driver and impetus to develop whole family working further across all agencies in the public sector. Preparations are underway to launch Phase 2 and the Family CAF in September 2015.  No key issues.	GREEN



**ADULTS COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR OLDER PEOPLE, MENTAL HEALTH AND ADULT SOCIAL CARE SERVICES 2016/17 TO 2020/21**

**To:** Adults Committee

**Meeting Date:** 3 November 2015

**From:** Adrian Loades: Executive Director: Children, Families and Adults Services

Chris Malyon, 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 revenue business planning 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 2016/17 to 2020/21 Business Plan revenue proposals for the CFA 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 2016/17 to 2020/21, and endorse them to the General Purposes Committee as part of consideration for the Council's overall Business Plan
- c) It is requested that the Committee consider the proposed approach to demography and inflation for those services that are within the remit of Adults Committee for 2016/17 and endorse the recommendations.
- d) It is requested that the Committee consider the proposed levels of fees and charges for the CFA Service that are in the remit of the Adults Committee for 2015/16 to 2019/20 and endorse them.

<b>Officer contact:</b>	
Name:	Rebecca Hudson
Post:	Head of Strategy for CFA Services
Email:	Rebecca.hudson@cambridgeshire.gov.uk
Tel:	01223 714674

## **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. This means that despite the way in which we have been able to stimulate local economic growth, and the improving national economy, the financial forecast for the Council continues to present huge challenges.
- 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 £73m in the last two years and are on course to save a further £30m this year (2015/16). 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. The choices are stark and unpalatable but very difficult decisions will need to be made as the Council has a statutory responsibility to set a balanced budget each year, as well as a duty to provide the best possible services for Cambridgeshire's communities. It is the Chief Finance Officer's statutory role to provide a statement on the robustness of the budget proposals when they are considered by Council in February.
- 1.3 This year the Council has adopted an outcome-led approach to Business Planning. This is defined and described through the draft Strategic Framework that was approved by the General Purposes Committee on 20 October this year.
- 1.4 The Strategic Framework sets out the outcomes that the Council will work towards achieving, and the ways of working the Council will adopt, in the face of prolonged and painful budget pressures. It is not a solution to austerity in itself, but instead it is the approach the Council has taken to best tackle the huge challenges it faces.
- 1.5 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.
- 1.6 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.
- 1.7 The Council issues cash limits for the period covered by the Business Plan (rolling five years) in order to provide clear guidance on the level of resources that services are likely to have available to deliver services over that period. To maintain stability for services and committees as they build their budgets we will endeavour to minimise variation in cash limits during the remainder of the process unless there is a material change in the budget gap.
- 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 Appendix B, 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 and the cost of changes in the number and level of need of service users (demography). Proposed investments are then added and the total expenditure level is compared to the available funding. Where funding is insufficient to cover expenditure, the difference is apportioned across services as a savings requirement in order to balance the budget. Should services have pressures, these are expected to be managed within that service, if necessary being met through the achievement of additional savings or income.
- 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. Key inflation indices applied to budgets are outlined in the following table:

<b>Inflation Range</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
Standard non-pay inflation	1.2%	1.7%	1.8%	1.9%	2.0%
Other non-pay inflation (average of multiple rates)	3.4%	1.9%	2.3%	2.4%	2.4%
Pay (admin band)	2.0%	2.0%	2.0%	2.0%	2.0%
Pay (management band)	2.0%	2.0%	2.0%	2.0%	2.0%
Employer pension contribution (average of admin and management band)	5.5%	-0.5%	3.5%	2.9%	2.8%

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

<b>Service Block</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
Children, Families and Adults	4,741	4,843	5,444	5,655	6,045
Economy, Transport and Environment (ETE)	769	816	953	927	927
ETE (Waste Private Finance Initiative)	803	778	831	846	872
Public Health	272	372	405	416	430
Corporate and Managed Services	374	286	342	353	358

- |              |              |              |              |              |              |
|--------------|--------------|--------------|--------------|--------------|--------------|
| <b>Total</b> | <b>7,261</b> | <b>7,264</b> | <b>8,207</b> | <b>8,411</b> | <b>8,841</b> |
|--------------|--------------|--------------|--------------|--------------|--------------|
- 2.5 A review of demographic pressures facing the Council has been undertaken by the Research Group in conjunction with services and Finance. 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). The demographic pressures calculated by the Research Group are:

Service Block	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000
Children, Families and Adults	9,404	9,798	9,913	10,301	10,438
Economy, Transport and Environment (ETE)	266	466	474	486	544
Public Health	159	325	289	291	263
Corporate and Managed Services	24	23	24	25	25
<b>Total</b>	<b>9,853</b>	<b>10,612</b>	<b>10,700</b>	<b>11,103</b>	<b>11,270</b>

- 2.6 The Council is facing some cost pressures that cannot be absorbed within the base funding of services. These were reported to General Purposes Committee (GPC) in September who agreed that services should meet the cost of their own pressures. 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	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000
CFA: Unaccompanied Asylum Seeking Children	125	-	-	-	-
CFA: Fair Cost of Care & Placement Costs	-	-	-	1,500	2,500
CFA: Home to School Transport (mainstream)	980	-	-	-	-
CFA: Home to School Transport (LAC & Special)	1,200	-	-	-	-
CFA: Learning Disability Partnership	1,892	-	-	-	-
CFA: Single-tier State Pension	1,409	-	-	-	-
CFA: Adoption	570	-	-	-	-
ETE: Single-tier State Pension	331	-	-	-	-
ETE: Annual subscription to the LEP	50	-	-	-	-
CS: Single-tier State Pension	63	-	-	-	-
CS: Insurance Fund	278	-	-	-	-
CS: Children's Centre Business Rates	145	-	-	-	-
CS: Renewable Energy - Soham	-	183	4	5	4
LGSS: Single-tier State Pension	210	-	-	-	-
PH: Single-tier State Pension	34	-	-	-	-
<b>Total</b>	<b>7,287</b>	<b>183</b>	<b>4</b>	<b>1,505</b>	<b>2,504</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. The table below outlines investments by service. Note that negative figures indicate the removal of an investment from a previous year.

Service Block	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000
Children, Families and Adults	1,220	-174	-	-	-
Economy, Transport and Environment	-726	13	-	-	-
Corporate and Managed Services	312	2	132	159	-

### 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 £40.7m are required for 2016-17, and a total of £118m across the full five years of the Business Plan. The following table shows the total amount necessary for each of the next five years, split by service block.

Service Block	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000
Children, Families and Adults	-30,788	-22,075	-16,499	-13,112	-8,048
Economy, Transport and Environment	-6,593	-3,573	-2,856	-2,041	-982
Public Health	-511	0	-755	-912	-562
Corporate and Managed Services	-1857	-1746	-319	-869	-430
LGSS Operational	-971	-571	-803	-708	-351
<b>Total</b>	<b>-40,720</b>	<b>-27,965</b>	<b>-21,232</b>	<b>-17,642</b>	<b>-10,373</b>

- 3.2 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.
- 3.3 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.

- 3.4 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	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000
Children, Families and Adults	0	0	0	0	0
Economy, Transport and Environment	-406	-1,064	-2,391	-2,041	-982
Public Health	0	0	-755	-912	-562
Corporate and Managed Services	0	0	-285	-827	0
LGSS Operational	0	0	0	0	0
<b>Total</b>	<b>-406</b>	<b>-1,064</b>	<b>-3,431</b>	<b>-3,780</b>	<b>-1,544</b>

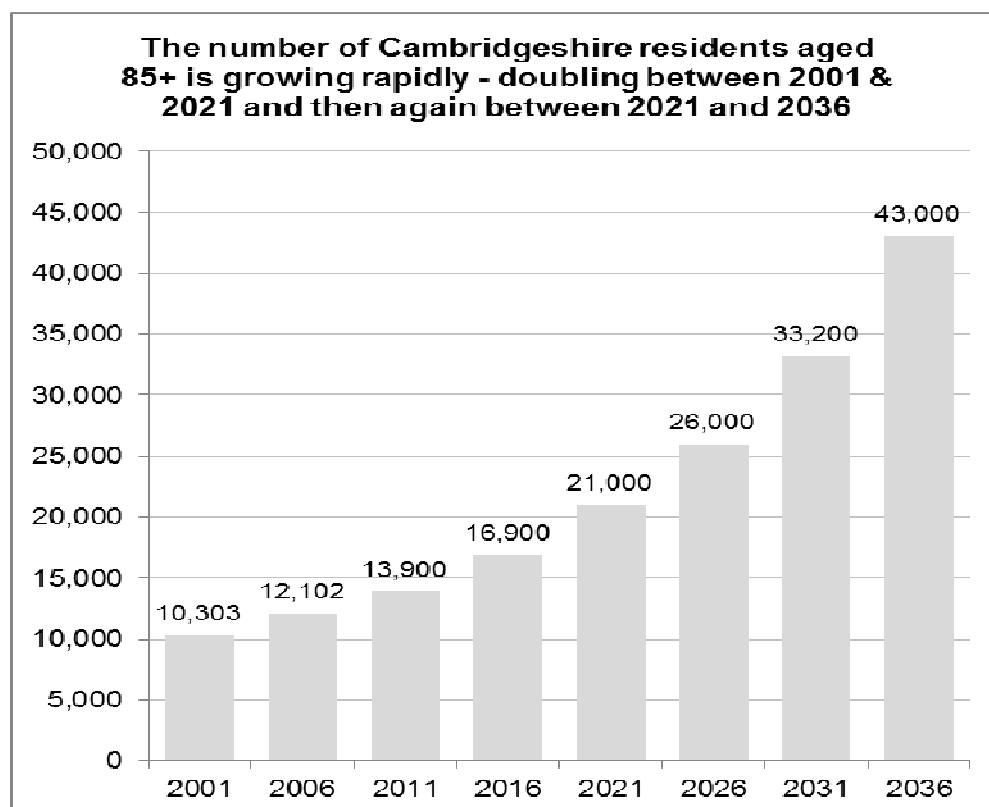
- 3.5 The level of savings required is based on an expected 1.99% increase in Council Tax each year. This assumption was built into the MTFS which was agreed by full council. For each 1% more or less that Council Tax is changed, the level of savings required will change by approximately +/-£2.4m.
- 3.6 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.
- 3.7 Following 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 BUSINESS PLANNING CONTEXT FOR OLDER PEOPLE, MENTAL HEALTH AND ADULT SOCIAL CARE SERVICES**

##### *Complexity of need and demographic growth*

- 4.1 There continues to be a high demand for services across Cambridgeshire and demographic trends mean that this is forecast to continue over the next five year period. As a consequence new service models are being developed in order for the Council to be better equipped to meet service demand when budgets are reducing.
- 4.2 There are demographic pressures on the resources to support people with learning and physical disabilities where we are seeing more people presenting with complex needs and the needs of existing clients escalating. Managing this pressure within a reduced budget is therefore becoming increasingly demanding.
- 4.3 We have a rapidly growing population of frail older people within Cambridgeshire who have increasingly complex needs and support requirements. Older people, particularly those over 85, use health and social care services much more than younger people on average. There has been

significant growth in the number of over 85 year olds in Cambridgeshire since 2001 and over the next 20 years we are expecting the over 85s population to grow exponentially, doubling from 2001 levels by 2021 and then more than doubling again by 2036.



- 4.4 The increase in the over 85 population at a time of funding reductions necessitates a change to the way in which services are delivered. The Transforming Lives programme seeks to provide older people needing support with timely information and guidance on support options available to them, particularly at times of crisis. Council services will be developed to provide a greater focus on preventing need escalating to the point of statutory assessment. However, many challenges remain, not the least being the problems in ensuring an adequate supply of affordable care to meet people's needs.

#### Changing legislative requirements

- 4.5 We also need to respond to changing legislative requirements through the business planning process. In adult social care and support for older people, the Care Act is driving significant change for local authorities. The Act reinforces how important it is to support and work alongside carers to meet the needs of people who are 'cared-for', introduces the expectation that authorities will work more broadly to support people's overall wellbeing and sharpens the expectations around safeguarding duties. These reforms are welcome but in many areas they will create new cost pressures by widening the number of people we both work with and provide assessments for.
- 4.6 Expectations around the newly announced national Living Wage will significantly increase the cost of commissioning domiciliary care, residential homes and other care for older people and those with disabilities and mental health needs. The anticipated additional costs from the NLW are shown in Table 3 at A/R.2.008: £5.9m next year and £27.6m across the five-year

period. Further detail is provided in section 7.

#### *Uncertainty and change during the business planning period*

- 4.7 Business planning for the medium or long term is made even more difficult by the number of uncertainties, variables and potential changes affecting services which cannot be fully predicted. We cannot know precisely how the demographic trends and patterns of need will continue in the coming years, especially with the number of new communities and growth sites which will appear. We know that national expectations, policy and funding will alter, with the spending review ongoing and the recent announcement of national business rates retention yet to be fully explained. In many areas of the plan, the savings we aim to achieve are dependent on a wide range of factors, not all of which are within our control.
- 4.8 Reflecting these uncertainties, the savings in Table 3 have been rated red, amber or green for both the anticipated impact on services users and deliverability. The number of savings rated as amber or red is illustrative of the level of uncertainty we are working with. Savings proposals will be reviewed and revised through the business planning period. Each of the proposals will have an implementation plan setting out the actions to be taken to achieve the saving and the basis for monitoring delivery of the saving. Implementation plans will be reviewed monthly.

#### *Business Planning within a system of partner organisations*

- 4.9 County Council services are part of a system of support for communities comprising a range of public bodies and voluntary organisations. The 'Better Care Fund', is a pooled budget in Cambridgeshire designed to deliver better integration of health and social care to make sure that services are built around the needs of the most vulnerable people and not around organisational boundaries. The focus of Cambridgeshire's Better Care Fund Plan is on providing improved support for people in the community by reducing and diverting demand (and therefore spend) away from acute health services and from long-term social care services towards more community-based and preventative early help. Better Care Funding is being used to support a range of community health and social care budgets, most notably through a contribution to the model of community health being implemented by Uniting Care; and through contributions to social care budgets. BCF is also supporting a range of transformation projects focusing on improving data sharing between organisations; making more care and support available seven days a week; coordinating our approaches to prevention; and improving person-centred health and care support. It has now been confirmed that the BCF will continue into 2016/17 and that funding will remain at a similar level to 2015/16. We have assumed that there will be no change in the distribution or resources within the BCF.
- 4.10 The demand and costs pressures facing the County Council for business planning are linked to and matched by demand and cost pressures facing our health partners. The health system is also driving significant change in how it operates across all areas of its business and will be implementing service reductions in the coming years. Our collaboration will be closer than ever to make sure we understand and manage the impacts of changes in health and social care and that our plans strategically align wherever possible.



## **5 STRATEGIC APPROACH TO BUSINESS PLANNING FOR OLDER PEOPLE, MENTAL HEALTH AND ADULT SOCIAL CARE SERVICES**

5.1 Over the past few years, we have taken steps to transform the way we work to both improve outcomes for people so that they are supported and safe within their families and communities, and to reduce the cost to the public purse. This has included the development of the 'Transforming Lives' model of social work, development of reablement, the creation of community navigator schemes, significant improvements in improving the pathway of care for people who have been in hospital, developing personalisation, choice and control for service users and improving assessment and care planning practice across all our teams. We have improved practice whilst making significant savings.

5.2 Future financial forecasts and the pressures outlined in previous sections mean we have to go further and faster than ever before and take a different approach to budget planning. Previously, we have focussed the majority of effort on designing a budget for the next financial year and asked each service area to identify savings and efficiencies to deliver services with incrementally reduced funding. This approach is no longer sustainable. Individual services will become unviable when treated incrementally and in isolation and short term decisions will not leave the Council best placed to meet the needs faced with the resources available. This makes planning for the longer-term and across service, directorate, Council and partner boundaries essential and the proposals presented therefore set phased reductions over 5 years rather than focussing only on 2016/17. The current proposals show a balanced budget for the first three years and a surplus of £225k and £5092 in 2019/20 and 2020/2021 respectively. The transformations to our service model described in the 2020 strategy are designed to deliver this 5-year plan.

### *Strategy for Children, Families and Adults Services in Cambridgeshire 2016/17 to 2020/21*

5.3 As the Committee is aware, we have developed an overarching and longer term plan for Adult Social Care, Older People and Mental Health Services; the revised draft Strategy for Children, Families and Adults Services in Cambridgeshire, 2016/17 to 2020/21 is attached as appendix A to this report.

5.4 The aim of the CFA Strategy is to set out the principles that guide the difficult decisions that have to be made over the next five years. It has been revised to reflect feedback received at the Committee discussion in September and to ensure alignment between the strategic direction of travel and the draft budget proposals over the next five years that have been developed subsequently. The draft CFA Strategy has formed the basis of the Council's Strategic Framework for the 2016/17 Business Plan.

5.5 The key messages within the strategy are:

- Considerable reductions to services for children, families and adults in Cambridgeshire will be necessary over the next five years.
- Across the County, a smaller proportion of vulnerable people will have the cost of their care met by the Council and overall we will reduce the

amount we spend on those in receipt of services.

- We will ask communities and families to do more to support vulnerable people in Cambridgeshire.
- We will increase the focus on improving long term planning for those in receipt of high cost care to maximise their independence and support from their families and/or communities, and to minimise the need for formal support provision over their lifetime. We will also reduce the cost of the specialist support people receive.
- This will involve very difficult decisions in terms of where budget reductions will fall. Some people who currently receive our support will not continue to do so. In some cases, we will reduce support for people who use our services regardless of whether or not they can achieve greater independence.
- We will strengthen the impact of the preventative work we do with people, working with them to prevent need and to prevent an escalation of need for our high cost services. We will use our remaining and reducing resources differently and our preventative activity will have a very different focus to now.
- We recognise that problems cannot always be solved quickly and some people will require ongoing support over the course of their lifetime. Where people need our most specialist and intensive services, we will support them. We will strive to make sure that the support provided improves both the quality of their life and is cost effective.

5.6 The strategic direction set out within the CFA Strategy has been developed in part through work across our teams looking at case study 'personas' of typical service users, considering how we might meet their needs differently and at much lower cost in future. Basing discussions around the needs of people and families in this way has driven creative thinking about meeting needs differently, rather than focussing on how to maintain existing services at lower cost. Section 6 of this report sets out the detail of some of this thinking to exemplify the changes we are proposing within the draft business planning proposals.

5.7 Children, families and adults must be involved in the development of proposals to reduce demand for our services and promote independence and progression. We are developing an engagement plan for the next few years to make sure that people who use our services – and their families and communities – can be involved in designing changes and reductions to services and consider their impact. We will also need to talk to people about the reduction of funding for existing packages of support.

5.8 Between now and the approval by Full Council of the Business Plan for 2016/17, our services will consult with those who use our services about the impact of the budget changes within the first year of the draft Business Plan. We are also producing an easy read version of the strategy to support communication and consultation of the proposals. We are also discussing the impact of the strategy and the draft business planning proposals with our key partners, particularly within the health and care system, to consider how we can better work together as a system of services to transform support

and care services and design a more sustainable system over the next five years.

- 5.9 Decisions about the support people receive will be made within the context of the overarching vision and strategic principles set out within the strategy, but we must be realistic. It is inevitable that as we better understand the impact of the changes we are making, we will need to react to different pressures and/or change our plans over the next five years.
- 5.10 In response to the funding position we have examined what is required of the County Council under our statutory duties and sought to identify whether there are any areas where we are going beyond what is required or being generous in our interpretation of statute. For CFA Services, a simple reduction of provision to the statutory minimum is not considered a sustainable approach. For the most part it is the preventative and early help support which is not mandated by statute but which we know we need to invest in if we are to manage the budgets for statutory support. The analysis of statutory and non-statutory services is attached as appendix D to this report and highlights where we are proposing changes to the relevant budgets within our draft business planning proposals.
- 5.11 Through business planning we have continued to ensure that staffing and support arrangements are as lean as possible, including benchmarking staffing levels and management structures against other local authorities. Some further reductions to staffing are described in section 6. The proposals would only lead to a small number of staffing reductions in social work teams (fewer than 10 full time equivalent posts) with the majority of staff reductions being in cross-directorate support services where we are currently estimating a total reduction of 20-25 Full Time Equivalent posts in 2016/17. Details of the staffing implications will be finalised for inclusion in the section 188 notice and will be provided to the Committee as part of the business planning papers for the December meeting.
- 5.12 Our strategy recognises that the Council's staff teams are central to efforts to manage demand and budgets. Social workers and other professional groups will be given greater freedom to design creative and flexible services and care packages. Improving the quality of front line decision making and practice is seen as a key element in delivering the savings required. The business plan reflects this and includes the investment in social work staffing as a result of the recent re-grading of posts which brings our pay rates more into line with other local authorities (A/R.5.001). We have also sought to protect the core workforce development budget, although how this budget is used is expected to change to meet the requirement to give front line staff greater operational freedom and accountability when meeting needs.

## **6 DRAFT BUSINESS PLANNING PROPOSALS: CARE BUDGETS**

- 6.1 A care budget is a sum of money that is used when a person has eligible needs, following assessment by a social worker or care manager. The amount of money paid out of the care budget depends on an individual's needs. A significant amount of our total budget for children, families and adults services is spent on this support, which is statutory. It includes direct support for older people, adults and older people with mental health needs, adults with a learning disability and/or a physical disability.

- 6.2 Specialist services are costly and often represent a large long term commitment. The care allocated for older people, people with disabilities and people with mental health needs has a budget of approximately £156m in 2015/16, representing over 75% of the total spend within the Adult Social Care and Older People and Mental Health Services Directorates. Because the care budgets represent such a significant element of our total spending we would not be able to create a sustainable financial model without establishing ambitious plans to transform the way we allocate and deliver care.
- 6.3 Our approach has been to model all of the care budgets using population projections, recent trends in service demand and information about how needs are changing in communities and costs are changing in the market. This work has been used to identify the level of extra demographic pressure which would exist if our service model did not change and we continued to support the same proportion of the population and allocated the same level of expenditure per person as at present (2015/16) over the course of the five years of the Business Plan.
- 6.4 This modelling highlighted more than £5million of demographic pressures each year (£28m over five years) for the budgets for older people, people with disabilities and people with mental health needs. Clearly this pressure is unaffordable and emphasises the need to make changes to services and the way they are delivered. To reduce the total budget spent on such support, the Council can only seek to help reduce the number of people requiring care, through prevention and early help and reduce the amount or cost of the care we provide to meet the needs of people in receipt of care. This will mean changing expectations about what care is funded and how needs are met.
- 6.5 We have developed revised approaches to meeting need and providing care to reduce the number of service users, the level of support provided and the length of time support is provided for. These proposals are considered to be the most stretching reductions possible whilst still being deliverable. The level of risk attached to the proposals is unprecedented.
- 6.6 The tables below set out an overview of the reductions proposed for the care budgets across the five years of the business plan. The reductions show the total of the demography pressure which will be met from current budgets and further additional allocated savings. The reductions to care budgets total to over £12m in 2016/17 and almost £45m over the five years of the plan.

		Reductions required to care budgets				
		2016-17	2017-18	2018-19	2019-20	2020-21
Learning Disability	Reduction from 2015/16 to 2016/17	£000	£000	£000	£000	£000
Demography pressure met within current budget <small>(A/R.3.005)</small>		-500	-750	-904	-1085	-1085
Savings <small>(A/R.6.102)</small>		-5,213	-5,914	-2,205	-2,047	-2,283
Total Reduction	-10.7%	<b>-6213</b>	<b>-6914</b>	<b>-3179</b>	<b>-3132</b>	<b>-3368</b>

		Reductions required to care budgets				
Physical Disability	Reduction from 2015/16 to 2016/17	2016-17	2017-18	2018-19	2019-20	2020-21
		£000	£000	£000	£000	£000
Demography pressure met within current budget <small>(A/R.3.003)</small>	-8.3%	-	-20	-55	-80	-111
Savings <small>(A/R.6.101)</small>		-1232	-1,191	-440	-505	-455
Total Reduction		-1232	-1211	-495	-585	-566
		Reductions required to care budgets				
Older People	Reduction from 2015/16 to 2016/17	2016-17	2017-18	2018-19	2019-20	2020-21
		£000	£000	£000	£000	£000
Demography pressure met within current budget <small>(A/R.3.007)</small>	-6.6%	-918	-965	-1138	-1136	-1136
Savings <small>(A/R.6.201)</small>		-3013	-1778	-1403	-1701	-1521
Total Reduction		-3931	-2743	-2541	-2837	-2657
		Reductions required to care budgets				
Adult Mental Health	Reduction from 2015/16 to 2016/17	2016-17	2017-18	2018-19	2019-20	2020-21
		£000	£000	£000	£000	£000
Demography pressure met within current budget	-7.3%	-	-	-	-	-
Savings <small>(A/R.6.203)</small>		-841	-830	-370	-722	-584
Total Reduction		-841	-830	-370	-722	-584

- 6.7 These high level budget reductions are explained in more detail below for each client group.

Support for people with a learning and/or physical disability

- 6.8 We will change the way that the needs of disabled people are met and review and reassess existing support within a new policy framework to reduce the cost of that support and develop greater independence where possible. The policy framework will be based on the foundation of a robust assessment and good care and support plan, which will be tightly focused on meeting eligible needs to support someone's wellbeing. Care and support will not provide for a particular lifestyle, but will be focused on managing risks to wellbeing. For example, we will provide single person accommodation and support arrangements only where there is an identified need, not simply where it would be preferred. The revised policy framework will be presented to the Adults Committee in December 2015.
- 6.9 The revised policy framework will be clear that choice and control over the day-to-day will not be unlimited, but will be planned within reasonable limitations that would apply to someone living without a disability and be most cost-effective. For example, we have already revised policies to set an expectation that people use their own money or benefits to fund the entry cost

to activities they wish to do. Another example would be where someone is supported 24 hours a day 7 days a week - we would expect that support to provide day-time activities even if they are limited, rather than providing additional activity. A further example would be where someone would like to attend an activity that is also attended by other service users - support may be switched to provide the activity rather than support the individual service users, so it can be provided more efficiently.

- 6.10 Previously our care and support plans have sometimes treated people as isolated individuals. However, 'independent living' does not mean 'isolated living', and the care and support plans we make with people will take more account of the contribution that the network of family, friends and the wider community makes to someone's wellbeing. We will look for such support as a first option, and not seek to replace it where it is there. This means personal budgets will take into account all of the support provided by family, friends and community networks and facilities.
- 6.11 Our care and support plans will be focused on managing risk. Rather than providing a level of support to cover a worst case scenario, we will plan for people to be as independent as possible and use contingency plans to ensure we can respond if extra help is required or something goes wrong. For people with disabilities, we will model the significant cost of support which will accrue over a person's lifetime and consider re-profiling that spend to provide greater support up-front if that supports reducing ongoing needs. The Disabled Facilities Grant already provides a source of upfront funding to help make life more manageable in the long run. We want to build on and expand this concept, for example, considering whether a house move or major capital works to a family home would allow the family to live more independently thereafter, particularly when compared to the cost of care if such investment is not made.
- 6.12 Our care plans will give greater focus to short-term interventions to achieve specific outcomes that enable people to be more independent. For example, whether dedicated support for a period could help someone gain the confidence to travel independently, live independently, succeed in employment, make connections in their local community or develop other skills which improve quality of life and reduce ongoing care needs. We will commission help by outcomes, inviting external providers to take up the challenge of working with families to increase their independence.
- 6.13 These measures will support a more creative approach to meeting need and give greater focus to other sources of support. This is in line with the Transforming Lives model. However, there will be a reduction in the level of support that is provided by the Council compared to what is provided currently. Whilst the range of measures outlined above will seek to reduce the impact of the reductions in expenditure, there will be a greater risk of poorer outcomes for people.

*Support for Older People (including older people with mental health needs)*

- 6.13 We plan to meet a significant proportion of the demographic pressure which would be anticipated as a result of the expanding and aging population in Cambridgeshire from current resources. We will seek to divert as many people as possible away from our services, offering forms of early help which result in a quicker response and reduce the number of people passing into

statutory teams for assessment and a care package. The Transforming Lives social work model will support this work, with teams developing creative plans to meet needs. We will establish a new multi-disciplinary team in the Contact Centre which will work to identify people with needs that can be immediately resolved by offering advice and guidance over the phone. For people requiring a face to face conversation, a new booked appointments service will be provided to link people into voluntary and community sector support, universal services and ensure that preventative measures are taken, information and advice is provided and links made to existing support systems in the community to meet needs quickly and delay the need for statutory support. The proposed reduction in the care budget for older people is therefore supported by a proposed investment of £330k in this service. (A/R.5.002)

- 6.14 We plan to change the mix and size of packages of support, reducing the cost of the care arranged to meet the needs of older people assessed as eligible for social care. Through the Transforming Lives model, teams will work to design support and care packages which seek to minimise the reliance on traditional forms of formal care, maximise independence and wherever possible keep people living in their community and at home rather than in full time care settings. Our planning assumptions are based on current trends - that we will reduce the number of older people being placed in residential and nursing care, increase the use of home care and that the overall cost of the average home care package will reduce. We are exploring the *Shared Lives* model for older people which will place people with carers (often retired social care or health staff) who provide care in their own homes. A key part of this will be helping people to make the right sustainable choices about where they live.
- 6.15 The changing model of care will mitigate some of the impact of the reduced level of funding available. However, reducing the level of support that is provided will mean an increased risk of poorer outcomes, including older people's health deteriorating quicker and an increased risk of a crisis. Service users will have less contact from professionals which could leave some people at greater risk of isolation and loneliness. Some older people may not receive the amount of care they had hoped for or may not be placed in the care setting they would ideally have chosen. There will also be further reliance on carers and informal social networks as Council support reduces..
- 6.16 As with all of our care expenditure, we are reviewing practice and costs with health partners and clarifying responsibilities around joint funding arrangements. These conversations ceasing funding of care packages that are only for the administration of medication. We need to work within our system of services to phase this type of change to our support.

*Support for Adults with Mental Health Needs (aged 18-65)*

- 6.17 Despite population growth and demographic pressure on demand for social care for people with mental health needs, we will work to maintain the current number of people who using services over the next five years.
- 6.18 We will reduce overall spend by decreasing the proportion of spend on formal care costs and in particular the use of residential or nursing care. We will support people to stay at home wherever possible or to be discharged quickly and receive help from wider community services rather than in formal

treatment settings. We will seek to reduce the weekly cost of residential packages and reduce the number of weeks people spend in residential care before moving into more independent living arrangements.

6.19 As in other areas we will in effect be taking more risk but planning for people to cope at home and independently rather receiving as much help in formal settings.

6.20 Delivering the reduction in this care budget will require:

- a concerted review of all existing high cost placements and in particular those made out of area to identify alternate packages. This will include reviewing individuals accommodated under on Section 117
- a reduction in the number of weeks people spend in residential care before moving into more independent living arrangements
- an increase in the use of the Reablement Service for people with mental health needs
- further development of Extra Care Sheltered Housing and sheltered accommodation to keep people in their own homes

6.21 **Impact of proposed reductions to care budgets**

6.22 The Committee should be under no illusions about the scale of the challenge and impact in delivering these reductions in care budgets. In real terms the savings and the mitigation of demography pressure to be delivered total over £12million in 2016/17 and just under £45million over 5 years.

6.23 Whilst we will strive to improve outcomes for people where possible, promoting independence and building on networks of support, we recognise that we will not be able to mitigate fully the impact of a reduced budget on the people we work with. It is inevitable that we will have significantly reduced capacity for support and some people will either have to wait longer for a service or will receive a reduced service or no service at all. In some cases, we will reduce support for people who currently use our services, regardless of whether or not we can achieve greater independence. Appendix F shows a number of (fictional) personas to illustrate how the changes might impact on individual service users.

6.24 A person centred response, with greater focus on support within individual communities and/or networks of support, makes it inevitable that there will be greater differentiation in terms of the support people receive from our services.

6.25 There is an unprecedented level of risk contained within the proposals in this strategic approach. 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, which will, in some cases, lead to people being less safe and poorer outcomes for vulnerable groups.

6.26 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.

6.27 There is also an acknowledged risk that as we seek to manage within the allocated budget, pressure will increase on other health and care partners, at



a time when their budgets and services are also stretched. Avoiding such pressures requires collective resource planning.

- 6.28 Managing within forecast budgets and delivering the required transformation will be the absolute focus of all teams across CFA services and the County Council. The scope for traditional efficiencies from CFA budgets is all but exhausted. Setting and then delivering ambitious reductions to expenditure on care is the only sustainable model for Children, Families and Adults Services.

## **7. THE PRICE OF CARE**

### *National Living Wage*

- 7.1 The Summer Budget in July 2015 announced the introduction of a National Living Wage (NLW), to take effect from April 2016 and increase to the end of the decade. At this time, the level of the National Living Wage has only been confirmed for 2016-17 (£7.20 per hour), with an expectation that it will reach 60% of median earnings by 2020 (the Office for Budgetary Responsibility equates this to around £9 per hour). The care sector has a strong reliance on a lower paid workforce and it is expected that the NLW changes will have a significant impact on the costs of care providers. The timing, scale and wider impact of the NLW are a major uncertainty for the sector, and within this Business Plan.
- 7.2 The announcement means that the minimum wage will increase by 9% from the average in 2015-16 to the NLW rate effective from April 2016. The Council's initial analysis of cost models, and liaison with the sector, lead us to suggest that, on average, provider costs will increase by between 3%-5% across most types of care for adults next year as a result of the NLW. This reflects that staff costs form just one part (although often the largest) of the price paid to care providers and that the NLW will only apply to workers aged 25 and over. Some providers have begun to make representations on this issue suggesting their costs will increase by up to 10% in the first year, whereas others believe they will be able to absorb the increase to begin with as they already pay their staff more than £7.20 per hour. The longer term impact and the implications for differentials with more senior staff and other low-paid professions are even more uncertain.
- 7.3 The anticipated additional costs from the NLW are shown in Table 3 at A/R.2.007: £5.9m next year and £27.6m across the five-year period. The Council believes the NLW is a new burden for which government must provide additional funding - further details are expected later in the Autumn, and there is national lobbying by both local government and the independent care sector to secure this funding. As further details are confirmed the proposals will be refined and will include further local and regional liaison with the care sector. The proposals being presented to both Adults Committee and General Purposes Committee are based on an assumption that the cost of the National Living Wage is funded corporately and is not seen as a service pressure to be met by Adults Committee. This approach has not yet been confirmed by GPC and the consequences of this national policy change represent one of the biggest areas of risk and uncertainty within the budget proposals.

### *Inflation*

- 7.4 Aside from the NLW, there continues to be considerable price pressure in the purchasing of social care. The Business Plan proposes a budget of £1.48m

(A/R.2.002, reduced by A/R.6.712) next year for meeting increasing prices for care costs. This is based on the 1.2% inflation indices derived from the Office of Budget Responsibilities Economic & Fiscal Outlook for prices in 2016/17 reduced by the proportion of the cost base that is anticipated to be driven by those pay costs that are subject to the NLW. In effect, the Council is not proposing to fund inflationary increases for staff who will also receive an increase through implementation of the NLW.

7.5 The Council will continue to operate within extremely difficult market conditions even after inflationary and NLW uplifts are made. Access to affordable care at required quality levels is becoming increasingly restricted as illustrated by the following factors:

- One domiciliary care provider has withdrawn from Cambridgeshire in 2015 - funding considerations were a key factor
- There are quality issues in several homes, restricting availability of beds; several care homes are considering business re-positioning and have increased the Council for major fee uplifts in the past year.

7.6 The Council works proactively with the sector to secure appropriate care based on assessment of eligible need. In recent years, we have typically found that the cost of new placements in care homes in particular is a key cost pressure, as providers have sought to negotiate price at the point of admission as the Council has restricted inflation uplifts for ongoing placements. Demographic changes also mean that the Council is increasingly seeking to source care in a market where providers can attract and charge higher prices to people who fund their own care

7.7 Rather than propose applying to providers a standard inflationary uplift for all types of care, the complexity of market conditions and factors outlined mean we will need to deploy the inflation budget allocated in future years through a differentiated approach towards points of cost pressure (such as nursing dementia beds). We will continue to engage with individual providers to ensure genuine cost pressures are reflected in agreed price alterations. We will also extend the Brokerage scheme to self-funders and home care provision to support people to secure lower costs of care.

## **8 BUSINESS PLANNING PROPOSALS: NON-CARE BUDGETS AND SUPPORT SERVICES**

8.1 Because of the need to deliver the ambitious reductions in expenditure on care and support, all services and team will be impacted by the business planning proposals. Even where teams are not affected by specific budget reductions, they will be expected to transform their models of service provision. The 2020 Strategy provides the Committee with an overview of how our services will be re-shaped over the course of the business plan.

8.2 The following paragraphs provide additional detail for those specific proposals relating to non-care budgets which will have the greatest impact on service users or are most challenging to deliver. The figures provided are for 2016/17 reductions unless otherwise stated. Table 3 of the business plan provided at appendix B provides a full overview over the full 5 years of the plan and Community Impact Assessments (CIAs) are also attached for the relevant proposals within the draft Business Plan.

### Adult Social Care

- 8.3 Rationalisation of housing related support contracts – The proposal is to not re-tender contracts for homelessness services if users can be supported through visits from Support Workers (known as ‘floating support’) instead. We will also reduce the amount of floating support to help people with low needs maintain their tenancies. These proposals represent a reduction in help and will increase the risk of problems with tenancies. We will monitor whether the increased risk is leading to an escalation of need which later requires additional social care support. (A/R.6.103, -£230k saving)
- 8.4 Short Term Reduction in Budget to Support Family Carers – The proposal is to reduce the funding allocated for “personal budgets” to meet the eligible needs of carers. This follows changes to meet Care Act expectations and the lower than expected take up of carer assessments and personal budgets.. The reduced budget is expected to be sufficient to meet the needs of carers and no changes in eligibility are proposed. It is expected that demand will increase over time and the budget is restored to current levels in 2018/19. If the take up of assessments and personal budgets increases quickly in the next two years, the budget will not be able to sustain the demand and would have to be managed by promoting lower level interventions. (A/R.6.108, £-300k)
- 8.5 In-house services for Learning Disability – In line with CFA strategy and transforming lives we will make changes to in house services. Changes will focus on ensuring that the staffing and funding resource is appropriately targeted to provide intensive short term support aimed at increasing independence where this will reduce the long term demand for services. This approach is not fully embedded in the current model of services. 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. Where any service is not being fully utilised and / or is not cost effective we will consider the risks in ending it as an in house service and where appropriate working with the independent sector to provide for assessed needs in a different way.(A/R.6.111, -£500k)

### Older People and Mental Health

- 8.6 Funding arrangements with Health - We are proposing further work with health colleagues to clarify funding responsibility between social care and the NHS when someone has continuing health care needs. We are working through a programme of reviews of these joint packages and the overall effect of this work is showing an increased proportion of funding for some service users coming from health which reduces costs to the local authority. Alongside this we are now formalising the clarification provided in the Care Act guidance that social care should only make compensation payments to the health system for delayed transfers of care (DTOCs) in exceptional circumstances. Previously budget had been set aside for such payments but the proposal is that the County Council no-longer pays, recognising that performance has improved dramatically and that we are working extremely closely with the acute sector to minimise any such delays. There is the potential for these changes to create difficulties in our working relationship with health partners or for disagreements about funding responsibilities to delay either strategic integration projects or care arrangement being made for individuals. (A/R.6.206, -£450k saving & A/R.6.208 -£330k saving)

- 8.7 Community Equipment - We are working with our Community Equipment provider to realise efficiencies through our existing contract. This will limit the range of equipment on offer and we would seek to ensure that our policies and approach are in line with other Local Authorities. Some equipment to provide better facilities to older people is currently funded from revenue budgets. There is available social care capital grant carried forward from previous periods to which this can be charged instead on a one-off basis, thereby creating a saving to the revenue budget. We will also increasingly be advising people on equipment they can purchase and install themselves to meet their own needs rather than looking only to the equipment which we provide and fund as a local authority. (A/R.6.204 & A/R 6.205 (-250k & -125k)
- 8.8 Voluntary Sector Mental Health Contracts - Reduction in some voluntary sector contracts for people with mental health needs. Reductions include counselling services, mental health supported accommodation, community support services and a number of homelessness contracts. These proposals are an extension of those already in the Business Plan for 16/17 - the savings target has been increased further. This will result in a reduced voluntary sector offer for people who are vulnerable due to mental health needs and may lead to increased demand for statutory services. (A/R.6.211, £134k saving)
- 8.9 Prisons Social Care Budget – The Care Act establishes new duties in relation to meeting the needs of prisoners. We expect to be able to deliver these duties with less resource than originally envisaged. Expenditure will be £300k and £39k of the funding can be taken as a saving. (A/R6.209., -£39k saving)
- 8.10 Increase in income from Older People's client contributions - We are reviewing our approach to disability related expenditure and welfare benefits to ensure older people maximise their take up of benefits and that we take all benefits fully into consideration when calculating client contributions. This increased benefit income reduces the reliance on County Council budgets to fund care. If successful, the net effect will be for a greater proportion of care costs to be met from people's benefits rather than County Council budgets. (A/R.6.214, -£500k savings)

#### Relevant Public Health Reductions

- 8.11 Drug and Alcohol Action Team (DAAT) – CFA and Public Health staff are working together to identify any potential savings from drug and alcohol misuse services commissioned by the Council, if further public health savings are required. Areas under consideration include securing efficiencies by increasing integration between drug and alcohol services commissioned from the same provider organisation. There are also be opportunities to develop staff in related Council services which will enable them to identify and undertake early interventions with less complex cases of drug and alcohol misuse.

#### Cross CFA savings

- 8.12 Support Functions – A number of reductions are proposed in relation to support functions. We will create a single contract monitoring and procurement function for the whole of CFA which will lead to staffing savings. We will bring together data and analysis functions across CFA into a single

team, this will lead to some economies of scale but will also result in staff reductions and a reduction in the amount and regularity of performance data. Reductions are being made in the Strategy and Information Management Services within Strategy and Commissioning and other strategic support roles in CFA will be consolidated. There will be reduction in business support capacity. This is linked to the Digital First agenda which will enable more work to be undertaken once rather than passed to Business Support staff to input into systems. We will be able to achieve some efficiency by bringing some of these roles and teams together, but there will also be a decrease in the capacity of support functions to support transformational change. We will have to focus our data analysis, project management, strategic analysis and policy and communication function on a smaller set of absolute priorities in future as overall capacity will be diminished. (A/R 6.401, 6.404, 6.701, 6.703, 6.705 Total -£896k 2016/17)

## **9 NEXT STEPS**

- 9.1 Following consideration by the Committee, these draft proposals will be further developed for reporting to the December meeting of the Adults Committee. The proposals will be considered at the General Purposes Committee in January, alongside those from the other service committees before then being recommended for formal endorsement at the February meeting of Full Council. The timeline for this process is shown below

November	Section 188 Notice Published describing impact on staffing numbers  Ongoing work to deliver savings proposals
December	Adults Committee considers final draft revenue proposals.  Ongoing work to deliver savings proposals
January	General Purposes Committee review draft Business Plan for 2015/16.  Ongoing work to deliver savings proposals
February	Draft Business Plan for 2016/17 discussed by Full Council.  Ongoing work to deliver savings proposals
March	Publication of final CCC Business Plan.  Ongoing work to deliver savings proposals.

- 9.2 Officers will continue to develop the delivery plans for the savings proposals as well as the community impact assessments in each area, these will to provide Committee members with further detail on how savings will be achieved and how this will impact on service users and communities. We are also developing robust delivery plans for the proposal within the draft Business Plan.

## **10. ALIGNMENT WITH CORPORATE PRIORITIES**

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

- 10.2 The most significant impact on the local economy relates to the independent care sector. The sector is already under significant capacity and cost

pressures and the pressure on County Council finances will create further risk of some parts of this economy becoming unviable, if we withdraw contracts or cannot offer contracts at a viable price. The existence and level of additional funding provided to support the living wage proposals will be crucial, if this is not fully funded then the additional cost burden on the sector will have a significant impact.

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

10.4 The impact of these proposals is summarised in paragraphs 6.24 to 6.29. Supporting people's independence is a central principle of our strategy and business planning proposals 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. However it is also recognised that the direct impact of providing reduced support for people will have a negative impact on their health and people's ability to lead full and active lives will be diminished.

### **10.5 Supporting and protecting vulnerable people**

10.6 The impact of the proposals on our ability to support and protect vulnerable people is provided for each key proposal within sections 6 and 7 and is summarised in paragraphs 6.24 to 6.29

## **11 SIGNIFICANT IMPLICATIONS**

### **11.1 Resource Implications**

11.2 The proposals set out the response to the financial context described in section 4 and the need to dramatically change our service offer and model to maintain a sustainable budget. An overview of the resource implication is provided at section 5.1. The full detail of the impact of the proposals on existing budgets is described in Table 3 of the business plan, attached as appendix B.

11.3 The proposals seek to ensure that we make the most effective use of available resources across the health and social care system and delivering the best possible services given the reduced funding.

11.4 This set of business planning proposals, more than ever before, is subject to significant 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. There are also financial risk and uncertainties relating to the outcome of the Government ongoing spending review and the potential additional pressure of the requirements of the living wage legislation, as described in section 4.

### **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 Children, Families and Adults Services will continue to meet the range of statutory duties for supporting older people, people with disabilities and people with mental health needs and other vulnerable groups, but as stated within the impact sections of this paper the level of help provided to people with statutory needs will reduce. The community impact assessment for each relevant proposal provides further detail about the anticipated impact, including reduction in help provided within statutory frameworks. These assessments are attached as appendix E.
- 11.8 There is an unprecedented 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, which will, in some cases, lead to people being less safe and poorer outcomes for vulnerable groups. Similarly, our workforce will need to operate within the context of this higher level of risk and will need 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 size of the financial challenge means that services will continue to seek to improve their effectiveness, but the level and range of services that can be provided is generally reducing. The Community Impact Assessments describe the impact of each proposal, in particular on vulnerable or minority groups.
- 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). The CFA Strategy document is being discussed with all key partner organisations. 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.
- 11.13 Community Impact Assessments (CIAs) for the savings proposals are attached to this paper for consideration by the Committee at appendix E, and where applicable these have been developed based on consultation with service users and stakeholders.
- 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 new Community Resilience Strategy, reviewed at the October Meeting of the Adults Committee, 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 vulnerable adults and older 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 work being led within Public Health around falls prevention will be important to our objective to reduce the need for care for older people and the public health focus on preventative mental health support will be part of the model to reduce the reliance on social care for people with mental health needs.

Source Documents	Location
<i>None</i>	



# **STRATEGY FOR CHILDREN, FAMILIES AND ADULTS SERVICES IN CAMBRIDGESHIRE 2016/17 TO 2020/21**

**Our vision** is for children, families and adults in Cambridgeshire to live independently and safely within strong and inclusive local networks of support. Where people need our most specialist and intensive services, we will support them.

## **WHAT IS SET OUT WITHIN THIS STRATEGY**

<b>Why change is needed</b> <ul style="list-style-type: none"> <li><i>Increased demand and complexity of need</i></li> <li><i>Changing legislative requirements</i></li> <li><i>Budget reductions</i></li> </ul>	<b>Pages 3 to 6</b>
<b>We are building on solid foundations</b> <ul style="list-style-type: none"> <li><i>Working in partnership to transform care and support</i></li> <li><i>We need to do more as a system</i></li> </ul>	<b>Pages 7 to 9</b>
<b>What will be different in 2020 and the impact of our approach</b> <ul style="list-style-type: none"> <li><i>Summary of what will be different by 2020</i></li> <li><i>Key principles of our approach</i></li> <li><i>How our proposals will impact children, families and adults in Cambridgeshire</i></li> <li><i>Our commitment to you and what you can do</i></li> </ul>	<b>Pages 10 to 12</b>
<b>How we will achieve our vision: A focused approach to reducing the cost of care and support</b> <ul style="list-style-type: none"> <li><i>How care and support will be reduced for Looked After Children, adults with a learning and/or Physical disability, older people, adults with mental health needs and for Home to School Transport budgets</i></li> <li><i>Responding to inflationary pressures</i></li> </ul>	<b>Pages 13 to 18</b>
<b>How we will achieve our vision: Strengthening the impact of work to prevent, reduce or delay need for high cost care and support</b> <ul style="list-style-type: none"> <li><i>Communities &amp; families to do more for the vulnerable</i></li> <li><i>All our work will be person focused</i></li> <li><i>Change the way that people can access our services</i></li> <li><i>Reduced spend on support for schools and settings</i></li> <li><i>Improved use of digital technology, analysis and use of data to better plan, target and commission support</i></li> <li><i>Convene a broader dialogue with business</i></li> </ul>	<b>Pages 19 to 22</b>
<b>How we will achieve our vision: We will support our workforce to transform</b>	<b>Page 23</b>
<b>Appendix: Case studies to illustrate how support to children, families and adults will change by 2020</b>	<b>Pages 24 to 25</b>

## **WHY CHANGE IS NEEDED**

Across Cambridgeshire, demand from people who are eligible for adult social care, older people and mental health services or children and young people's services continues at a level that exceeds the available budget.

### **Increased demand and complexity of need**

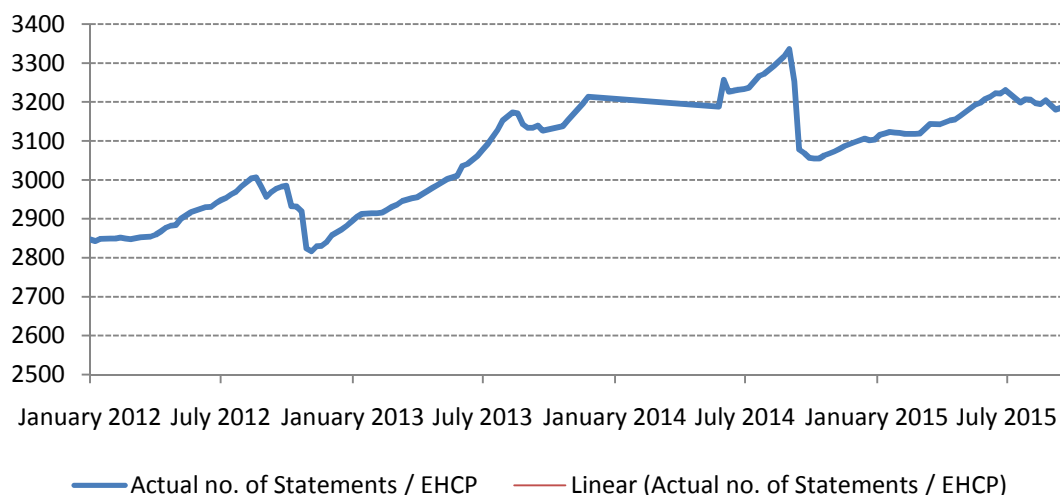
We have a rapidly expanding population of frail older people within Cambridgeshire who have increasingly complex needs and support requirements. The number of children in the County is growing and is accompanied by a rising acuity of need. This includes an increase in the number of Looked After Children and level of complexity in children with statements of Special Educational Need (SEN). Services at all tiers are experiencing high levels of demand.

### ***Children and young people***

In five years' time, total primary school pupil rolls are forecast to be around 9% higher than current numbers in Cambridgeshire as a whole; and 15% higher in Cambridge City.

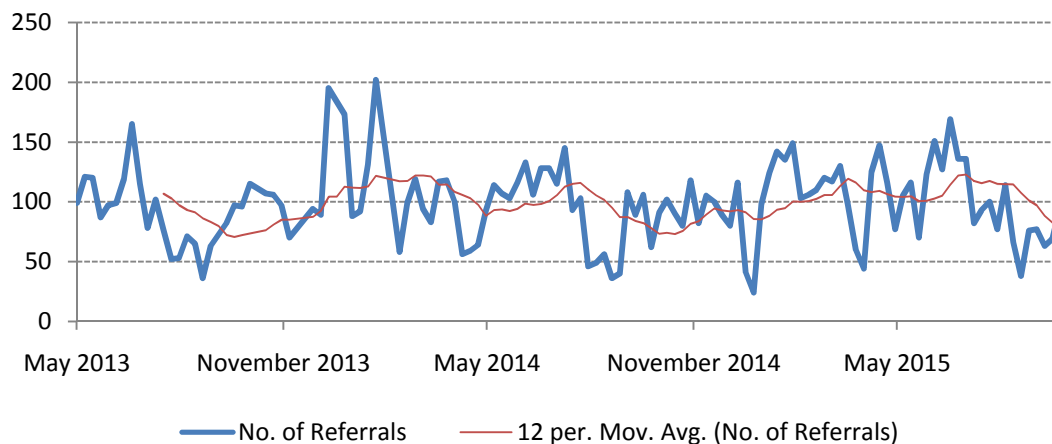
This growth in children numbers is accompanied by rising demand for higher need services. For example, statements of SEN, of which there were 2,850 in March 2012 and around 3,150 in March 2015.

### **The number of statements / EHCP is increasing (Jan 2012 to Sept 2015)**



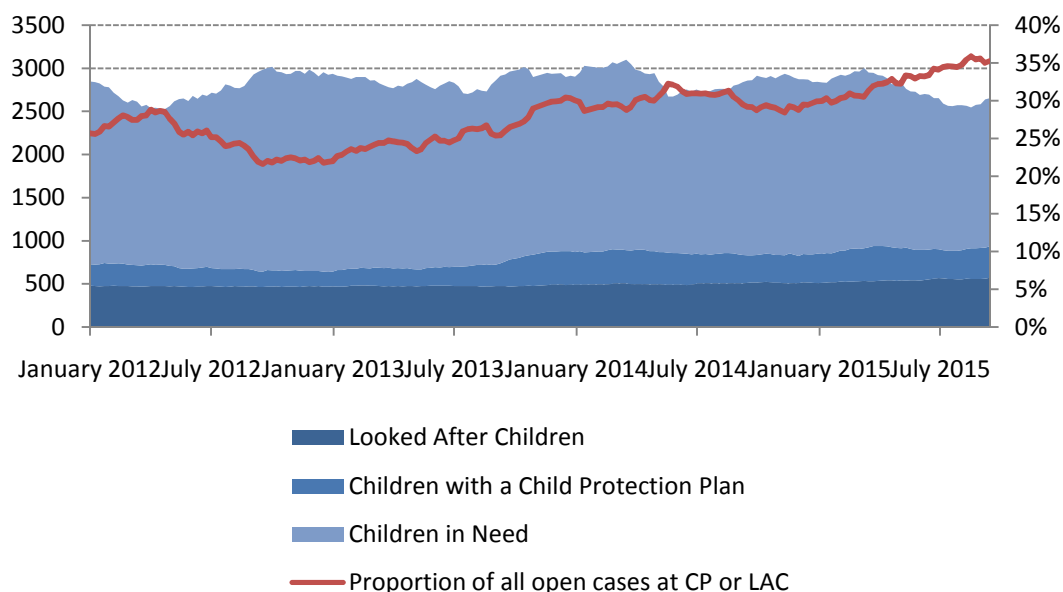
The number of referrals to our children and young people's locality team services for one to one support varies from between 75 and 125 per week (using a 3 month rolling average figure). However, since 2013, services have been remodelled to meet savings targets and the amount of support has been reduced. We recognise that we cannot meet the same demand that we do now and will have to reduce the support we provide.

### The three month rolling average suggests referrals to Locality teams for 1:1 support has remained broadly constant



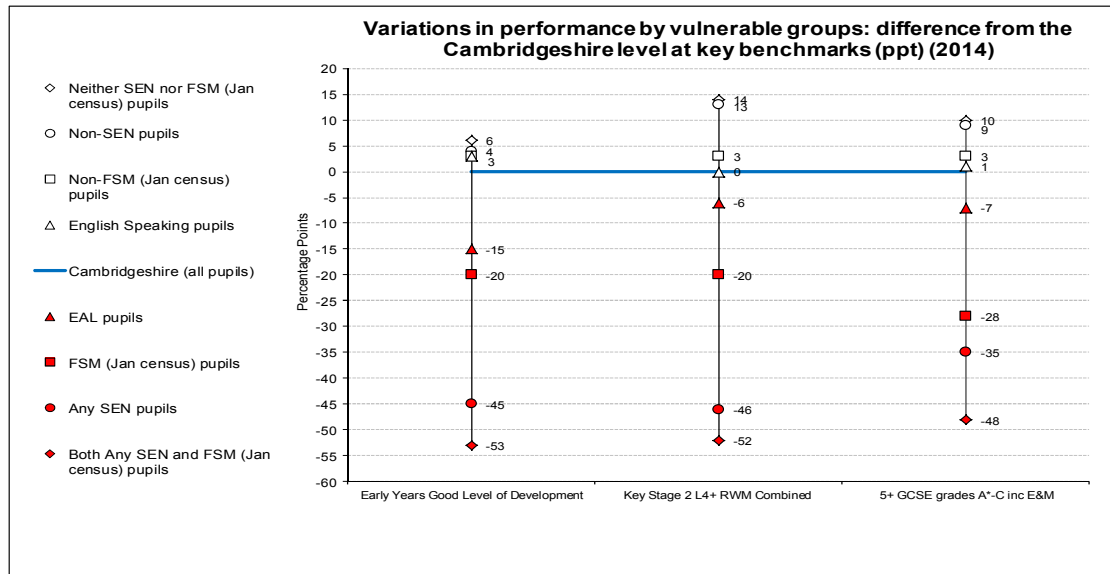
At the highest level of need, the number of open children's social care cases have varied between 2,500 to 3,000 since mid 2012. Over that time the proportion of these cases at the highest need categories of child protection and Looked After Children has grown, from 25% of all open cases to 35%.

### The proportion of high need cases open to Children's Social Care is increasing (Jan 2012 to Sept 2015)



Less than half of children and young people in the county who are aged 11 to 16 years old attend a good or outstanding school. This has fallen significantly in recent years. Around three-quarters of children aged 5 to 11 years old attend a good or outstanding school in Cambridgeshire.

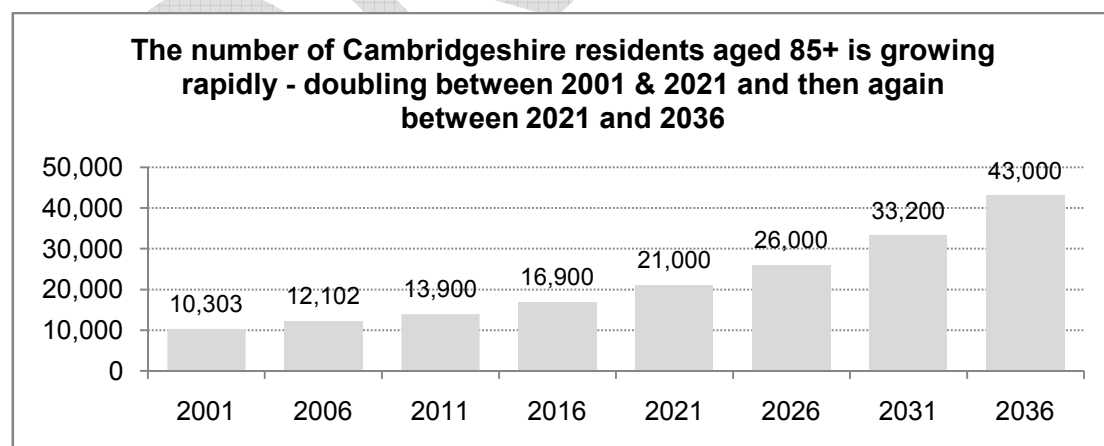
The proportion of children in Cambridgeshire who have special educational needs, access free school meals, or speak a language other than English at home (or some combination of these) who achieve the benchmark is much lower than their non-disadvantaged peers, across all key assessment areas.



### Adults and Older People

There are demographic pressures on the resources to support people with learning and physical disabilities. We are seeing more people presenting with complex needs and managing this pressure within a reduced budget is becoming increasingly demanding.

Older people, particularly those over 85, use health and social care services much more than 65 to 85 year olds on average. There has been significant growth in the number of over 85 year olds in the county since 2001. Over the next 20 years, we are expecting the over 85s population to grow exponentially, doubling from 2001 levels by 2021 and then more than doubling again by 2036.



### Changing legislative requirements

In adult social care and support for older people, the Care Act is driving significant change for Councils. It reinforces how important it is to support carers to meet the needs of people who are 'cared-for', introduces the expectation that we work more broadly to support people's overall wellbeing and sharpens expectations around safeguarding duties. These reforms are

well aligned with our strategy, but in many areas they will create new cost pressures by widening the number of people we both work with and provide assessments for, and by establishing new expectations in relation to carers.

Expectations around the newly announced national Living Wage will significantly increase the cost of commissioning domiciliary care, residential homes and other care for older people and those with disabilities and mental health needs. These budget pressures are likely to run to multi-million pound additional costs over the next few years.

There have been, and continue to be, a number of significant changes to the education system in recent years, which have resulted in an increasingly diverse and autonomous school system and a changed role for the Council. These changes include the expansion of the academies and Free Schools programme and raised expectations by the Office for Standards in Education (Ofsted) of schools, settings and Councils. In the context of standards generally being below the national level (despite recent improvements); the recent decline in the proportion of children attending a good or outstanding secondary school; and significant gaps in achievement between vulnerable groups and their class mates, there is an even greater need for schools and settings to work together to drive school improvement.

### Budget reductions

Alongside the increasing and changing demands on services, we are tasked with making over £100m in savings over the next five years. This is 29% of the gross budget for children, families and adults services over this period. We need to respond to demand pressures totalling £45million and inflationary costs of £28million. This follows a five year period, since 2011, through which the Council has already budgeted to save £196million.

There are no more 'painless' budget reductions to implement, for example, through efficiencies, reducing duplication or removing less effective services. **If we do not make any changes to our services or the way we deliver them, we will not be able to meet the increasing demand for those who need our support over the next five years.**

## **WE ARE BUILDING ON SOLID FOUNDATIONS**

To seek to mitigate the impact of budget reductions requires us to transform the support we provide to a better model and improve outcomes quickly and efficiently. People do not generally want to be dependent on public services or be placed in a care setting if this can possibly be avoided. Instead they want to live with and be supported by their family and friends at home in the community, and remain connected to their communities and interests.

Over the past few years, we have started to transform the way we work to improve outcomes for people so that they are supported and safe within their families and communities, and to reduce the cost to the public purse. We cannot do this in isolation and must work in partnership within the wider system across the health and care sector to transform support for people.

Across Cambridgeshire, there is a long history of organisations developing integrated services for children, young people, families, adults and older people. A diverse range of organisations impact on outcomes for children, families, adults and older people in Cambridgeshire. These include District and City Councils, housing providers, and the voluntary and community sector. A high level of dependence also exists on the independent sector.

### *Integrating services to improve outcomes for older people*

Our joint Older People's Strategy (with partners across the health and care system) sets out the significant opportunities to design and implement a better system of services for older people. The collective vision is for older people to be more independent, more active and more engaged in their communities for as long as possible, knowing that they can rely on services which are flexible, creative, coordinated and focused on keeping them well if needed. The key features of an integrated system to improve outcomes for older people that we must continue to work towards are:

- 1. A series of community based programmes and support that help people to age healthily**
- 2. A recognised set of triggers of vulnerability which generate a planned response across the system**
- 3. A universal network helping older people and their families to find high quality information and advice**
- 4. An aligned set of outcomes for older people**
- 5. An integrated front door with an agreed principle of 'no wrong door'**
- 6. Shared assessment process, information sharing between health, social care and other key partners**
- 7. A shared tool that describes levels of vulnerability**
- 8. A locality based Multidisciplinary team approach (MDT)**
- 9. Co-located staff**
- 10. Joint commissioning and aligned financial incentives to deliver outcomes**

The Cambridgeshire Executive Partnership Board is leading the development of a person-centred and integrated system of support across the adult social care and health system. The shared 'Better Care Fund' with health partners is allowing us to consider how we can redesign all of the care and health services in Cambridgeshire into the most coherent system, shifting support into community-based and preventative early help and away from high-cost, acute specialist and crisis management support.

Through the implementation of Transforming Lives (our new model of adult social work), our social work will be more proactive, preventative and personalised and will aim to enable residents to exert choice and control and ultimately to live more healthy, fulfilled, socially engaged and independent lives. We will work with our partners to facilitate support for people, families and communities to be socially and economically productive. Similarly, within Adult Mental Health we are embarking on transformative change through personalised care that enables individuals to remain as independent as possible within their communities.

Our approach to early help for children and families seeks to reduce the number of people requiring costly specialist services through preventative activity and enabling families and communities to take control and succeed independent of ongoing public services. It has a specific focus on making sure children are ready for and attend school and make expected progress, young people have the skills, qualifications and opportunities to succeed in the employment market, and the number of families who need intervention from specialist or higher threshold services is minimised.

#### *Integrating resource to support high demand or troubled families*

The Together for Families programme is driving a new collaborative approach to support families with complex needs and where support must be coordinated across organisations to help families overcome the most challenging issues, such as substance misuse, worklessness, criminality, anti-social behaviour, domestic abuse, mental health difficulties and many others. The 'Think Family' concept (described below) is at the heart of this model and will be extended to other services. For example, our work with vulnerable adults through the *Making Every Adult Matter* project and work to reduce the number of frequent attenders to emergency hospital facilities.

- 1. One Lead Professional** – to co-ordinate work with the family.
- 2. One thorough family assessment** – considers needs of the whole family, how the issues inter-relate and the wider context and relationships which surround presenting issues.
- 3. One overarching family support plan** – whilst we recognise that some agencies have to use a particular plan due to statutory requirements, there should be one overarching support plan managed by the Lead Professional and reviewed regularly with the family and professionals involved through team around the family meetings.
- 4. A team around the family** – professionals endeavour to ensure all relevant professionals are involved in their team around the family.



**5. Limiting transfers of families between services-** one coordinated intervention is more effective than services taking it in turns. Transfers between teams consume time, energy and incur cost.

**6. Commitment to putting family needs at the centre and overcoming professional difference** – professionals are open and reflective about their thinking and practices understand the perspective of other professionals to enable better multi-agency working.

*We need to do more as a system*

**We need to do more – as a system and to scale – to get the maximum value from our resource towards preventing need and preventing the escalation of need.**

Our system of support services should be developed in a way that is based on the real experiences and needs of vulnerable people and their families and carers, rather than organisational arrangements. We need to develop stronger partnership arrangements with the voluntary sector to ensure that people are aware of and can access the support that is available. Work has begun but more needs to be done over the coming years.

## **WHAT WILL BE DIFFERENT BY 2020 AND THE IMPACT FOR PEOPLE**

**Considerable reductions to all services for children, families and adults in Cambridgeshire will be necessary over the next five years.**

**Across the County, a smaller proportion of vulnerable people will have the cost of their care met by the Council and overall we will reduce the amount we spend on those in receipt of services.**

**We will ask communities and families to do more to support vulnerable people in Cambridgeshire.**

**We will increase the focus on improving long term planning for those in receipt of high cost care to maximise their independence and support from their families and/or communities, and to minimise the need for formal support provision over their lifetime. We will also reduce the cost of the specialist support people receive.**

**This will involve very difficult decisions in terms of where budget reductions will fall. Some people who currently receive our support will not continue to do so. In some cases, we will reduce support for people who use our services regardless of whether or not they can achieve greater independence.**

**We will strengthen the impact of the preventative work we do with people, working with them to prevent need and to prevent an escalation of need for our high cost services. We will use our remaining and reducing resources differently and our preventative activity will have a very different focus to now.**

**We recognise that problems cannot always be solved quickly and some people will require ongoing support over the course of their lifetime. Where people need our most specialist and intensive services, we will support them. We will strive to make sure that the support provided improves both the quality of their life and is cost effective.**

### **The key principles of our approach**

- Our work will be focused on promoting people's independence and progression, based around their strengths, improving their outcomes and reducing spend on high cost support.
- We will promote the responsibility of individuals for their own health and for the care arrangements of older and younger generations in their families and communities.

- We will build strength and capacity between people and the networks available to them (be that in their families and/or wider communities) so that they can meet their own needs.
- We will change the way that people can access our services in order to ensure a more timely response to need.
- Our work will be better focused on short term interventions to reduce, delay or prevent need where possible. It will be arranged and delivered locally and we will coordinate and integrate the support that people of all ages need (recognising that the intervention may be different depending on need).
- We will promote professional judgement and support the flexible and creative use of resources to improve outcomes and reduce anticipated whole life costs.
- In some cases, we will reduce support for people who use our services regardless of whether or not we can achieve greater independence.
- Where we have statutory responsibilities for institutions (e.g. maintained schools), interventions will be as targeted and as brief as possible with the aim of building capacity, promoting self-improvement and achieving a quality, self-sustaining system.

*The impact on children, families and adults in Cambridgeshire*

We must be clear with local people that difficult choices will need to be made over the next five years in terms of the support that the Council can provide. Now and over the next few years we will make sure that people who use our services - and their families and communities - have the opportunity to consider the impact of proposed budget changes and to be part of their development. This includes talking to people about the reduction of funding for existing support.

Decisions about the support people receive will be made within the context of the overarching vision and strategic principles set out within this strategy, but we must be realistic. It is inevitable that as we better understand the impact of the changes we are making, we will need to react to different pressures and/or change the direction of travel accordingly over the next five years. We will continuously review the impact of the changes we are making and will monitor the delivery of the savings we have to make.

Whilst we will strive to improve outcomes for people, promoting independence and building on networks of support, we recognise that we will not be able to mitigate the impact of a reduced budget on the people we work with. Ultimately, it is inevitable that as services for children, families and adults reduce we will have reduced management and support capacity. **Some people will either have to wait longer for a service or will receive no service at all. In some cases, we will reduce support for people who use**

**our services, regardless of whether or not we can achieve greater independence.**

There is an unprecedented level of risk contained within this strategic approach. 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. This will, in some cases, lead to people being less safe and poorer outcomes for vulnerable people. 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.

A person centred response, with greater focus on support within individual communities and/or networks of support, makes it inevitable that there will be greater differentiation in terms of the support people receive from our services. This is an uncertain environment and we have developed the following commitment to residents of Cambridgeshire, which sets out what people can expect from us when they need support. It also sets out what people in Cambridgeshire can do to support the ambitions of this strategy.

Our commitment to you

**We will listen to you and work with you to plan ahead, building on your strengths** and any support available to you from family, friends and the wider community. We will be clear about the amount and type of any support that we will provide, which will be personalised and will make a positive difference to you. We will intervene to keep you safe if you are unable to protect yourself.

What you can do

- **Get involved in your community.** You could volunteer with a local community group, charity or sports club.
- **Get online.** Access Council services or check information online. Our website is easy to use and will save you time.
- **Create opportunities to help protect the vulnerable in our communities.** Check on or help a vulnerable or lonely neighbour. If you are concerned about the welfare of a child or vulnerable adult, report it straight away. Consider fostering or adopting a child to provide a stable start in life for them.
- **Be healthy and active.** Take personal responsibility for your own health. Keep physically active and exercise regularly.
- **Plan** for the care of older generations and young ones in your families.
- **Have your say.** Tell us if we get it wrong and if you feel you could help the Council with the services we provide, get in touch and talk to us.

## **HOW WE WILL ACHIEVE OUR VISION:**

### **A focused approach to reducing the cost of care and support**

A care budget is a sum of money that is used when a person has eligible needs, following assessment by a social worker or care manager in the case of social care, and the Social and Education Transport team in the case of transport budgets. The amount of money paid out of the care budget depends on an individual's needs. A significant amount of our total budget for children, families and adults services is for this type of support, which is often statutory. It includes support for older people, adults with mental health needs, adults with a learning disability and/or a physical disability, Looked After Children, and Home to School Transport to mainstream and special schools.

Specialist services are costly and often represent a long term commitment. The current most expensive 25% of adult social care packages (2200 packages) cost £97m per year, or 70% of the total committed budget. In children's services, the top 25% (140 packages) cost £13m per year, or 50% of the total committed budget (not including any transport budgets).

To reduce the total budget spent on such support, the Council can only seek to help reduce the number of people requiring care through prevention and early help, and/or reduce the amount or cost of the care we provide to meet the needs of people receiving care. Ultimately, this will mean changing expectations about what care we fund and who is eligible for support. Small scale improvements are already being made, but more needs to be done. We have developed revised models of the care budgets to inform reductions in the proportion of service users, the length of time they are supported for and the cost of care over the next five years. These proposals are the most stretching reductions possible whilst still being deliverable. The level of risk attached is unprecedented.

#### **Our general approach to reducing high cost care and support by 2020**

- We will develop flexible and creative support plans, moving away from purchasing only traditional 'care packages' or 'placements' and towards funding the most cost-effective support plan – whatever it might be.
- We will devolve budgets as far as possible to service users and front line professionals to increase awareness of individual spend and to put more people in control of their care and the use of the personal budgets available to them, focusing on independence and progression.
- We will expect front line professionals to make decisions on the basis of the lifetime costs of support for individuals and consider what can be done early on to reduce that cost over the longer term. This may include reducing long term spend with lump sum upfront funding.
- We will put resource into facilitating discussions with the market to provide creative solutions to support people.

- Our services will support people across all ages, so that we work with those open to our services as a child to minimise the need for formal support provision over their lifetime.
- We will continuously review our high cost support, considering where spend has been reduced and the impact this had on outcomes for people.
- Wherever possible, we will avoid allocating extra funding to demand-led care budgets to support them in responding to increased demographic pressures. Instead, we will develop strategies to meet new needs within existing resources which will include further development of preventative activity. This requires new thinking and preventative activity that looks very different to now and is described in the subsequent chapter.
- The scale of housing development within the county is considerable. Over the next twenty years we expect 50,000 additional homes to have been built in Cambridgeshire. We have considerable experience of the high needs that originate in new communities as they become established. We will consider how we use resource to provide preventative services within new communities, focusing on supporting the development of self-supporting communities from early occupations of these sites.

This strategy includes case studies to exemplify the support that some of our more vulnerable children, families and adults in Cambridgeshire might receive by 2020 and how that differs from now.

#### *How we reduce the number of Looked After Children and the cost of their care*

Over the next five years we will seek to reverse the recent trend for rising numbers of children who are in care, so that the Looked After Children population will decrease, despite the growth in the 0 to 18 population.

We will prevent need escalating and find alternatives to care wherever possible. We will focus on brokering family solutions and identifying kinship carers who can take responsibility for children when their parent cannot, in preference to making a formal care placement. We will be clearer than ever with parents who ask us to take their children into care that they cannot give up their responsibilities as parents and that we will only bring children into care where this is absolutely necessary for their safety. Our range of edge of care services and wider services for children, families and adults will make children at risk of coming into care their first priority and provide the rapid, tenacious and intensive support for families which we know keeps children out of the care system.

We will change the mix of care placements and arrangements we make – with fewer residential placements, fewer children with independent foster care agencies and fewer children placed out of county. We will use funds creatively and flexibly to meet need at a lower cost. This might mean spending significant sums of money to fund more support workers to work with families frequently to avoid the placement cost. This flexible approach will include

support for children who are being supported by Children's Social Care teams or other specialist services, when we see their circumstances deteriorating and need(s) increasing, to avoid a high cost placement.

*How we will reduce the cost of support for people with a physical and/or learning disability*

We will change the way that the needs of disabled children and adults are met and will review and reassess all existing support for people within a new policy framework to reduce the cost of that support and develop greater independence where possible. We will do as much of that as possible next year (2016/17) and in the subsequent year.

Our new policy framework will be based on a robust assessment and care and support plan that is tightly focused on meeting eligible needs to support someone's wellbeing. Care and support will not provide for a particular lifestyle, but will be focused on managing risks to wellbeing. For example, we will provide single person accommodation and support arrangements only where there is an identified need, not simply where it would be preferred.

Choice and control over the day-to-day will not be unlimited, but will be planned for within reasonable limitations that would apply to someone living without a disability. Choice will be limited to those services that are the most cost effective. Where someone is supported 24 hours a day for 7 days a week, we would expect that support to provide day-time activities even if they are limited, rather than providing for additional activity. Where a person would like to attend an activity with their support worker that is also attended by other service users who have individual support, we may commission shared support from the activity provider rather than continue individual support.

Our care and support plans have sometimes treated people as isolated individuals. However, 'independent living' does not mean 'isolated living', and the care and support plans we make with people over the next five years will now take more account of the contribution that a natural network of family, friends and the wider community makes to someone's wellbeing. This means personal budgets will take into account all of the support provided by family, friends and community networks and facilities.

Care and support plans will focus on managing risk. Rather than providing a level of support to cover a worst case scenario, we will plan for people to be as independent as possible and use contingency plans to ensure we can respond if extra help is required or something goes wrong. We will model the significant cost of support which will accrue over the lifetime and re-profile that spend to provide greater support up-front to reduce ongoing needs. We will build on the concept of the Disabled Facilities Grant, which provides a source of upfront funding to help make life more manageable in the long run. For example, considering whether a house move or major works to a family home would allow the family to live much more independently thereafter.

Care plans will focus on short-term interventions to achieve specific outcomes that enable people to be more independent. For example, if dedicated support for a period could help someone gain the confidence to travel and live independently, succeed in employment, make connections in their community or develop other skills which improve quality of life and reduce ongoing care needs. We will consider commissioning this kind of help by outcomes, inviting external providers to work with families to increase their independence.

Many of the adults with disabilities supported by adult social care services were previously supported by children's services. It is vital that we help children and families plan for their later lives and anticipate the different support they will receive in adulthood. In line with our new statutory duties around Education, Health and Care Plans, it also means bringing the education, health and social care (for both children and adults) services together with the family and the child or young person when we are making a support plan. People with a physical or learning disability should expect a local school to be able to support their education, to access activities and facilities in their community, and to have a progressive outcome-focused plan focused on increasing their independence. The plan will be based around them continuing to live at home wherever possible.

#### *How we will reduce the cost of support for frail older people*

Over the next few years, despite significant increases in the older people population, we will seek to maintain the same amount of people using our services as now. We will divert as many people as possible away from our services, whilst helping needs to be met. We plan to mitigate a significant proportion of the demand pressure by offering new forms of early help, which will result in a quicker response and reduce the number of people passing into the statutory teams for full assessment and a care package. How this early help will work is set out in the subsequent section of this strategy.

We will meet the needs of older people through more creative and alternative arrangements which reduce reliance on residential provision in particular. We will help people to make the right sustainable choices about where they live. We know that living in appropriate housing can help to minimise needs as people grow older. We need to make sure that for people who choose to, there is a high quality option for moving house that allows their future needs to be met and fits with their lifestyle and plans for their retirement.

We will ensure that housing discussions are based on a flexible set of accommodation options, ranging from appropriate housing for those without care needs to temporary accommodation for some, and higher need permanent accommodation for others. We will work with partners in housing and health services and the commercial sector to make sure that a wide range of suitable housing options are available and, if necessary, built. We will share information with partners to ensure that development work is guided by evidence about future demand for services and where we can support the market to develop solutions. This is likely to result in mixed developments containing residential care provision, extra care and other specialist



accommodation, and more general housing built to an appropriate standard to support people to live independently for longer. These developments will be combined with new communities where it is sensible; but we will make the most use of public sector assets wherever we can as it could also provide an income to offset the need for further budget reductions elsewhere.

We will seek to change the mix and size of packages of support, reducing the cost of the care organised to meet the needs of older people assessed as eligible for social care. Through the transforming lives model of social work, teams will work to design support and care packages which seek to minimise the reliance on traditional forms of formal care, maximise independence and wherever possible keep people living in their community and at home rather than in full time care settings. We are exploring the *Shared Lives* model of respite care for older people, which will place people with carers (usually retired social care or health staff) who provide care in their own homes.

*How we will reduce the cost of support for adults with mental health needs*

Despite the population growth and demographic pressure on demand for social care for people with mental health needs, we will work to retain the current number of people who use these services over the next five years.

We will reduce overall spend by decreasing the proportion of care costs which are allocated to residential care. We will undertake a thorough review of all existing high cost placements, and in particular those made out of the area, to identify alternate options. We will seek to reduce the weekly cost of residential packages and reduce the number of weeks people spend in residential care before moving into more independent living arrangements. We will make sure that reviews happen regularly, and that there is a focus on increasing people's independence and moving them into less expensive support, such as supported housing.

*How we will reduce the cost of Home to School Transport (to both mainstream and special schools)*

We have considerable pressures to our budget in delivering our statutory requirement to provide Home to School transport for children and young people to mainstream and special schools. We will reduce this spend over the next five years, whilst fulfilling our statutory obligations.

We will change the way we contract home to school transport. Where it could result in a better value service, for example one that incorporates after school activities, we will encourage schools to take on responsibility for procuring their own transport funded by the Council on the basis of a fixed fee per pupil. We will review different forms of provision, including direct provision by the Council and/or looking to better integrate home to school transport resources with community transport.

The expectations of parents will need to change, particularly where children are transported (sometimes individually) in costly taxis. Some families will be

given the ability to make their own decisions about how best to get their children to and from school through the provision of Personal Transport Budgets. These personal budgets will be used to pay for car travel, public transport, sharing travel with other parents or wider family networks or overcoming barriers that have prevented them from accompanying their children to school, such as childcare for younger siblings. We will also make routes safe for walking so that funding can be withdrawn.

We will consult on the removal of all post 16 transport subsidies, including for disadvantaged students. The Council has a duty to facilitate access to further education and learning for students aged 16 to 19. This does not extend to include financial support; such arrangements are discretionary. We will consult on ceasing to provide financial support to any new student over the age of 16 beginning a course of study effective from 1 September 2016, including those living in low income households. In recognition of the impact of such a change on individual students, their families, post-16 providers and transport operators, it will be essential to undertake a wide-ranging consultation with those who might be affected and all other interested parties.

#### Responding to inflationary pressures

Year on year, inflation increases the real costs of providing and commissioning services for children, families and adults. These increased costs are not currently matched by increased funding from central government and so represent an additional financial pressure. We are considering the approach we take towards inflation over the next five years and whether and/or where it is possible to manage inflationary pressures within existing budgets or at lower rates.

This approach would create considerable challenges and risks for Council services and those we commission through independent providers and the voluntary and community sector. The impact is most significant when considering the costs of packages of care support for older people, vulnerable adults and children in care and for our transport responsibilities. Care is primarily delivered by independent providers who bear the cost of any under-funding of inflation and are required to run as a business. The Council has not been in a position to fully fund estimated inflationary costs of providers for the last five years, some of which saw actual reductions in fees paid. Continuing this trend potentially threatens the financial sustainability of some providers at a time when demand for care is increasing. There are some opportunities to address this, but it is our biggest risk in terms of securing adequate supply of care in terms of the budget we have.

We will continue to work with providers to identify further ways to reduce costs and therefore future inflationary pressures. This includes ensuring that we scale our contracts to secure economies of scale and also provide downward pressure through competition. We will work with partners to jointly procure services and ensure that our service specifications reflect the reality of the resources that we have available, whilst ensuring that safe provision is secured. A Procurement Strategy will set out our work in more detail.

**HOW WE WILL ACHIEVE OUR VISION:**  
**Strengthening the impact of work to prevent, reduce or delay**  
**need for high cost care and support**

Over the next five years and beyond, we will strengthen the impact of the preventative work that we do with people. We will work with people to prevent need and to reduce or delay the escalation of need (through early help) for our high cost care and support services. We will use our remaining and reducing resources differently and our preventative activity will have a very different focus to now.

**We will ask communities and families to do more to support vulnerable people**

We will shift our focus from meeting all the needs of the individuals we work with to building strength and capacity within people's relationships and the networks available to them (be that in their families and/or wider communities) so that they can meet their own needs.

Communities that are more connected and resilient need fewer public services, create good places to live and improve outcomes. People have an active role to play in creating better outcomes for themselves and others, and will be the starting place for tackling issues. We will consider what communities can do to support people to be safe and independent for longer, alongside how the community can deliver some of the support for vulnerable people that is currently provided through our services. This will mean that there will be fewer people in receipt of direct preventative services from the Council over the next five years.

- Community work to tackle loneliness and isolation in older people would significantly reduce demand for high cost services.
- Training parents to provide training to other parents to support their children would reduce demand on our services and ensure social workers can be focused on supporting people with high needs.
- Investment in community navigators, Shared Lives for older people and different ways of providing Home Care would promote independence and cut spend through reducing the need for high cost support.
- Investment at scale in Assistive Technology would dramatically reduce the number and cost of specialist support over people's lifetime.
- The development of a system of social prescribing, so that GPs and community health providers can link patients with community networks, would ensure that early preventative activities can happen through community networks rather than our own service provision.

- Our libraries will be better focused on providing early preventative support to more vulnerable people within their local communities. They will provide information and advice, and reduce isolation and loneliness.
- We will make decisions about the use of our buildings and assets based upon a set of clear principles about how to best help strengthen the local community.
- Council Members can play a crucial and proactive role in creating a better climate between the public sector, the voluntary sector and local community leaders, promoting local activity to help local people.

We must be clear, however, that there is an unprecedented level of risk within this approach. As we reduce the number of people who receive our specialist and intensive support and reduce the provision currently provided, it follows that more risk will be held within communities and families. This will, in some cases, lead to people being less safe and poorer outcomes for vulnerable people. Similarly, our workforce will need to operate within the context of this higher level of risk and will need very different skills from now.

Our work will be person focused (building on the *Think Family* concept)

Our work will be person focused – starting from an understanding of a person's needs to the wider network of support available to them. Our workforce will spot problems and seek primarily to harness people's networks of support and coordinate the delivery of services where appropriate, to promote independence and progression, and reduce spend on high cost care. Our workforce will facilitate and broker support around individuals from across the health and care system and the experience of service users, rather than providing from the menu of Council-funded help.

We will provide short-term input to formalise a person's network of support for more vulnerable people where it will reduce long term cost. Our workforce will be given greater flexibilities to work around barriers that might constrain thinking or a different response. Our services will be grouped within localities, looking at all of the provision, resource and need within a given area and redesigning this flexibly and creatively to improve the experience of service users and reduce cost. Early help is not just about people whose need is below statutory thresholds. We will ensure better integration with services for people whose need is higher, using the same problem-solving approach to care planning and support towards independence.

We will break down artificial divides within our services based on the age of the people we work with to promote independence and forward planning. For example, we will work with children and young people with physical disabilities to plan for as much independence as possible in adulthood. There are also some areas where we will consider internal structural changes to provide professionals with the tools to work in a person focused way. This includes the distinction between Adult Social Care and Older People's services, the

benefits of an all age learning service and commissioning arrangements for support to carers (both young and adult).

*We will change the way that people can access our services*

One of the key ways to manage demand for services is by changing the way that people make contact with us. Our current approach is process-driven and pulls people into contact with our services. We will make changes to enhance the role of our first points of contact to enable them to have deeper, strengths-based conversations with people to help them identify alternative sources of support - from their own networks, partner organisations, voluntary agencies and their communities - rather than assuming that a social care support package is the most appropriate solution in all occasions.

We will establish an early help provision for older people. This will be a structured and purposeful information and advice service, focussing on the individual's personal resilience and networks, building opportunities within their local communities and promoting the use of assistive technology and physical aids. It is anticipated that this will help to delay or prevent the need for people to enter the care system, reducing the need for costly long-term care packages, and enabling older people to remain part of their community. A new team in the Contact Centre will identify people with needs that can be immediately resolved by offering advice and guidance over the phone. For people requiring a face to face conversation, a new booked appointments service will be provided, which will link people into local voluntary and community sector support, universal services and ensure that preventative measures are taken to meet needs more quickly and delay the need for statutory support. Through this small investment we aim to reduce the volume of new referrals to our care team by approximately 40%.

Our relationship with the people of Cambridgeshire will also change. We will move from our current view of seeing people as customers who consume the services that we can offer, to an approach where we see people as active citizens involved in co-developing the solutions that both they and their communities require. Our Councillors will be involved in leading and shaping the development of community based solutions, engaged in and linking people to the full range of support networks.

*We will reduce spend on support for schools and settings*

Our educational system in Cambridgeshire will be sector-led, self-improving and sustainable. The Council will work in partnership with schools and settings to achieve the best outcome for every child in Cambridgeshire.

By 2020, we will be largely facilitating and brokering school to school support and school improvement initiatives to improve educational achievement; we will be providing services only where we have to, and where it is cost-effective to do so. If provision can be delivered more effectively by someone else, then it will be, and if we can stop doing something without escalating medium and long term cost then we will. We will support others to do things that we have

previously done ourselves. For example, we will build the capacity of governing bodies and early years and childcare leaders so that they can effectively hold schools and other providers to account. We will also support parents to be better able to support their child's learning. We will retain a range of provider services to support educational outcomes, but these will be fully traded and will not all remain as 'in-house' services.

Vulnerable children, more than their peers, need school to be a positive experience, to support them to live independently of support services. Being in work, education or training is a good tool to prevent people from needing our more costly services throughout their lifetime. The financial system of school funding significantly affects the capacity of schools to deliver quality education for vulnerable children. We will extend existing arrangements where funding is devolved to clusters of schools, for example to improve behaviour and attendance, and will redesign the financial system that supports children and young people with Special Educational Needs and/or a Disability. Funding in the hands of schools, where possible, will mean that support for children and families should be available more quickly, preventing the escalation of need, and children are able to carry on living at home, local to their family and friends, and benefiting from the resilience that creates.

*We will improve our use of digital technology and analysis of data to better plan, target and commission support*

We will work with partners to improve how we use digital technology to support intelligence gathering and analysis of data. This will be used to provide information and guidance, to help people to support themselves and make use of the networks of support available to them before reaching crisis points. Working in this way will also help us to identify individuals or communities who are at risk or who might be flagged to the voluntary and community sectors as potentially in need of support.

*We will convene a broader dialogue with business about social responsibility*

We will shape the market to meet need and build effective coalitions between business and public services. We will consider ways to convene a broader dialogue about social responsibility, shared values and inclusive growth.

## **HOW WE WILL ACHIEVE OUR VISION:** **We will support our workforce to transform**

We will be clear with our workforce about how we will support them to transform the way they work over the next five years. Our staff are committed to improving the lives of the vulnerable people they work with and we will do all we can to equip them with the skills to both improve outcomes for people and reduce the cost to the public purse.

Our first priority is to further improve the quality of the workforce, supporting staff to hold and manage risk better without recourse to process. Ensuring a high quality workforce will support us to work in this different way to meet increasing need and expectations with reduced budget. To deliver this we are implementing a new social care recruitment and retention strategy to address the over-reliance on agency workers and ensure we employ and retain the high quality staff we need.

We are also continuing to change our expectations of the workforce through our focus on 'think family' or person-centred principles, which will move the workforce away from teams which focus narrowly on one need or client group and one way of work to a more flexible workforce able to understand and respond to people - their families and network of support - with a much greater variety of needs. This will mean breaking down professional boundaries and helping our workforce to consider, for example, how disability impacts on others in the family and interacts with other needs. Or, how we can ensure our work to keep children safe balances the absolute focus on child safety with an approach which also tackles the wider needs within families. We will develop a common skill set in the workforce across all age functions, recognising that the intervention may be different depending on need.

In addition, this common skill set will include:

- The ability to manage high levels of risk;
- Financial management;
- Analysis and assessment skills – with a view to working out what the key need is;
- Solution and system focused;
- Being innovative and resilient; and
- Ability to influence behaviour change.

We will also make efficiencies to our support services within the Council and reduce our spend on this over the next five years. This includes our back office, strategic and transformation support teams. As changes are implemented to our way of working over the next five years, the need for these functions should reduce over the same timeframe.

This requires a significant change for our workforce and we will develop a five year workforce development strategy to support this change.

## **APPENDIX**

### **Case studies to illustrate how support to children, families and adults will change by 2020**

It is important that people understand the likely impact of the changes set out within this strategy for the levels of support we will provide for children, families and adults across Cambridgeshire. Alongside the examples set out within this strategy, the change in the support we will provide by 2020 is exemplified below.

#### **Support for a blind young woman wishing to be independent who is currently living with over-anxious parents**

Currently, this person might have had a significant ongoing care package involving several daily homecare visits. *However by 2020, our changed approach to support will allow us to respond differently. This might include:*

- Time-limited involvement with a focus on progression and independence for the young woman;
- Working with partners around the whole family such as housing provider, independent financial advice, specialist assessor;
- Looking at the 'assets' already around the family e.g. friends and involve them in the care plan; and
- Giving information and linking the family to local voluntary community groups and advocacy (community resilience) and the Carers Trust to develop a contingency plan (for emergencies if the parents can no longer provide care).

#### **Support for an older woman who has had several hospital admissions due to falls and other complex health needs and suffers from recurring urinary tract infections**

It is likely that we would currently support this person through a range of services to manage her needs and inevitable ongoing admissions to hospital. *However, by 2020 our changed approach to support will allow us to respond differently. This might include:*

- Provide brief, preventative continence support to help the woman manage the condition (or prevent occurring in first place) to avoid a larger social care package;
- Provide services as part of a multi-disciplinary team with health partners to avoid the need for support from multiple professionals;
- Commission any homecare on an outcomes basis – setting the goal for the provider to return the person to independence and so avoiding ongoing care costs; and
- Monitor through Assisted Technology to enable families and neighbours to know if she has fallen/ needs support meaning even some crisis situations can be managed independently.



A Looked After Child who has been through several disrupted placements.

We would currently support this child or young person by finding placements with the few organisations that can support children with very complex and challenging needs. Such placements are rare and expensive. *However, by 2020 our changed approach to support will allow us to respond differently. This might include:*

- If it allows risk to be managed properly, to support the child to live at home with a risk management package that could involve workers visiting every day
- To enable the child to attend mainstream school that can offer the support they need; and
- To put together a strong and comprehensive plan that focuses on outcomes and is properly resourced.

A child with a severe learning disability who is not able to travel to school in shared transport and whose parents do not want to take the current 40p per mile allowance to transport their child

We would currently support this child to attend school by contracting a taxi to transport them to and from school each day. This would be very expensive as the taxi could not be shared with other children.

*By 2020, our changed approach to support will allow us to respond differently. This might include offering the child's parent a Personal Transport Budget of £5000 a year to transport their own child to school. This is more attractive to the parent as it can be used completely flexibly by the parents as long as the child arrives in a fit state to learn and has good attendance. It allows the parents to share transporting the child with other members of the family or find cheaper alternatives to get their child to school, such as walking or using public transport, with no bureaucracy. The parent benefits from having more contact with their child's school and making informal support networks with other parents at the school. The child benefits from the extra time with their parents whilst making journeys to school and arrives at school feeling calmer.*



## Section 4: Finance Tables

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# Introduction

There are six types of finance table: tables 1-3 relate to all Service Areas, while only some Service Areas have tables 4, 5 and/or 6. Tables 1, 2, 3 and 6 show a Service Area's revenue budget in different presentations. Tables 3 and 6 detail all the changes to the budget. Table 2 shows the impact of the changes in year 1 on each policy line. Table 1 shows the combined impact on each policy line over the 5 year period. Some changes listed in Table 3 impact on just one policy line in Tables 1 and 2, but other changes in Table 3 are split across various policy lines in Tables 1 and 2. Tables 4 and 5 outline a Service Area's capital budget, with table 4 detailing capital expenditure for individual proposals, and funding of the overall programme, by year and table 5 showing how individual capital proposals are funded.

**TABLE 1** presents the net budget split by policy line for each of the five years of the Business Plan. It also shows the revised opening budget and the gross budget, together with fees, charges and ring-fenced grant income, for 2016-17 split by policy line. Policy lines are specific areas within a service on which we report, monitor and control the budget. The purpose of this table is to show how the net budget for a Service Area changes over the period of the Business Plan.

**TABLE 2** presents additional detail on the net budget for 2016-17 split by policy line. The purpose of the table is to show how the budget for each policy line has been constructed: inflation, demography and demand, pressures, investments and savings are added to the opening budget to give the closing budget.

**TABLE 3** explains in detail the changes to the previous year's budget over the period of the Business Plan, in the form of individual proposals. At the top it takes the previous year's gross budget and then adjusts for proposals, grouped together in sections, covering inflation, demography and demand, pressures, investments and savings to give the new gross budget. The gross budget is reconciled to the net budget in Section 7. Finally, the sources of funding are listed in Section 8. An explanation of each section is given below.

- **Opening Gross Expenditure:** The amount of money available to spend at the start of the financial year and before any adjustments are made. This reflects the final budget for the previous year.

- **Revised Opening Gross Expenditure:** Adjustments that are made to the base budget to reflect permanent changes in a Service Area. This is usually to reflect a transfer of services from one area to another.
- **Inflation:** Additional budget provided to allow for pressures created by inflation. These inflationary pressures are particular to the activities covered by the Service Area.
- **Demography and Demand:** Additional budget provided to allow for pressures created by demography and increased demand. These demographic pressures are particular to the activities covered by the Service Area. Demographic changes are backed up by a robust programme to challenge and verify requests for additional budget.
- **Pressures:** These are specific additional pressures identified that require further budget to support.
- **Investments:** These are investment proposals where additional budget is sought, often as a one-off request for financial support in a given year and therefore shown as a reversal where the funding is time limited (a one-off investment is not a permanent addition to base budget).
- **Savings:** These are savings proposals that indicate services that will be reduced, stopped or delivered differently to reduce the costs of the service. They could be one-off entries or span several years.
- **Total Gross Expenditure:** The newly calculated gross budget allocated to the Service Area after allowing for all the changes indicated above. This becomes the Opening Gross Expenditure for the following year.
- **Fees, Charges & Ring-fenced Grants:** This lists the fees, charges and grants that offset the Service Area's gross budget. The section starts with the carried forward figure from the previous year and then lists changes applicable in the current year.
- **Total Net Expenditure:** The net budget for the Service Area after deducting fees, charges and ring-fenced grants from the gross budget.
- **Funding Sources:** How the gross budget is funded – funding sources include cash limit funding (central Council funding from council tax, business rates and government grants), fees and charges, and individually listed ring-fenced grants.

**TABLE 4** presents a Service Area's capital schemes, across the ten-year period of the capital programme. The schemes are summarised by start year in the first table and listed individually, grouped together by category, in the second table. The third table identifies the funding sources used to fund the programme. These sources include prudential borrowing, which has a revenue impact for the Council.

**TABLE 5** lists a Service Area's capital schemes and shows how each scheme is funded. The schemes are summarised by start year in the first table and listed individually, grouped together by category, in the second table.

**TABLE 6** follows the same format and purpose as table 3 for Service Areas where there is a rationale for splitting table 3 in two.

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

**Table 1: Revenue - Summary of Net Budget by Operational Division**

Budget Period: 2016-17 to 2020-21

Net Revised Opening Budget 2016-17 £000	Policy Line	Gross Budget 2016-17 £000	Fees, Charges & Ring-fenced Grants 2015-16 £000	Net Budget 2016-17 £000	Net Budget 2017-18 £000	Net Budget 2018-19 £000	Net Budget 2019-20 £000	Net Budget 2020-21 £000
	<b>Adult's Social Care</b>							
565	Strategic Management - ASC	2,394	-1,620	774	774	770	770	770
572	Procurement	562	-	562	562	557	557	557
2,327	ASC Strategy & Transformation	2,166	-	2,166	1,659	1,347	1,339	1,331
2,024	ASC Practice & Safeguarding	1,897	-392	1,505	1,505	1,099	1,099	1,099
899	Local Assistance Scheme	484	-	484	554	554	554	554
	<i>Learning Disability Services</i>							
272	LD Head of Services	6,230	-5,982	248	245	238	234	230
465	LD Young Adults	960	-	960	828	1,083	1,268	1,405
31,194	City, South & East Locality	34,588	-4,384	30,204	27,473	26,411	25,523	24,513
21,818	Hunts & Fens Locality	27,395	-6,383	21,012	18,939	18,107	17,409	16,619
4,548	In House Provider Services	5,493	-1,416	4,077	4,077	4,031	4,031	4,031
	<i>Disability Services</i>							
973	PD Head of Services	950	-44	906	906	903	903	903
12,764	Physical Disabilities	13,914	-1,549	12,365	11,761	11,613	11,427	11,253
607	Autism and Adult Support	447	-3	444	278	284	265	251
509	Sensory Services	530	-7	523	522	519	518	517
2,121	Carers	1,839	-	1,839	1,835	2,129	2,124	2,119
<b>81,658</b>	<b>Subtotal Adult's Social Care</b>	<b>99,849</b>	<b>-21,780</b>	<b>78,069</b>	<b>71,918</b>	<b>69,645</b>	<b>68,021</b>	<b>66,152</b>
	<b>Older People and Mental Health Services</b>							
-7,205	Director of Older People and Mental Health	10,410	-18,240	-7,830	-7,907	-7,946	-6,478	-4,012
18,565	OP - City & South Locality	24,219	-6,042	18,177	17,952	17,902	17,764	17,682
7,187	OP - East Cambs Locality	9,196	-2,237	6,959	6,881	6,865	6,819	6,794
8,095	OP - Fenland Locality	10,746	-2,876	7,870	7,770	7,750	7,690	7,656
12,416	OP - Hunts Locality	16,301	-4,183	12,118	11,965	11,938	11,846	11,792
1,051	Addenbrooke's Discharge Planning Team	1,115	-	1,115	1,115	1,104	1,104	1,104
634	Hinchinbrooke Discharge Planning Team	661	-	661	661	656	656	656
8,220	Reablement, Occupational Therapy & Assistive Technology	8,344	-358	7,986	7,986	8,060	8,060	8,060
801	Integrated Community Equipment Service	5,101	-4,424	677	675	962	1,090	1,210
	<i>Mental Health</i>							
4,262	Head of Services	4,324	-143	4,181	4,181	4,180	4,180	4,180
7,237	Locality Teams	7,448	-431	7,017	6,602	6,634	6,323	6,148
8,127	Older People Mental Health	9,599	-1,570	8,029	7,940	7,925	7,871	7,839
<b>69,390</b>	<b>Subtotal Older People and Mental Health Services</b>	<b>107,464</b>	<b>-40,504</b>	<b>66,960</b>	<b>65,821</b>	<b>66,030</b>	<b>66,924</b>	<b>69,109</b>

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

**Table 1: Revenue - Summary of Net Budget by Operational Division**

Budget Period: 2016-17 to 2020-21

Net Revised Opening Budget 2016-17 £000	Policy Line	Gross Budget 2016-17 £000	Fees, Charges & Ring-fenced Grants 2015-16 £000	Net Budget 2016-17 £000	Net Budget 2017-18 £000	Net Budget 2018-19 £000	Net Budget 2019-20 £000	Net Budget 2020-21 £000
	<b>Children's Social Care</b>							
2,664	Strategic Management - Children's Social Care	2,386	-	2,386	2,386	2,359	2,359	2,359
4,197	Head of Social Work	4,778	-3	4,775	5,124	5,502	5,926	6,393
1,530	Legal Proceedings	1,541	-	1,541	1,352	1,352	1,352	1,352
1,176	Safeguarding & Standards	1,327	-130	1,197	1,197	1,190	1,190	1,190
4,533	Children's Social Care Access	4,969	-211	4,758	4,683	4,386	4,386	4,386
10,146	Children Looked After	10,851	-283	10,568	10,568	10,534	10,534	10,534
3,897	Children In Need	4,099	-38	4,061	4,061	4,036	4,036	4,036
5,910	Disabled Services	6,321	-467	5,854	5,854	5,835	5,835	5,835
<b>34,053</b>	<b>Subtotal Children's Social Care</b>	<b>36,272</b>	<b>-1,132</b>	<b>35,140</b>	<b>35,225</b>	<b>35,194</b>	<b>35,618</b>	<b>36,085</b>
	<b>Strategy and Commissioning</b>							
137	Strategic Management - S&C	537	-79	458	458	455	455	455
1,915	Information Management & Information Technology	1,859	-44	1,815	1,804	1,357	1,357	1,357
1,582	Strategy, Performance and Partnerships	1,471	-	1,471	1,345	956	956	956
	<i>Commissioning Enhanced Services</i>							
16,490	LAC Placements	15,127	-	15,127	13,192	11,559	10,551	9,811
8,469	SEN Placements	9,107	-544	8,563	8,563	8,563	8,563	8,563
3,731	Commissioning Services	3,701	-	3,701	3,527	3,018	3,018	3,018
1,323	Early Years Specialist Support	1,299	-	1,299	1,286	1,247	1,247	1,247
7,757	Home to School Transport - Special	9,151	-69	9,082	9,072	8,260	7,770	7,242
	<i>Executive Director</i>							
452	Executive Director	456	-	456	456	453	453	453
96	Central Financing	-1,574	-25	-1,599	-1,599	-1,599	-1,599	-1,599
<b>41,952</b>	<b>Subtotal Strategy and Commissioning</b>	<b>41,134</b>	<b>-761</b>	<b>40,373</b>	<b>38,104</b>	<b>34,269</b>	<b>32,771</b>	<b>31,503</b>
	<b>Children's Enhanced and Preventative Services</b>							
823	Strategic Management - E&P Services	757	-	757	757	744	744	744
741	Children's Centres Strategy	423	-	423	423	421	421	421
1,456	Support to Parents	2,669	-1,370	1,299	1,299	1,284	1,284	1,284
5,983	SEND Specialist Services	5,929	-181	5,748	5,748	5,689	5,689	5,689
7,252	Safer Communities Partnership	7,561	-227	7,334	7,334	7,327	7,327	7,327
	<i>Youth Support Services</i>							
1,317	Youth Offending Service	2,336	-1,147	1,189	1,189	1,174	1,174	1,174
1,195	Central Integrated Youth Support Services	953	-94	859	859	854	854	854
	<i>Locality Teams</i>							
3,665	East Cambs & Fenland Localities	3,373	-35	3,338	2,671	2,645	2,645	2,645
4,222	South Cambs & City Localities	3,820	-53	3,767	3,100	3,072	3,072	3,072



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

**Table 1: Revenue - Summary of Net Budget by Operational Division**

Budget Period: 2016-17 to 2020-21

Net Revised Opening Budget 2016-17 £000	Policy Line	Gross Budget 2016-17 £000	Fees, Charges & Ring-fenced Grants 2015-16 £000	Net Budget 2016-17 £000	Net Budget 2017-18 £000	Net Budget 2018-19 £000	Net Budget 2019-20 £000	Net Budget 2020-21 £000
2,659	Huntingdonshire Localities	2,395	-106	2,289	1,623	1,602	1,602	1,602
<b>29,313</b>	<b>Subtotal Children's Enhanced and Preventative Services</b>	<b>30,216</b>	<b>-3,213</b>	<b>27,003</b>	<b>25,003</b>	<b>24,812</b>	<b>24,812</b>	<b>24,812</b>
	<b>Learning</b>							
-274	Strategic Management - Learning	-310	-	-310	-441	-442	-442	-442
1,790	Early Years Service	2,126	-417	1,709	1,693	1,664	1,648	1,632
1,591	Schools Intervention Service	1,456	-302	1,154	843	666	666	666
1,544	Schools Partnership Service	1,391	-42	1,349	1,199	835	835	835
135	Children's Innovation & Development Service	2,806	-2,822	-16	-236	-243	-243	-243
1,464	Integrated Workforce Development Service	1,623	-296	1,327	1,217	1,207	1,207	1,207
-350	Catering, Cleaning & Groomfield Services	11,339	-11,739	-400	-400	-400	-400	-400
3,001	Redundancy & Teachers Pensions	3,515	-506	3,009	3,009	2,996	2,996	2,996
	<i>0-19 Place Planning &amp; Organisation Service</i>							
1,040	0-19 Organisation & Planning	2,528	-1,478	1,050	1,040	1,032	1,032	1,032
158	Early Years Policy, Funding & Operations	158	-	158	158	157	157	157
175	Education Capital	173	-	173	173	170	170	170
9,293	Home to School / College Transport - Mainstream	10,965	-1,027	9,938	9,842	9,927	10,151	10,393
<b>19,567</b>	<b>Subtotal Learning</b>	<b>37,770</b>	<b>-18,629</b>	<b>19,141</b>	<b>18,097</b>	<b>17,569</b>	<b>17,777</b>	<b>18,003</b>
-23,212	DSG Adjustment	-	-23,212	-23,212	-23,212	-23,212	-23,212	-23,212
	<b>- UNALLOCATED BUDGET</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>225</b>	<b>5,317</b>
	<b>Future Years</b>							
-	Inflation	-	-	-	4,843	10,287	15,942	21,987
<b>252,721</b>	<b>CFA BUDGET TOTAL</b>	<b>352,707</b>	<b>-109,233</b>	<b>243,474</b>	<b>235,799</b>	<b>234,594</b>	<b>238,878</b>	<b>249,756</b>

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

**Table 2: Revenue - Net Budget Changes by Operational Division**

Budget Period: 2016-17

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
<b>Adult's Social Care</b>							
Strategic Management - ASC	565	22	-	1	-	186	774
Procurement	572	15	-	9	-	-34	562
ASC Strategy & Transformation	2,327	37	-	9	-	-207	2,166
ASC Practice & Safeguarding	2,024	34	-	15	-	-568	1,505
Local Assistance Scheme	899	5	-	-	-350	-70	484
<i>Learning Disability Services</i>							
LD Head of Services	272	18	-	1	-	-43	248
LD Young Adults	465	18	297	293	31	-144	960
City, South & East Locality	31,194	414	714	930	19	-3,067	30,204
Hunts & Fens Locality	21,818	291	553	693	31	-2,374	21,012
In House Provider Services	4,548	125	-	68	-	-664	4,077
<i>Disability Services</i>							
PD Head of Services	973	17	-	4	-	-88	906
Physical Disabilities	12,764	156	406	9	49	-1,019	12,365
Autism and Adult Support	607	9	128	1	-	-301	444
Sensory Services	509	10	-	4	10	-10	523
Carers	2,121	25	-	1	-	-308	1,839
<b>Subtotal Adult's Social Care</b>	<b>81,658</b>	<b>1,196</b>	<b>2,098</b>	<b>2,038</b>	<b>-210</b>	<b>-8,711</b>	<b>78,069</b>
<b>Older People and Mental Health Services</b>							
Director of Older People and Mental Health	-7,205	89	-	7	331	-1,052	-7,830
OP - City & South Locality	18,565	264	475	18	50	-1,195	18,177
OP - East Cambs Locality	7,187	107	175	10	-	-520	6,959
OP - Fenland Locality	8,095	113	214	8	-	-560	7,870
OP - Hunts Locality	12,416	168	328	15	58	-867	12,118
Addenbrooke's Discharge Planning Team	1,051	36	-	15	51	-38	1,115
Hinchinbrooke Discharge Planning Team	634	15	-	8	22	-18	661
Reablement, Occupational Therapy & Assistive Technology	8,220	171	-	-	-	-405	7,986
Integrated Community Equipment Service	801	10	117	2	-	-253	677
<i>Mental Health</i>							
Head of Services	4,262	54	-	1	-	-136	4,181
Locality Teams	7,237	105	440	14	123	-902	7,017
Older People Mental Health	8,127	106	189	3	68	-464	8,029
<b>Subtotal Older People and Mental Health Services</b>	<b>69,390</b>	<b>1,238</b>	<b>1,938</b>	<b>101</b>	<b>703</b>	<b>-6,410</b>	<b>66,960</b>

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

**Table 2: Revenue - Net Budget Changes by Operational Division**

Budget Period: 2016-17

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
<b>Children's Social Care</b>							
Strategic Management - Children's Social Care	2,664	75	-	42	-	-395	2,386
Head of Social Work	4,197	54	316	572	-	-364	4,775
Legal Proceedings	1,530	11	-	-	-	-	1,541
Safeguarding & Standards	1,176	25	-	19	50	-73	1,197
Children's Social Care Access	4,533	107	-	52	259	-193	4,758
Children Looked After	10,146	175	-	188	193	-134	10,568
Children In Need	3,897	87	-	48	196	-167	4,061
Disabled Services	5,910	97	-	36	87	-276	5,854
<b>Subtotal Children's Social Care</b>	<b>34,053</b>	<b>631</b>	<b>316</b>	<b>957</b>	<b>785</b>	<b>-1,602</b>	<b>35,140</b>
<b>Strategy and Commissioning</b>							
Strategic Management - S&C	137	3	-	3	-	315	458
Information Management & Information Technology	1,915	37	-	14	-	-151	1,815
Strategy, Performance and Partnerships	1,582	40	-	22	-	-173	1,471
<i>Commissioning Enhanced Services</i>							
LAC Placements	16,490	198	-	-	-	-1,561	15,127
SEN Placements	8,469	94	-	-	-	-	8,563
Commissioning Services	3,731	79	-	35	-64	-80	3,701
Early Years Specialist Support	1,323	16	-	-	-	-40	1,299
Home to School Transport - Special	7,757	125	613	1,200	-	-613	9,082
<i>Executive Director</i>							
Executive Director	452	11	-	4	-	-11	456
Central Financing	96	-	-	366	-	-2,061	-1,599
<b>Subtotal Strategy and Commissioning</b>	<b>41,952</b>	<b>603</b>	<b>613</b>	<b>1,644</b>	<b>-64</b>	<b>-4,375</b>	<b>40,373</b>
<b>Children's Enhanced and Preventative Services</b>							
Strategic Management - E&P Services	823	25	-	20	6	-117	757
Children's Centres Strategy	741	13	-	-	-	-331	423
Support to Parents	1,456	32	-	21	-	-210	1,299
SEND Specialist Services	5,983	189	-	84	-	-508	5,748
Safer Communities Partnership	7,252	96	-	15	-	-29	7,334
<i>Youth Support Services</i>							
Youth Offending Service	1,317	34	-	25	-	-187	1,189
Central Integrated Youth Support Services	1,195	22	-	9	-	-367	859
<i>Locality Teams</i>							
East Cambs & Fenland Localities	3,665	89	-	46	-	-462	3,338
South Cambs & City Localities	4,222	101	-	54	-	-610	3,767

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

Table 2: Revenue - Net Budget Changes by Operational Division

Budget Period: 2016-17

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
Huntingdonshire Localities	2,659	69	-	38	-	-477	2,289
<b>Subtotal Children's Enhanced and Preventative Services</b>	<b>29,313</b>	<b>670</b>	<b>-</b>	<b>312</b>	<b>6</b>	<b>-3,298</b>	<b>27,003</b>
<b>Learning</b>							
Strategic Management - Learning	-274	-4	-	1	-	-33	-310
Early Years Service	1,790	39	-	31	-	-151	1,709
Schools Intervention Service	1,591	43	-	29	-	-509	1,154
Schools Partnership Service	1,544	57	-	29	-	-281	1,349
Children's Innovation & Development Service	135	13	-	12	-	-176	-16
Integrated Workforce Development Service	1,464	33	-	19	-	-189	1,327
Catering, Cleaning & Groomfield Services	-350	-	-	-	-	-50	-400
Redundancy & Teachers Pensions	3,001	35	-	-	-	-27	3,009
<i>0-19 Place Planning &amp; Organisation Service</i>							
0-19 Organisation & Planning	1,040	27	-	13	-	-30	1,050
Early Years Policy, Funding & Operations	158	3	-	3	-	-6	158
Education Capital	175	4	-	7	-	-13	173
Home to School / College Transport - Mainstream	9,293	153	475	980	-	-963	9,938
<b>Subtotal Learning</b>	<b>19,567</b>	<b>403</b>	<b>475</b>	<b>1,124</b>	<b>-</b>	<b>-2,428</b>	<b>19,141</b>
DSG Adjustment	-23,212	-	-	-	-	-	-23,212
<b>CFA BUDGET TOTAL</b>	<b>252,721</b>	<b>4,741</b>	<b>5,440</b>	<b>6,176</b>	<b>1,220</b>	<b>-26,824</b>	<b>243,474</b>

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

**Table 3: Revenue - Overview**

Budget Period: 2016-17 to 2020-21

		Detailed Plans		Outline Plans										
Ref	Title	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	Type	Description	Committee	Impact Rating	Deliverability Rating			
1	OPENING GROSS EXPENDITURE	360,719	352,707	345,658	344,949	349,739								
A/R.1.001	Increase in spend funded from external sources	590	-	-	-	-	Existing	Increase in expenditure budgets (compared to published 2015-16 Business Plan) as advised during the budget preparation period and permanent in-year changes made during 2015-16.	Adults, C&YP					
A/R.1.002	Special Educational Needs and Disability (SEND) Implementation Grant	-359	-	-	-	-	Existing	Removal of one-off new funding to support impact of new responsibilities due to SEND reforms (received in 2015-16 only).	C&YP					
A/R.1.003	Transfer of Function - Independent Living Fund	1,332	-67	-63	-60	-57	New	The Independent Living Fund (ILF), a central government funded scheme supporting care needs, closed on 30 June 2015 and the local authority is now responsible for meeting eligible social care needs for former ILF clients – requiring the additional budget shown on this line. Following the national trend, a 5% reduction in service users per year has been applied across the Business Planning period.	Adults					
A/R.1.004	Cambridgeshire Local Assistance Scheme	513	-	-	-	-	Existing	Increase in allocation to Local Assistance Scheme, following GPC review of national settlement	Adults, C&YP					
A/R.1.005	Reduction in Youth Justice Board Grant	-95	-	-	-	-	New	Anticipated reduction in Youth Justice Board Good Practice Grant.	C&YP					
A/R.1.006	Care Act (New Burdens Funding) Additional assessments and care cap	-1,600	-	-	-	-	New	With the announcement in July 2015 that the care cap would be delayed from April 2016 to the end of the decade, the Council now no longer needs to undertake assessments of people who fund their own care. We therefore anticipate the funding which the Council has been allocated for early assessments in 2015/16 will not recur in future years.	Adults					
A/R.1.007	Increase in Dedicated Schools Grant (DSG)	200	-	-	-	-	New	DSG funding of Special school equipment budget in Commissioning Enhanced Services.	C&YP					
1.999	REVISED OPENING GROSS EXPENDITURE	361,300	352,640	345,595	344,889	349,682								
2	INFLATION													
A/R.2.001	Centrally funded inflation - Staff pay and employment costs	2,221	2,171	2,433	2,507	2,675	New	Forecast pressure from inflation relating to employment costs. On average, 3.3% inflation has been budgeted for, to include inflation on pay, employers National Insurance and employers pension contributions (which are subject to larger increases than pay as a result of the on-going review of the employers percentage contribution required). However CFA will expect individual Budget Holders to absorb part of this increase in cost (see A/R.6.710).	Adults, C&YP					
A/R.2.002	Centrally funded inflation - Care Providers	2,232	2,181	2,445	2,519	2,689	New	Forecast pressure from inflation relating to care providers. An average of 1.2% uplift would be affordable across Care spending.	Adults, C&YP					
A/R.2.003	Centrally funded inflation - Looked After Children (LAC) placements	316	323	352	363	359	New	Forecast pressure from inflation relating to LAC Placements, which is estimated at 1.2%. However it is planned to restrict inflation on contracts to 0.50% where possible (see saving A/R.6.407).	Adults, C&YP					
A/R.2.004	Centrally funded inflation - Transport	431	441	480	494	490	New	Forecast pressure relating to Transport. Inflationary increase is calculated at 1.5%.	Adults, C&YP					
A/R.2.005	Centrally funded inflation - Miscellaneous other budgets	170	173	189	194	192	New	Forecast pressure from inflation relating to miscellaneous other budgets, on average this is calculated at 1.3% increase.	Adults, C&YP					
A/R.2.006	Corporate Services Inflation Proposal - Impact of National Living Wage on CCC employee costs	-	4	15	68	151	New	The cost impact of the introduction of the National Living Wage (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 National Living Wage will be expected to recover any additional cost through their pricing structure.	Adults, C&YP					

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		Detailed Plans					Outline Plans				
Ref	Title	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	Type	Description	Committee	Impact Rating	Deliverability Rating
A/R.2.007	Impact of National Living Wage on Contracts	5,970	5,355	5,321	5,319	5,397	New	As a result of the introduction of the National Living Wage (NLW) it is expected that the cost of contracts held by CCC with private and voluntary sector care providers will increase. This is as a result of providers costs increasing as a result of introducing the NLW, price increases are therefore anticipated. Our analysis suggests the changes from April 2016 could cost an additional 3-5%, depending on the cost base for providing different types of care.	Adults, C&YP		
A/R.2.008	Impact of National Living Wage on Contracts - anticipated funding	-5,970	-5,355	-5,321	-5,319	-5,397	New	The cost increase created from national living wage is a major uncertainty within this Business Plan and it is assumed that additional resources will be made available to CFA in response to the change. The Council believes this to be a new burden for which government must provide additional funding - further details are expected later in the Autumn. If this is not forthcoming local steps will be proposed to avoid an additional burden on CFA in 2016/17	Adults, C&YP		
2.999	<b>Subtotal Inflation</b>	<b>5,370</b>	<b>5,293</b>	<b>5,914</b>	<b>6,145</b>	<b>6,556</b>					
<b>3</b>	<b>DEMOGRAPHY AND DEMAND</b>										
A/R.3.001	Integrated Community Equipment Services (ICES)	117	118	128	128	120	Existing	Funding to support the increased demand for Community Equipment, both for the Adult population (demand for more complex equipment and demand led by Reablement) and for children (where demand continues to grow). ICES is an all age service.	Adults		
A/R.3.002	Physical Disability & Sensory Services	534	529	492	511	511	Existing	Funding to support the increase in demand on the service from children transferring to adult services and the net predicted increase in new users' needs (based on current trends of new users less users leaving the service). A net increase of 63 clients were registered on Disabilities Service commitment record across 2014-15.	Adults		
A/R.3.003	Reductions in demand - Physical Disability and Autism & Adult Support	-	-20	-55	-80	-111	New	The strategic approach across CFA is to maximise independence and reduce the need for statutory services. This work in children's will ensure that those young people transferring to the Physical Disability and Adult and Autism Team will be expected to have a reduced level of need for services. In addition working to the Transforming Lives model 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 and use of reablement before considering a long term statutory provision. There will be an increased level of financial risk relating to any reduction in a carer's ability to care.	Adults	Amber	Amber
A/R.3.004	Learning Disability Partnership (LDP)	2,065	2,288	1,904	2,085	2,085	Modified	Funding to support new users in the service (children turning 18 in 2016-17), as well as carer breakdown. Indicative budget has been identified for 13 clients who are likely to transition to Adults Services in the first year of this Business Planning period. The remaining £1.7m of the bid in 2016/17 relates to increased need for existing clients and new clients presenting to the LDP after their early twenties. This is based on an analysis of changes in this client group over the last 2 years – indicating an upward trend of 3.5%.	Adults		

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Ref	Title	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	Type	Description	Committee	Impact Rating	Deliverability Rating
A/R.3.005	Reductions in demand - Learning Disability	-500	-750	-904	-1,085	-1,085	New	The strategic approach across CFA is to maximise independence and reduce the need for statutory services; this work in children's will ensure that those young people transferring to the LDP will be expected to have a reduced level of need for services. In addition working to the Transforming Lives model 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 a long term statutory provision. There will be an increased level of financial risk relating to any reduction in a carers ability to care and in relation to any new people moving into the County.	Adults	Amber	Amber
A/R.3.006	Older People (Additional Demand)	2,298	2,402	2,793	2,798	2,806	Existing	Demographic modelling indicates that the number of older people requiring support will increase by 3.1% per year. This is due to a combination of the overall population growth occurring in Cambridgeshire, the increasing proportion of people aged over 65 and over 85 within that population and the increasing prevalence of dementia. The amounts show the additional funding required to support older people if the current proportion of people continue to receive care and the average cost of care per person remains the same.	Adults		
A/R.3.007	Reductions in Demand - Preventing and delaying the need for care for older people	-918	-965	-1,138	-1,136	-1,136	New	We plan to mitigate a significant proportion of the demand pressure on older people's services by offering forms of early help which will result in a quicker response and reduce the number of people passing into the statutory teams for full assessment and a care package. We will establish a multi-disciplinary team in the Contact Centre which will work to identify people with needs that can be immediately resolved by offering advice and guidance over the phone. For people requiring a face to face conversation a new booked appointments service will be provided which will work to link people into voluntary and community sector support and universal services, and ensure that preventative measures are taken, information and advice is provided and links made to existing support systems in the community to meet needs more quickly and delay the need for statutory support. This is in line with Transforming Lives principles. Through this work we will hope to reduce the volume of new referrals to care teams by approximately 40%. We will need to reduce expected new demand by 52 clients, across care types, to achieve this level of saving.	Adults	Amber	Amber
A/R.3.008	Adult Mental Health - Additional Demand	440	440	440	440	440	Existing	Funding to support increases in mental health needs for people aged 18- 65. This reflects modelling of the overall population growth in Cambridgeshire, the rise in mental health needs and autistic spectrum disorders in particular. The model reflects the additional funding required if recent trends in the number of service users and the costs of care were to continue.	Adults		
A/R.3.010	Home to School Special Transport	613	618	618	623	625	Modified	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, as predicted using historical trends.	C&YP		
A/R.3.011	Looked After Children (LAC) Numbers	2,100	1,615	1,680	1,744	1,841	Existing	Increased costs due to forecast increase in the LAC population in Cambridgeshire. The population is forecast to grow at a monthly rate of 0.36%, following analysis of recent and historical trends; this is prior to management intervention. Significant savings are planned to be delivered through the Placements Strategy, reversing the demographic growth (A/R.3.012) and delivering further savings (A/R.6.407).	C&YP		
A/R.3.012	Reduction in demand - Looked After Children (LAC)	-2,100	-1,615	-1,680	-1,744	-1,841	New	Demographic pressures (A/R.3.011) are planned to be met through implementation of the Placements Strategy reducing the risk of children entering care, reducing the length of time children spend in care, and reducing the risk of children returning to care.	C&YP	Amber	Amber
A/R.3.013	Growth in Children Numbers	305	487	528	589	589	Existing	Increase in resourses required to support increased and more diverse child population in Cambridgeshire.	C&YP		
A/R.3.014	Reductions in demand - Growth in Children Numbers	-305	-487	-528	-589	-589	New	There will be no new resources for new communities as they emerge in Cambridgeshire and therefore additional demand will be met from within the services' existing resource.	Adults, C&YP	Amber	Amber

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		Detailed Plans		Outline Plans							
Ref	Title	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	Type	Description	Committee	Impact Rating	Deliverability Rating
A/R.3.015	Home to School Mainstream Transport	475	759	759	759	759	Existing	Increased costs because the growth in numbers requires additional and new routes to be put in place for children of statutory school age.	C&YP		
A/R.3.016	Adoption	316	349	384	424	467	New	Special Guardianship Orders and Adoption Allowances were previously part funded through use of the Adoption Reform Grant as well as opportune in year savings in Children's Social Care (CSC). Government has now withdrawn the Adoption Reform Grant and previous funding is also not available in CSC to manage these costs. With a 25% year on year increase of Special Guardianship Orders alone over the past four years this funding is needed to fund the shortfall in funding for Special Guardianship Orders/Adoption Allowances. Our policy in relation to these payments will also be reviewed with a view to making savings in this area (see saving A/R.6.305).	C&YP		
A/R.3.017	Support Packages - Children in Need	47	46	46	46	46	Existing	Increased costs for Children in Need teams within Children's Social Care due to increasing numbers of referrals, and initial and core assessments being undertaken.	C&YP		
A/R.3.018	Support Packages - Children in Need	-47	-46	-46	-46	-46	New	The additional pressure on this budget will be absorbed.	C&YP	Amber	Amber
A/R.3.019	Disability Children's Services	56	58	60	62	64	Existing	Projected growth in disabled children numbers being seen in Cambridgeshire and requiring support from Children's Social Care, based on national trends in numbers and increases in complexity of need.	C&YP		
A/R.3.020	Disability Children's Services	-56	-58	-60	-62	-64	New	The additional demand on this budget will be managed within existing resources.	C&YP	Amber	Amber
A/R.3.021	Adult Alcohol Specialist Treatment Service	38	89	81	92	85	Existing	Funding to support increased demand for alcohol services.	Adults		
A/R.3.022	Adult Alcohol Specialist treatment	-38	-89	-81	-92	-85	New	Increased demand on this service will be managed within existing resources.	C&YP	Amber	Amber
3.999	<b>Subtotal Demography and Demand</b>	<b>5,440</b>	<b>5,768</b>	<b>5,421</b>	<b>5,467</b>	<b>5,481</b>					
<b>4</b>	<b>PRESSURES</b>										
A/R.4.001	Unaccompanied Asylum Seeking Children	125	-	-	-	-	New	Recognising the increase in Unaccompanied Asylum Seeking Children in Cambridgeshire and increasing costs relating to legal challenge, assessment and interpreters.	Adults		
A/R.4.002	Fair Cost of Care and Placement Costs	-	-	-	1,500	2,500	New	In line with Care Act guidance, the Council will need to continue to ensure that the price paid for Adult Social Care reflects due regard to the actual costs of providing that care. A strategic investment in the care home sector is envisaged in the final two years of this Business Plan. 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.	Adults		
A/R.4.003	Home to School Transport (Mainstream)	980	-	-	-	-	New	Pressures exist on the 2015/16 budget because savings from the re-tendering of contracts have been less than anticipated (prices have been negotiated to as low as the market will bear), and because of an unanticipated increase in the number of children requiring transport as a result of catchment schools being at capacity.	C&YP		
A/R.4.004	Home to School Transport (Looked After Children & Special)	1,200	-	-	-	-	New	Pressures existing as a result of the increasing Looked After Children population, and increasing needs resulting in higher cost and quantity of specialist transport.	C&YP		



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Ref	Title	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	Type	Description	Committee	Impact Rating	Deliverability Rating
A/R.4.005	Learning Disability Partnership	1,892	-	-	-	-	New	Previously the Council attempted to make savings based on the existing programme of reviews of service users, and limiting reduction of services to those that service users could reasonably be expected to pay. In the future the Council will have to straightforwardly seek reductions in packages without necessarily ensuring there is another way of the service user accessing that support. Going forward, a dedicated team of staff will be set up to undertake reviews of service users and to negotiate with providers. This work will need to ensure services are appropriate to service users needs and in line with the policies of the Council.	Adults		
A/R.4.007	Single-Tier State Pension	1,409	-	-	-	-	Existing	The Government plans to abolish the State Second Pension on 1st April 2016. The Council currently receives a rebate on the amount of National Insurance contributions it pays as an employer because it has "contracted out" of the State Second Pension. This rebate will cease when the State Second Pension is abolished, resulting in an increase in the cost of National Insurance contributions which the Council is required to pay.	Adults, C&YP		
A/R.4.008	Adoption	570	-	-	-	-	New	There is a current pressure of £570k in the Children's Social Care directorate. Adoption Allowances and Special Guardianship Orders were previously part funded through use of the Adoption Reform Grant as well as opportune in year savings in Children's Social Care (CSC). Government has now withdrawn the Adoption Reform Grant and previous funding is also not available in CSC to manage these costs. With a 25% year on year increase of Special Guardianship Orders alone over the past four years this funding is needed to fund the shortfall in funding for Special Guardianship Orders/Adoption Allowances. These allowances will be reviewed with a view to making savings (see proposal A/R.6.305).	C&YP		
<b>4.999</b>	<b>Subtotal Pressures</b>	<b>6,176</b>	<b>-</b>	<b>-</b>	<b>1,500</b>	<b>2,500</b>					
<b>5</b>	<b>INVESTMENTS</b>										
A/R.5.001	Re-evaluation of Social Work posts in Children's and Adult's Services	1,304	-	-	-	-	New	The Council has carried out a re-evaluation of the grades for posts working in social care in Adults' and Children's services to bring CCC in line with neighbouring authorities. This is in response to current difficulties with recruitment and retention and forms part of a Recruitment and Retention Strategy. This will result in increased cost as existing staff are upgraded, new staff are appointed and vacancies filled. We expect some decrease in spending on agency workers as a result, shown in proposal A/R.6.706.	Adults, C&YP		
A/R.5.002	Early help and intervention service for Older People and Adults with disabilities	330	-	-	-	-	New	We will establish a multi-disciplinary team in the Contact Centre which will work to identify people with needs. In addition, for people requiring a face to face conversation, Contact Centre staff will be able to offer a new booked appointments service which will work to link people into voluntary and community sector support and universal services, and ensure that preventative measures are taken, information and advice is provided and links made to existing support systems in the community to meet needs more quickly and delay the need for statutory support. This is in line with Transforming Lives principles.	Adults		
A/R.5.003	Flexible Shared Care Resource	-64	-174	-	-	-	Existing	Ending of transformation funding given to fill a gap in the market for the provision of services which bridge the gap between fostering and community support and residential provision. Investment will be repaid over a 7 year period from savings in placement costs.	C&YP		
A/R.5.004	Cambridgeshire Local Assistance Scheme (CLAS)	-350	-	-	-	-	Existing	Reversal of one off investment made into Cambridgeshire Local Assistance Scheme in 2015-16 (offset by new funding of £513k as shown in proposal A/R.1.004).	Adults		
<b>5.999</b>	<b>Subtotal Investments</b>	<b>1,220</b>	<b>-174</b>	<b>-</b>	<b>-</b>	<b>-</b>					

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		Detailed Plans					Outline Plans				
Ref	Title	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	Type	Description	Committee	Impact Rating	Deliverability Rating
6	<b>SAVINGS</b> <b>Adult Social Care</b>										
A/R.6.101	Reduction in expenditure on meeting the needs of people with physical disabilities and people on the autistic spectrum.	-1,232	-1,191	-440	-505	-455	New	<p>The savings will be a combination of actions set within a new policy framework currently being developed. The focus of activity will be reducing the provision for service users with disabilities within the context of the transforming lives model. This will include:</p> <ul style="list-style-type: none"> <li>• Accepting more risk in packages</li> <li>• Funding in place to manage situations where there was a likely need for increased support will be removed where there is no evidence that this has been used; Instead working to the transforming lives model teams will be more responsive to emerging need and intervene early to prevent or delay that need, offering time limited support or a Reablement Service where appropriate.</li> <li>• Specialist occupational therapist input will also continue to reduce double-handed care packages to single worker provision</li> <li>• Limiting the level of funding for "social inclusion" where a person attends groups or lives with others.</li> <li>• Negotiating reduction in the price we set for care (benchmark) particularly where this price is different across clients groups i.e. one cost for physical disabilities and a different one for older people.</li> <li>• Focusing on setting goals in support plans that aim for increased independence and reducing funding when those goals are achieved.</li> <li>• A programme of reviews and re-assessments will underpin these changes, this is likely to take up to three years to complete.</li> </ul> <p>As we expect service user numbers to be broadly static in this service, achieving this saving will require a 7.5% reduction in the average appending per person in residential services and a 4.5% reduction in the average spending per person receiving community based support.</p>	Adults	Red	Amber

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A/R.6.102	Reduction in expenditure on meeting the needs of people with learning disabilities	-5,213	-5,914	-2,025	-2,047	-2,283	New	<p>The savings will be a combination of actions set within a new policy framework currently being developed. The focus of activity will be on reducing the provision for service users with Learning disabilities within the context of the Transforming Lives model. This will include:</p> <ul style="list-style-type: none"> <li>• Accepting more risk in packages</li> <li>• Funding in place to manage situations where there was a likely need for increased support will be removed where there is no evidence that this has been used; Instead working to the transforming lives model teams will be more responsive to emerging need and intervene early to prevent or delay that need.</li> <li>• Identifying opportunities to promote group activities both in the community and in day care settings meaning support staff can be shared.</li> <li>• Introduction of set (benchmark) prices for care in line with current practice in Physical Disabilities and Older Peoples services requiring negotiation with existing providers.</li> <li>• Focusing on setting goals in support plans that support people to progress and increase their independence, reducing funding when those goals are achieved.</li> <li>• A programme of reviews and re-assessments will underpin these changes, this is likely to take up to three years to complete.</li> </ul> <p>The Learning Disability Partnership has a pooled health and social care budget therefore additional savings are required to maintain the pooled budget, this work will be focused on a review of specialist health support including the commissioned inpatient provision. For 2016/17, the savings in this line have been modelled as requiring a 7% reduction in the average cost of residential care, a 5% reduction in the average cost of supported living and a 6% reduction on average across community-based services. Client numbers will stay stable overall for the first two years of the plan – meaning the average level of support to individuals will decrease and cost less.</p>	Adults	Red	Red
A/R.6.103	Rationalisation of housing related support contracts (previously part of the Supporting People Programme)	-230	-500	-300	-	-	Existing	This work will focus on contracted services commissioned to support individuals / families to maintain their housing. One contract will be ended and another will be realigned to current performance. Where services are ended this will be replaced by "floating support" this support is provided on a referral basis and is aimed at helping individuals and families to maintain their tenancies as well as other activities such as help to gain employment which moves them into a more independent and sustainable situation.	Adults	Green	Amber
A/R.6.104	Charge eligible Disabled Facilities Grant expenditure to capital budget	-	40	-	-	-	Existing	Reversal of charging equipment and work to provide better facilities for disabled people to capital rather than revenue budgets (as there is a limited amount of carried forward capital funding available).	Adults	Green	Green
A/R.6.105	Older People's Services Handyperson	50	-	-	-	-	Existing	Reversal of a one off saving from 2015-16. Work with partners to develop a new Countywide handyperson scheme was delayed in 2015/16 allowing a one-off saving to be made. This money will be needed for the new service in 2016/17.	Adults	Green	Green
A/R.6.106	Review of non-care contracts in Adult Social Care	-54	-	-	-	-	New	The Disabilities Service is no longer required to make a contribution to the Blue Badge scheme (£17k) and to multiple sclerosis therapy (£2k), additionally funding is removed following previous contractual rationalisation for housing related support.	Adults	Green	Green
A/R.6.107	Prevention grant	-15	-	-	-	-	New	Permanent removal of last part of a historical grant that has not already been rolled into ongoing contracts for prevention services.	Adults	Green	Green

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A/R.6.108	Short term reduction in budget to support family carers	-300	-	300	-	-	New	Reduced 'personal budgets' to meet eligible needs for Carers. This follows changes to meet Care Act expectations and slower then expected take up of assessments and 'personal budgets'. If the take up of assessments and personal budgets increases quickly in the next two years, there is a risk that the budget will not be able to sustain the demand.	Adults	Amber	Green
A/R.6.109	Remove post to support Adult Information System (AIS) now implementation has concluded	-41	-	-	-	-	New	Removal of one post, which is currently vacant.	Adults	Green	Green
A/R.6.110	Deprivation of Liberty Safeguards	-540	-	-400	-	-	Existing	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. Recent guidance has reduced the requirement for legally trained representatives to present the cases in the Court of Protection which has reduced the legal fees. It has also proved challenging to secure suitably trained staff to undertake the assessments because of demand for these skills across all authorities. Some of the funding allocated to address this new pressure has therefore been identified to reduce budget pressures and the Council accepts the potential risk of challenge for depriving people of their liberty while the backlog of cases are prioritised.	Adults	Amber	Green
A/R.6.111	Review of in-house services for Learning Disability	-500	-250	-250	-	-	New	In line with CFA strategy and transforming lives we will review and make necessary changes to in house services changes will focus on: <ul style="list-style-type: none"><li>Ensuring that the staffing and funding resource is appropriately targeted to provide intensive short term support aimed at increasing independence where this will reduce the long term demand for services. This approach is not fully embedded in the current model of services.</li><li>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.</li><li>Where any service is not being fully utilised and / or is not cost effective we will consider the risks in ending it as an in house service and where appropriate working with the independent sector to provide for assessed needs in a different way.</li></ul>	Adults	Green	Green
A/R.6.112	Cambridgeshire Local Assistance Scheme	-70	70	-	-	-	New	The scheme is currently underspending, so it is proposed that a one off saving is made from 2016-17 budgets.	Adults, C&YP	Green	Green

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A/R.6.201	<b>Older People's Services and Adult Mental Health</b>										
	Reduction in expenditure on meeting the needs of older people requiring care	-2,063	-1,278	-1,403	-1,701	-1,521	New	<p>Savings will be delivered by reducing the cost of the care organised to meet the needs of older people assessed as eligible for social care. Through the transforming lives model of social work, teams will work to design support and care packages which seek to minimise the reliance on traditional forms of formal care, maximise independence and wherever possible keep people living in their community and at home rather than in full time care settings. Our planning assumptions are based on current trends.</p> <p>For 2016/17, the savings in this line have been modelled as the result of decreasing the numbers in</p> <ul style="list-style-type: none"> <li>residential care by 5% (27 service users)</li> <li>by 5% in nursing care (16 service users).</li> </ul> <p>This will mean that clients with higher levels of need will receive community-based care instead of residential services.</p> <ul style="list-style-type: none"> <li>Achieving this saving also requires a reduction in homecare clients of 79 and a 2% reduction in average cost of domiciliary provision, meaning the average package size will decrease.</li> </ul> <p>Our plans mean that we will support only the same number of Older People in 2021 as we do in 2015, despite the demographic pressures. We recognise that this will be very challenging to implement and could have a negative impact on the outcomes of the older people we support and some older people may not receive the amount of care they had hoped for or may not be placed in the care setting they would ideally have chosen.</p> <p>There is also a risk that as we seek to manage within the allocated budget, that this will increase pressure on other health and care partners, at a time when their budgets and services are also under significant pressure. We aim to ensure that we plan with partners how we will use of resources to achieve greatest impact by working in partnership to plan for and anticipate the impact of the reduced budget.</p>	Adults	Red	Red
A/R.6.202	Housing Related Support	-457	-	-	-	-	New	<p>The support service for those being accommodated in extra care schemes has been retendered in 14/15 and this has resulted in a reduction in the overall cost of the contract of £332K. In addition as part of the retendering process there was a move away from a hardwired alarm service to the community alarm service in the same way that this currently operates for older people living in the community.</p>	Adults	Green	Green

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A/R.6.203	Reduction in expenditure on care for adults with mental health needs	-841	-830	-370	-722	-584	New	Savings will be delivered by reducing the cost of the care plans organised to meet the needs of people aged under 65 with mental health needs.The key strategy for reducing overall spend is to decrease the proportion of care costs which are allocated to residential care. This will be achieved through a combination of • Decreasing the proportion of new packages which are in residential provision • A concerted review of all existing high cost placements and in particular those made out of area to identify alternate packages • Reducing the weekly cost of residential packages • Reducing the number of weeks people spend in residential care before moving into more independent living arrangements This is modelled as a 4.5% reduction in the number of residential service users and an 8% reduction in the average unit cost of residential provision. The impact of this on adults aged 18-65 will be that the cost of support packages for existing service users will be reduced which may in some cases result in a reduction in the amount of support received. For new service users there will be a greater level of scrutiny of care packages authorised and this may mean in some cases that the level of support is less that may have been expected. Reduction in the cost or amount of care funded is likely to have an impact on outcomes in some cases.	Adults	Red	Red		
A/R.6.204	Community Equipment	-250	-120	-	-	-	Existing	Work with our Community Equipment provider to realise efficiencies through our existing contract. This will limit the range of equipment on offer and we would seek to ensure that we are in line with other Local Authorities.	Adults	Amber	Amber		
A/R.6.205	Continuation of one-off capitalisation of equipment and assistive technology for a further year	-125	-	285	-	-	Existing	Some equipment to provide better facilities to older people is currently funded from revenue. There is available social care capital grant carried forward from previous periods to which this can be charged instead on a one-off basis.	Adults	Green	Green		
A/R.6.206	Joint Funding Arrangements with Health	-450	-	-	-	-	New	Continue to 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 and there is clarity about funding responsibility between social care and the NHS when someone has continuing health care needs.	Adults	Red	Red		
A/R.6.207	Extracare Schemes	-150	-	-	-	-	New	The ongoing staff costs within the contracts for extracare schemes will reduce over time. When the contracts were let staff transferred into the scheme under TUPE at higher rates of pay. Over time these staff leave and are replaced by staff on lower terms and conditions. The difference can be recouped by the local authority.	Adults	Green	Green		
A/R.6.208	Discontinue Reimbursement for Delayed Transfers of Care	-330	-	-	-	-	New	The Care Act has clarified the position and confirmed that the system whereby local authorities are fined by hospitals for delayed transfer of care (DTOCs) for social care reasons should only take place in exceptional circumstances. The funding set aside for this purpose is no-longer required. The number of delayed transfers of care due to shortages of social care provision has also reduced significantly through the successful partnership work with health colleagues. The risk associated with this is that if the Council can only afford to pay for care at existing levels, this could result in an increased risk of delay.	Adults	Amber	Amber		
A/R.6.209	Prisons Social Care Budget	-39	-	-	-	-	New	Delivering new duties in relation to social care for prisoners with reduced resources. Expenditure will be £300k and £39k of the funding can be taken as a saving.	Adults	Green	Green		
A/R.6.210	Brokerage Service	-25	-	-	-	-	New	Reduction in business support capacity of Brokerage Team - capacity being provided by business support within Contracts Team	Adults	Green	Green		
A/R.6.211	Reducing Voluntary Sector Mental Health Support Contracts	-134	-	-	-	-	New	Reduction in some voluntary sector contracts for people with mental health needs. This was already in the Business Plan for 16/17 but the savings target has been increased further. This will result in a reduced voluntary sector offer for people who are vulnerable due to mental health needs and may lead to increased demand for statutory services.	Adults	Amber	Green		
A/R.6.212	Reduction in overheads through in-house delivery of Reablement	-174	-	-	-	-	New	Reducing support (non staff) costs of the Reablement Service following move into local authority. Efficiencies from reduced costs of property, IT, communications.	Adults	Green	Green		

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A/R.6.213	Voluntary Sector Contracts for Older People's Services	-	-50	-	-	-	- New	Rationalisation of Voluntary Sector Contracts for older people and efficiencies from a review of contracts and contracting arrangements	Adults	Amber	Green	
A/R.6.214	Increase in income from Older People's client contributions	-500	-500	-	-	-	- New	CCC has with the support of LGSS (Local Government Shared Services) 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.	Adults	Amber	Amber	
A/R.6.302	<b>Children's Social Care</b> Review of Management posts and structure of the Unit Model	-25	-25	-265	-	-	- New	Review of management responsibilities within the Unit Structure with a further proposed reduction in the number of Units based on a projected decrease in the number of Looked After Children.	C&YP	Amber	Green	
A/R.6.303	Rationalising Specialist & Edge of Care Services	-50	-50	-	-	-	- New	Amalgamation of Specialist Family Support Service and the Supervised Contact function to produce better efficiency in attending contact meetings and subsequent reduction of associated relief staff costs. The associated room hire costs could also reduce. Also consider the efficiencies between the Specialist Family Support Service and the Alternative to Care Team which work with similar families .	C&YP	Green	Green	
A/R.6.304	Volunteers in Child Protection	-65	-	-	-	-	- New	Cut Volunteering in Child Protection scheme currently being delivered by Community Service Volunteers Charity. The scheme links volunteers with families with children on a protection plan, offering practical support and informal pastoral support during the stressful process of working through a statutory child protection plan.	C&YP	Green	Green	
A/R.6.305	Special Guardianship Orders and Adoption Allowances	-350	-	-	-	-	- New	Review of policy guidance in relation to the payments to adoptive carers and kinship carers made through adoption allowances and Special Guardianship Orders. Bring our policy into line with most local authorities by capping the payments to two years in all but the most exceptional circumstances. At present some allowances are paid for all years until the child becomes 18.	C&YP	Amber	Amber	
A/R.6.306	Personal Budgets for Families with Children with Disabilities	-200	-	-	-	-	- New	Further cost reductions through identifying ways to achieve inclusive outcomes with families' use of personal budgets whilst also meeting the increase in demographic demand.	C&YP	Green	Amber	
A/R.6.307	Revise arrangements for Independent Reviewing Officers	-40	-	-	-	-	- New	Re-configure Independent Reviewing Officer (IRO) arrangements to include use of own premises and more efficient use of statutory reviews.	C&YP	Green	Green	
A/R.6.308	Reduction in Legal costs	-	-189	-	-	-	- New	Reduction in legal costs as a result of less children becoming Looked After, as a result of the Looked After Children (LAC) Strategy (see saving A/R.6.406).	C&YP	Green	Amber	
A/R.6.401	<b>Strategy and Commissioning</b> Reductions in the Strategy Service	-126	-126	-377	-	-	- New	In 2016/17 these savings will be achieved through reducing staffing levels in the CFA Information Team, including the Welfare Benefits Team, and an end to funding to support the Child Poverty Strategy. In addition, we will review strategic functions across CFA with a view to reducing the available budget. Savings in future years will be based on a reduction in staffing and will result in less capacity to deliver transformational change. The decision has been made to take most savings in year three (2018-19). This means that there will be limited support for transformational change after this point.	Adults, C&YP	Amber	Green	
A/R.6.402	Reductions in Commissioning Enhanced Services	-40	-13	-526	-	-	- New	In 2016/17, savings will be achieved through not filling vacancies as they arise. Future years' savings are a proposed reduction in staffing within the Statutory Assessment and Resources Team (StART) following completion of SEND Reform changes, in particular transfers from statements to Education Health and Care Plans, and within Access to Resources Team (ART) as a result of a reduction in Looked After Children numbers and therefore a reduced requirement to commission placements.	Adults, C&YP	Amber	Green	

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A/R.6.403	Home to School Transport (Special)	-388	-396	-1,050	-1,113	-1,153	New	The ability to make considerable savings from 2018/19 onwards is based on increased in county education provision and reduction in Education, Health and Care 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. Savings are planned to be achieved through a change to post-16 funding policy introducing contributions to all post-16 pupils. This is subject to Member approval.	C&YP	Red	Red
A/R.6.404	Reductions in the Information Management Service	-120	-11	-439	-	-	Existing	Significant reduction in ICT funding for database improvements resulting in less bespoke development, which should be mitigated by IT Procurement, and savings through efficiencies in Business Support, including on-line booking of training courses. Future years' savings are based on a reduction in staffing as a result of the implementation following the procurement of new IT systems for Adults' and Children's services.	Adults, C&YP	Amber	Green
A/R.6.405	Schools Brokerage	-10	-	-	-	-	Existing	Stop School Brokerage service which supports schools to procure services. The stopping of the service is due to the increase in Secondary Academies and responsibility for procuring sitting with Schools.	Adults, C&YP	Green	Green
A/R.6.406	Looked After Children Savings	-1,429	-1,811	-1,523	-912	-652	Existing	Reducing the total spend on placements for Looked After Children (LAC) by 33% over 5 years, through the delivery of the cross directorate LAC Strategy to reduce numbers of Looked after Children, from current levels of 570 (40.5 per 10,000 population) to 453 (29.3 LAC per 10,000 population) over 5 years. This is a significant saving and will have an impact on all children's services. Savings will be achieved through a combination of three objectives. Firstly, reducing the number of children and young people entering care – with a particular focus on outcomes for teenagers, keeping families together and breaking cycles of family crisis. Secondly, reducing the length of time children are in care for – ensuring that children move into family based care promptly where this is appropriate and safe. Thirdly, reducing the unit cost of placements by better commissioning, changing the mix of placements and considering different ways of meeting needs, with a particular focus on reducing the spend on residential placements and increasing the number of available Local Authority foster carers. We will do this by: <ul style="list-style-type: none"> <li>improving the reactions of our edge of care services to reduce the number of children becoming looked after</li> <li>ensuring that issues are identified early and that interventions successfully resolve them, reducing need for children to move into statutory services</li> <li>increasing the number of in-county and internal placements through increased recruitment of in-house foster carers</li> <li>ensuring that we are reviewing on a regular basis whether children need to remain Looked After or whether due to changed circumstances they can move back to their families</li> <li>continuing to work with CORAM Cambridgeshire Adoption (CCA) to improve the speed of adoption for children where that is right</li> </ul>	C&YP	Red	Red
A/R.6.407	Looked After Children (LAC) Inflation Savings	-132	-124	-110	-96	-88	New	Award inflation at 0.5% rather than 1.2%	C&YP	Amber	Amber
A/R.6.408	Deliver new SEND responsibilities through existing resources	334	-	-	-	-	Existing	Reversal of one off savings in 2015/16.	Adults, C&YP	Green	Green



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A/R.6.410	Moving towards personal budgets in home to school transport (SEN)	-221	-232	-378	-	-	New	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 evidence how the money is spent. However, monitoring of children's attendance at school is undertaken and PTBs removed if attendance falls below an agreed level. This policy has yet to be agreed by Members and a paper is expected in the new year after further work is completed.	C&YP	Amber	Amber
<b>Children's Enhanced and Preventative Services</b>											
A/R.6.501	Re-commissioning of Children's Centres and Children's Health services	-	-2,000	-	-	-	New	Recommissioning of Children's Centres and early help services (Localities) to be considered in the context of the Local Authority's role as commissioner of Health Visiting, School Nursing and Family Nurse Partnership, and the wider re-commissioning of the Healthy Child Programme. There will be a significant reduction in the number of Children's Centres, however a revised service offer for families will be considered in conjunction with children's health services. Children's Centres may be de-registered and it means that significant parts of the County will not receive the current Children's Centre offer. For those areas without Children's Centres, there will continue to be an offer for 0-5's as part of the wider joint work with health services.	C&YP	Red	Amber
A/R.6.503	Children's Centres formula budget reduction	-250	-	-	-	-	New	A topslice will be applied to Children's Centres budgets, which will see a proportionate reduction for each Children's Centre. This saving will result in reductions in staffing (managed mainly through a review of vacant posts and posts currently filled on a fixed term basis). This will lead to a reduction in support to families in early years.	C&YP	Amber	Amber
A/R.6.504	Reduction of County Business Support Services across Enhance and Preventative Services (E&P)	-50	-	-	-	-	New	Savings have been identified through a rationalisation of the central business support function across E&P, which has considered the business support requirements resulting from the review of the 'early help' offer. £100K was achieved in 2015/16 and a further £50K is planned for 2015/16. This is in addition to a £150K saving to be achieved through an executive directorate wide review of the business support offer [ref A/R.6.705] and will reduce the level of support provided by business support for front line services	C&YP	Amber	Green
A/R.6.505	Recommissioning of Early Help - Children's Centre Strategy Team & Support to Parents	-80	-	-	-	-	Existing	The Children's Centre Strategy team and Parenting Strategy Teams have integrated and synthesised their work, to strengthen Family Work across the 0-19 range by taking a stronger commissioning approach to service delivery and further development of integrated working. The newly integrated Family Work (Early Help) Team was established in July 2015 and this £80K saving will realise the full year impact of the total saving achieved as a result of this integration.	C&YP	Green	Green
A/R.6.506	Recommissioning of Early Help - Locality Teams	-615	-	-	-	-	Modified	Full year impact of delivering the recommissioning of early help services agreed in March 2015. This includes the removal of Assistant Locality Manager posts, Senior Social Workers, Youth Development Coordinators and reducing the non-pay budget for Localities. In addition, the full year impact of reducing Information Advice and Guidance posts by 50%. It is proposed to take a £25k saving from the commissioning budget of the new Youth and Community Coordinator posts.	C&YP	Red	Green

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A/R.6.507	Recommissioning of Early Help - Youth Support Services	-403	-	-	-	-	Existing	Full year impact of delivering the recommissioning of early help services agreed in March 2015. This includes £115k savings in the Family Intervention Partnership (FIP). A further £50k saving in the Multi Systemic Therapy team (on top of £61K in 15/16), pending the current review as part of the mutualisation process. There will no longer be a budget to support the reduction in teenage pregnancies (£58k). A number of further reductions are being made in Central Youth Support (£180k) including the removal of the Apprentice Strategy Lead and the vacancy service. The Duke of Edinburgh Award service will become fully traded and move to the Learning Directorate.	C&YP	Red	Green		
A/R.6.508	Rural Youth Work and Small Grants for youth programmes	-47	-	-	-	-	Modified	Disinvestment of the rural youth work contract which currently funds the Connections Bus project and the ending of the small grants for transformation-driven youth projects	C&YP	Red	Green		
A/R.6.509	Recommissioning of Early Help - SEND	-200	-	-	-	-	Existing	As part of the second year of delivering SEND reform, savings are expected from a review of the SEND management structure and service redesign. Opportunities for trading of the Specialist SEND services with schools is likely to increase. Having delivered on a contract with the Autism Education Training, there are now opportunities to deliver external training to other Local Authorities and to provide quality assurance.	C&YP	Amber	Green		
A/R.6.510	Use of Troubled Families Grant across Early Help (0-19) Services	-250	-	-	-	-	New	A proportion of the Troubled Families Grant will be used to offset costs of services in Early Help which are making a direct contribution to securing the payment by results for the programme. These services would otherwise be vulnerable to further reductions and so reduce the capacity to deliver against the national programme. The amount identified assumes 100% achievement of Payment By Results in Phase two of the Programme. If the grant comes to an end, or 100% Payment By Results is not achieved, front line services could be at risk.	C&YP	Amber	Green		
A/R.6.511	Young Carers	-20	-	-	-	-	New	Following the implementation of The Care Act from April 2015 and recognising the unmet need amongst young carers, additional permanent funding of £175K was provided to extend the reach of services to more young carers, undertake more assessments and to enhance the level of service in line with the expectations of the act. A new contract has been tendered and savings of £20K have been realised.	C&YP	Green	Green		
A/R.6.512	Speech and Language Therapy (SALT)	-120	-	-	-	-	New	Cease funding for Speech and Language Therapy Contract which currently provides additional support for targeted families in the early years. This will mean the ending of drop in services that are currently provided in children's centres	C&YP	Red	Green		
A/R.6.513	Volunteers in Children's Centres	-80	-	-	-	-	New	Remove funding for developing volunteers in Children's Centres. As a result there will not be a specific innovation fund for local programmes and the service will no longer be able to pump prime projects.	C&YP	Amber	Green		
A/R.6.514	Strategic Management - Enhanced & Preventative Services Heads of Service	-77	-	-	-	-	Modified	This is the full year effect of the permanent reduction in strategic management that has already been implemented (reducing by one vacant Head of Service for Localities and Partnerships) which will save £77K.	C&YP	Amber	Green		
A/R.6.515	Strategic Management - Enhanced & Preventative Services	-20	-	-	-	-	New	Following staff changes, a £10K saving has been realised through a reduction in the Common Assessment Framework for Families (CAF) Team. A £10K commissioning budget for innovation, previously held by the Service Director, will be removed as a saving.	C&YP	Green	Green		
A/R.6.516	Early Support SEND	-90	-	-	-	-	New	The funding for the Early Support programme, supporting children with SEND and complex lifelong needs will be transferred to the Dedicated Schools Grant (DSG), to ensure consistency with funding for other SEND based services.	C&YP	Green	Green		

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A/R.6.517	Youth Offending Service (YOS)	-80	-	-	-	-	New	This includes reduction in capacity of one FTE Youth Offending Officer post across the county (currently filled on a fixed term basis) and an additional saving for the sessional support budget. The impact of these savings will reduce capacity for casework teams delivering statutory interventions and a support budget that assists with peaks in demand when they arise. The risks associated with this are increased caseloads for YOS Officers across the county and capacity issues if vacancies, staff sickness and increase in the overall YOS caseload occurs.	C&YP	Amber	Green		
A/R.6.518	Inclusion officer	-42	-	-	-	-	New	The funding for the Inclusion officer will be charged to Dedicated Schools Grant (DSG), to ensure consistency with funding for other Inclusion services which support children at risk of exclusion to remain in education.	C&YP	Green	Green		
A/R.6.601	<b>Learning</b> Early Years Workforce Development	-80	-	-	-	-	New	Savings to be achieved by reducing the amount of, and support for, training. This risks not having a sufficient number of qualified staff, e.g. if turnover is greater than anticipated.	C&YP	Amber	Green		
A/R.6.602	Reduction in Heads of Service	-80	-80	-	-	-	New	Reduce Learning Heads of Service from seven to five in line with the reduction in staffing and changing role of the Directorate.	C&YP	Green	Green		
A/R.6.603	Reconfiguration of Education Support for Looked After Children	-	-	-334	-	-	New	Reduce and combine Virtual School, Special Educational Needs and Cambridgeshire Race Equality and Diversity teams to create a vulnerable groups team, including reducing Education Support for Looked After Children to minimum statutory responsibility. Support for these vulnerable groups will be reduced and Personal Education Plans will be developed and monitored by the social worker rather than a Virtual School teacher.	C&YP	Amber	Amber		
A/R.6.604	Service Development Team	-50	-	-	-	-	New	Reduce Sevice Development Team , which supports new development such as trading, by one member of staff as the changes become embedded.	C&YP	Green	Green		
A/R.6.606	Education Advisors	-	-100	-	-	-	New	Reduce LA funding to the Education Advisor team to meet the minimum statutory requirement (one FTE). The team will trade with Schools to cover the costs of the remaining two Advisors.	C&YP	Green	Green		
A/R.6.607	Reduction in school improvement funding	-450	-311	-163	-	-	New	Numeracy, Literacy and Improvement Advisers to be fully traded from 16/17. Primary Advisers to be 50% traded in 17/18 and fully traded in 18/19. Area Senior Advisers to be part traded from 16/17 and reduced to 2 FTE (or become further traded) in 17/18. Reduction in funding to maintained schools, (£100k in 16/17, £102k in 17/18) supporting only where we have a statutory responsibility to intervene, and/or early intervention would be cost-effective. These savings are a risk to the current rate of improvement and are at risk if the current rate of improvement is not sustained. If there is insufficient buy-back we will have to stop offering specific services.	C&YP	Amber	Green		
A/R.6.611	Home to School Transport (Mainstream)	-960	-855	-673	-535	-517	New	2016/17: Withdraw all subsidies for Post 16 Transport (this spend in discretionary), including subsidies for disadvantaged students (£520k non-disadvantaged, £250k disadvantaged), subject to member approval. 2017/18 reflects savings from a range of actions including the introduction of Smart Card technology to manage capacity, delegating transport responsibility to schools, safe route reviews and personal budgets.	C&YP	Red	Amber		
A/R.6.612	Integrated workforce development	-	-110	-	-	-	New	Adults Private, Voluntary and Independent and Vocational Qualifications training to fully traded.	Adults, C&YP	Green	Green		

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

**Table 3: Revenue - Overview**

Budget Period: 2016-17 to 2020-21

		Detailed Plans		Outline Plans							
Ref	Title	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	Type	Description	Committee	Impact Rating	Deliverability Rating
A/R.6.613	Wisbech Adventure Playground	-	-120	-	-	-	Existing	By 2017-18 to have secured the transfer of the management and operational running of the Wisbech Adventure Playground into community ownership (or another suitable model of external ownership).	C&YP	Green	Green
A/R.6.614	Reduce non statutory school improvement grants	-130	-	-	-	-	Existing	Reduce LA funding for schools' support for KS4 pupils at risk of not participating in post-16 provision. There is a small risk of this increasing NEET figures (number of young people not in Education, Employment, or Training) but most of this support does, and should, come from the schools themselves. This will have a minimal impact and is unlikely to affect the schools' purchasing decision.	C&YP	Green	Green
A/R.6.615	CFA Workforce Development	-150	-	-	-	-	Existing	A restructuring of the service to realise the efficiencies to be gained from bringing together the Children's and Adult's Workforce teams. No reduction in required professional development for staff.	Adults, C&YP	Green	Green
A/R.6.618	Business Support	-30	-51	-	-	-	Existing	Development and implementation of course booking and customer feedback systems and new ways of working will enable us to reduce our business support capacity.	C&YP	Green	Green
A/R.6.623	Forest schools (Outdoor Learning Project)	-14	-	-	-	-	New	Move to full cost recovery. If there is insufficient buy-back we will have to stop offering this service.	C&YP	Green	Green
A/R.6.624	Cambridgeshire Race, Equality and Diversity Service (CREDS)	-285	-	-	-	-	New	A decrease in the de-delegation to be received from maintained primary schools in 2016/17 will require the Cambridgeshire Race, Equality and Diversity Service (CREDS) to reduce the core offer to schools. This will result in a restructure of the service, including staffing reductions. Additional services will be available to be purchased by schools on a 'pay as you go' basis, subject to capacity.	C&YP	Amber	Green
A/R.6.701	<b>CFA Cross-Directorate</b> Consolidation of Procurement and Commissioning Functions across CFA	-125	-	-	-	-	New	Creating a single contract monitoring and procurement hub for the whole of CFA which will lead to staffing savings	Adults, C&YP	Green	Amber
A/R.6.703	Rationalising Strategic Support Functions	-150	-	-	-	-	New	Reviewing support across all Strategy, Practice and Innovation & Development functions within CFA to reduce staffing. This will impact on capacity to improve processes and practice on the ground.	Adults, C&YP	Green	Green
A/R.6.704	Strategic Review of SEND and High Needs Functions across CFA	-250	-	-	-	-	New	This saving will come from realigning the use of the SEND reform grant, ensuring that there is income generation and that there is a co-ordinated response to supporting children and young people with SEND and the schools they attend.	Adults, C&YP	Amber	Green
A/R.6.705	Business Support saving	-300	-	-	-	-	New	Review across the executive directorate of Business Support levels which will secure efficiencies and greater use of shared arrangements. This will reduce the number of Business Support staff and could reduce productivity of managers, however this is being linked to Digital First agenda which will enable more work to be undertaken once rather than passed to Business Support staff to input into systems.	Adults, C&YP	Amber	Amber
A/R.6.706	Agency Savings as Result of Social Work Reward Measures	-502	-	-	-	-	New	The County Council has re-evaluated pay grades for staff working in social care in Adult's and Children's services. This is with a view to bringing the Council's pay for social workers in line with neighbouring Local Authorities. Currently the Council does have to rely on agency staff at increased cost. The expectation is that this change in grade will reduce vacancy rates, improve retention and reduce reliance on agency staff and this will result in a saving across Children's Social Care, Adult Social Care and Older People and Mental Health.	Adults, C&YP	Green	Red

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

**Table 3: Revenue - Overview**

Budget Period: 2016-17 to 2020-21

		Detailed Plans					Outline Plans				
Ref	Title	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	Type	Description	Committee	Impact Rating	Deliverability Rating
A/R.6.707	Early Years Support and Advice	-543	-	-	-	-	New	Savings to be achieved through raising the threshold for supporting a setting; higher thresholds for specialist support to vulnerable groups; reducing the amount of preventative work; developing sector-led improvement; and using e-systems to share information, advice and guidance. This will lead to staffing reductions, to an increase in the risk of settings being judged inadequate, or requiring improvement (which, in turn, will affect the LA's ability to fulfil its statutory responsibility to secure a sufficient number of good quality places to meet parental demand). It will reduce capacity for inclusion and access for children with SEND, and will impact on children's readiness to attend school with increased risks in exclusions, parental dissatisfaction and Education, Health & Care Plan requests.	C&YP	Amber	Amber
A/R.6.708	Timing of implementation of Care Act	236	-	-	-	-	Existing	Following the announcement of a delay in the implementation of the care cap and care accounts in July 2015, we anticipate a reduction in Care Act funding in 2016-17.	Adults, C&YP	Green	Green
A/R.6.710	Absorbing inflationary uplifts to staff pay within existing budgets	-1,480	-	-709	-	-	New	Individual budget holders will absorb costs of pay increases from within their existing budgets.	Adults, C&YP	Amber	Amber
A/R.6.711	Revising senior management structure and support	-200	-	-	-	-	New	Revise senior management staffing.	Adults, C&YP	Amber	Green
A/R.6.712	Restrict inflationary uplifts passed onto providers for staff receiving living wage	-750	-742	-831	-856	-914	New	The inflation indicator for independent sector care provision has been applied to the entire care budget, however the national living wage will be handled separately through A/R.2.007. This means the segment of the general inflationary allocation which relates to providers' lower paid workforce is not required and is shown against this line as a reduction.	Adults, C&YP	Amber	Green
A/R.6.713	Single-Tier State Pension - absorb within existing budgets	-1,409	-	-	-	-	New	Individual budget holders will absorb costs of these increases in National Insurance contribution as a result of the withdrawal of the rebate for the second state pension.	Adults, C&YP	Amber	Amber
A/R.6.714	Reduction in mileage budgets	-128	-	-	-	-	New	Action plans will be developed to reduce mileage in teams which currently have high spend on mileage, focusing on agile ways of working/ working remotely.	Adults, C&YP	Green	Green
6.999	<b>Subtotal Savings</b>	<b>-26,799</b>	<b>-17,869</b>	<b>-11,981</b>	<b>-8,487</b>	<b>-8,167</b>					
	<b>Unallocated Funding</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>225</b>	<b>5,092</b>					
	<b>TOTAL GROSS EXPENDITURE</b>	<b>352,707</b>	<b>345,658</b>	<b>344,949</b>	<b>349,739</b>	<b>361,144</b>					

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

**Table 3: Revenue - Overview**

Budget Period: 2016-17 to 2020-21

		Detailed Plans	Outline Plans								
Ref	Title	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	Type	Description	Committee	Impact Rating	Deliverability Rating
7	FEES, CHARGES & RING-FENCED GRANTS										
A/R.7.001	Previous year's fees, charges & ring-fenced grants	-116,449	-109,233	-109,859	-110,355	-110,861	Existing	Previous year's fees and charges for the provision of services and ring-fenced grant funding rolled forward.	Adults, C&YP		
A/R.7.002	Increase in fees, charges and schools income compared to 2015/16	-917	-	-	-	-	Existing	Adjustment for permanent changes to income expectation from decisions made in 2015-16.	Adults, C&YP		
A/R.7.003	Fees and charges inflation	-629	-450	-470	-490	-511	Existing	Uplift in external charges to reflect inflation pressures on the costs of services.	Adults, C&YP		
	Changes to fees & charges										
A/R.7.101	Early Years subscription package	-	-16	-16	-16	-16	New	Proposal to develop Early Years subscription package for trading with settings.	C&YP	Green	Green
A/R.7.102	Cambridgeshire Catering and Cleaning Services (CCS)	-50	-	-	-	-	New	Increase in CCS trading surplus through cost control and expanding out-of-county provision.	C&YP	Green	Green
A/R.7.103	Education ICT Service	-100	-100	-	-	-	New	Increase in trading surplus through expanding out-of-county provision.	C&YP	Green	Green
A/R.7.104	Cambridgeshire Outdoors	-	-50	-	-	-	New	Increase in trading surplus through cost reduction and external marketing.	C&YP	Green	Green
A/R.7.105	Admissions Service	-	-10	-	-	-	New	Increase in trading surplus through an increased use of automated systems.	C&YP	Green	Green
A/R.7.106	Education Advisors	-	-	-10	-	-	New	Team will move to a zero budget in 17-18 and by 18-19 will begin to return a small surplus.	C&YP	Green	Green
A/R.7.107	Income Target for Education Psychology services	-100	-	-	-	-	Existing	Opportunities for trading of the Specialist SEND services with schools is likely to increase. Having delivered on a contract with the Autism Education Training, there are now opportunities to deliver external training to other Local Authorities and to provide quality assurance.	C&YP	Amber	Green
A/R.7.108	Additional Income Target for Educational Welfare Officers	-60	-	-	-	-	New	An additional income target will be sought from the trading of the Education Welfare Service.	C&YP	Green	Amber
A/R.7.109	Reduction in income de-delegated from Schools to the Cambridgeshire Race Equality and Diversity team	285	-	-	-	-	New	A decrease in the de-delegation to be received from maintained primary schools in 2016/17 will require the Cambridgeshire Race, Equality and Diversity Service (CREDS) to reduce the core offer to schools. This will result in a restructure of the service, including staffing reductions. Additional services will be available to be purchased by schools on a 'pay as you go' basis, subject to capacity.	C&YP	Amber	Green
	Changes to ring-fenced grants										
A/R.7.201	Change in Public Health Grant	6,933	-	-	-	-	Existing	Change in ring-fenced Public Health grant to reflect change of function and treatment as a corporate grant from 2016-17 due to removal of ring-fence.	Adults, C&YP		
A/R.7.202	Special Educational Needs and Disability (SEND) Implementation Grant	359	-	-	-	-	Existing	Funding for implementation of SEND reforms.	C&YP		
A/R.7.203	Care Act (New Burdens funding) Additional Assessments and care cap	-	-	-	-	-	Existing	New funding to support responsibilities under the Care Act.	Adults		
A/R.7.204	Reduction in Youth Justice Board Grant.	95	-	-	-	-	New	Anticipated reduction in Youth Justice Board Good Practice Grant.	C&YP		
A/R.7.205	Care Act (New Burdens Funding) Additional assessments and care cap	1,600	-	-	-	-	New	With the announcement in July 2015 that the care cap would be delayed from April 2016 to the end of the decade, the Council now no longer needs to undertake assessments of people who fund their own care. We therefore anticipate the funding which the Council has been allocated for early assessments in 2015/16 will not recur in future years.	Adults		
A/R.7.206	Increase in Dedicated Schools Grant	-200	-	-	-	-	New	Increase in DSG directly managed by CFA, to fund Special school equipment budget in Commissioning Enhanced Services.	C&YP		
7.999	Subtotal Fees, Charges & Ring-fenced Grants	-109,233	-109,859	-110,355	-110,861	-111,388					
	TOTAL NET EXPENDITURE	243.474	235.799	234.594	238.878	249.756					

**Budget Period: 2016-17 to 2020-21**

MEMORANDUM: SAVINGS / INCREASED INCOME					
Savings	-26,799	-17,869	-11,981	-8,487	-8,167
Unidentified savings to balance budget	-	-	-	225	5,092
Changes to fees & charges	-25	-176	-26	-16	-16
<b>TOTAL SAVINGS / INCREASED INCOME</b>	<b>-26,824</b>	<b>-18,045</b>	<b>-12,007</b>	<b>-8,278</b>	<b>-3,091</b>

MEMORANDUM: NET REVISED OPENING BUDGET					
Revised Opening Gross Expenditure	361,300	352,640	345,595	344,889	349,682
Previous year's fees, charges & ring-fenced grants	-116,449	-109,233	-109,859	-110,355	-110,861
Changes to fees, charges & ring-fenced grants in revised opening budget	7,870	-	-	-	-
<b>NET REVISED OPENING BUDGET</b>	<b>252,721</b>	<b>243,407</b>	<b>235,736</b>	<b>234,534</b>	<b>238,821</b>

MEMORANDUM: TOTAL CFA GROSS EXPENDITURE INCLUDING DSG-FUNDED ELEMENT									
	Non DSG-funded expenditure	329,493	322,444	321,735	326,525	337,930	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>352,707</b>	<b>345,658</b>	<b>344,949</b>	<b>349,739</b>	<b>361,144</b>			





## **APPENDIX C - EXPLANATION OF THE CFA BUSINESS PLANNING TABLES**

CFA has 5 finance tables in the Business Plan.

**TABLE 1** presents the net budget split by policy line for each of the five years of the Business Plan. It also shows the revised opening budget and the gross budget, together with fees, charges and ring-fenced grant income, for 2016-17 split by policy line. Policy lines are specific areas within a service on which we report, monitor and control the budget.

The purpose of this table is to show how the net budget for a Service Area changes over the period of the Business Plan.

**TABLE 2** presents additional detail on the net budget for 2016-17 split by policy line.

The purpose of the table is to show how the budget for each policy line has been constructed: inflation, demography and demand, pressures, investments and savings are added to the opening budget to give the closing budget.

**TABLE 3** presents the gross budget and the detailed changes to the gross budget for the CFA core budget (excluding the Dedicated Schools Grant) for each of the next 5 years. At the top it takes last year's gross budget (opening budget) and then adjusts for inflation, demography and demand, pressures, investments, savings, leaving you with the new total gross budget.

The funding section (near the bottom) then shows how the new total gross budget is funded – which includes central council funding (cash limit funding), fees and charges, school income, and specific grants.

The purpose of this table is to show how the CFA budget changes due to inflation, demography & demand, pressures, investments, and savings.

**TABLE 4** presents CFA's capital schemes, across the ten-year period of the capital programme. The schemes are summarised by start year in the first table and listed individually, grouped together by category, in the second table. The third table identifies the funding sources used to fund the overall programme. These sources include prudential borrowing, which has a revenue impact for the Council.

**TABLE 5** lists a Service Area's capital schemes and shows how each scheme is funded. The schemes are summarised by start year in the first table and listed individually, grouped together by category, in the second table.

Tables 1, 2, and 3 all show the same revenue budgets in different presentations. Table 3 details all the savings and then Table 2 shows the impact of the Year 1 savings on each policy line. Table 1 shows the combined impact on each policy line over the 5 year period. Some savings in Table 3 impact on just one policy line in Tables 1 and 2, but other savings in Table 3 are split across various policy lines in Tables 1 and 2. The following examples track through the budgets for Integrated Community Equipment Service across Tables 1, 2 and 3.

**Example 1: Integrated Community Equipment Service (ICES) : mapping budget changes through the tables**

**Table 3 - all the sections which impact on ICES budget**

A/R.2.001 - A.R.2.005	<b>Inflation</b> – total CFA expenditure inflation is £5,370 in 16/17, and of this £80k relates to ICES.
A/R 3.001	<b>Demography</b> – Funding of £117k is allocated to ICES in 16/17 to reflect demographic pressures (with £118k £128k £128k £120k in the following 4 years).
A/R.4.007	<b>Pressures</b> – Single Tier State Pension. An overall Pressure of £1,409k was calculated for CFA as a result of the abolition of the state second pension. £2k of this relates to ICES.
A/R 6.204	<b>Savings</b> - £250k is identified for 16/17, and £120k in year 2.
A/R.6.710 and A/R.6.713	<b>Savings</b> - £1,480k saving is expected across CFA as a result of absorbing part of the inflationary pressure on pay, and £1,409k across CFA as a result of absorbing the pressure on the cost of increased national insurance costs due to the abolition of the second state pension. £3k of this relates to ICES.
A/R.7.003	<b>Fees, Charges and Ring-Fenced Grants</b> - CFA income inflation is £917k in 16/17, and of this -£70k relates to ICES.

**Table 1 – following the ICES policy line across.**

ICES is a policy line in Older People and Mental Health Services. It will have a net budget (third column of table) of £677k for 2016-17. In the following 4 years the change in budget is the net impact of the demography, investment, pressure and the savings requirement.

**Table 2 - following the ICES policy line across.**

This table only relates to the 2016/17 year and therefore shows an opening budget (revised 15/16 budget) of £801k, adds £10k of inflation and £117k of demography, and takes away £253k of savings – giving a net budget of £677k for 2016/17 as shown in Table 1.

Opening Budget	£801k
Inflation	+£10k
Demography	+£117k
Pressures	+£2k
Savings	<u>-£253k</u>
Gross Budget 15/16	£677k

Section 4 - A: Children, Families and Adults Services

Table 2: Revenue - Net Budget Changes by Operational Division with supplementary information  
Budget Period: 2016-17

Spokes have requested that budget changes are shown alongside information about staffing full-time-equivalents and an assessment of whether budgets are statutory, non-statutory or mixed

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000	FTEs	Brief Description, Key spending summary	Statutory / Non- Statutory	Comment
Adult's Social Care											
Strategic Management - ASC	565	22	-	1	-	186	774	16.97	Dir ASC. Care Act Implementation. Social Care Transport	Statutory	Strategic Management of functions delivering statutory care for people with disabilities (Learning Disabilities, Physical Disabilities, autism, Sensory, HIV) and family carers. Funding to deliver new Care Act Statutory duties Transport provided as part of assessed statutory care needs
Procurement	572	15	-	9	-	-34	562	16.88	ASC Procurement Staffing budget	Statutory	Statutory - Budget for team securing statutory care. We have statutory duties in relation to sufficiency and market management (including provider failure) as well as governing the procurement process and monitoring quality of care
ASC Strategy & Transformation	2,327	37	-	9	-	-207	2,166	15.86	Strategy & Transformation staffing. Housing Support	Non-Statutory	Budget for the transformation team - don't directly fulfil a statutory function but support development and management of the statutory functions for supporting people with disabilities, people with mental health needs and older people. Also under this budget heading are Housing related support contracts including support for homeless people & families & people who require some level of support to maintain tenancies but do not meet the eligibility criteria for adult social care.
ASC Practice & Safeguarding	2,024	34	-	15	-	-568	1,505	23.84	Practice & Safeguarding staffing. MCA/DOLS funding	Statutory	Countywide leadership for the statutory function of safeguarding adults and the professional practice of staff undertaking statutory assessments for people with disabilities, people with mental health needs and older people.
Local Assistance Scheme	899	5	-	-	-350	-70	484	0.00	Local Assistance Scheme	Non-Statutory	Non-statutory - previously statutory duty and central government funding but now funding in Council's base budget and no statutory requirement to deliver
Learning Disability Services											
LD Head of Services	272	18	-	1	-	-43	248	4.68	Management and admin costs.	Statutory	Statutory - Management and Administration of statutory care provision for people with learning disabilities
LD Young Adults	465	18	297	293	31	-144	960	10.06	Staffing. Transitions cost of care.	Statutory	Statutory support for young adults with learning disabilities
City, South & East Locality	31,194	414	714	930	19	-3,067	30,204	32.16	Staffing. Cost of Care.	Statutory	Staffing and care budget to meet the statutory needs of people with learning disabilities
Hunts & Fens Locality	21,818	291	553	693	31	-2,374	21,012	17.39	Staffing. Cost of Care.	Statutory	Staffing and care budget to meet the statutory needs of people with learning disabilities
In House Provider Services	4,548	125	-	68	-	-664	4,077	234.64	Staffing. Running costs.	Statutory	The care provided is meeting statutory care and support needs for people with learning disabilities and older people.
Disability Services											
PD Head of Services	973	17	-	4	-	-88	906	14.28	Management and admin costs. AIDS/HIV. AAT clients. Grants to Vol orgs	Mixed	Management of statutory services for people with physical disabilities, sensory impairments, autism & HIV/AIDS and family carers. Vol orgs contracts for a mix of statutory and non-statutory provision.
Physical Disabilities	12,764	156	406	9	49	-1,019	12,365	29.47	Staffing. Cost of Care.	Statutory	Staffing and care budget to meet the statutory needs of people with physical disabilities, sensory impairments, HIV and autism
Autism and Adult Support	607	9	128	1	-	-301	444				
Sensory Services	509	10	-	4	10	-10	523	11.36	Staffing. Cost of Care.	Statutory	Staffing and care budget to meet the statutory needs of people with sensory impairments (including services to children)
Carers	2,121	25	-	1	-	-308	1,839	0.00	£850k Contract with Carers Trust. Remainder predominantly allocations to individuals through Carers RAS	Statutory	The statutory duty to assess and meet the needs of carers has been further reinforced through Care Act. Carers Trust have delegated responsibility to undertake some statutory assessments. This budget heading includes the money for personal budgets to meet carers assessed and eligible needs.
Subtotal Adult's Social Care	81,658	1,196	2,098	2,038	-210	-8,711	78,069	427.60			

Section 4 - A: Children, Families and Adults Services

Table 2: Revenue - Net Budget Changes by Operational Division with supplementary information  
Budget Period: 2016-17

Spokes have requested that budget changes are shown alongside information about staffing full-time-equivalents and an assessment of whether budgets are statutory, non-statutory or mixed

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000	FTEs	Brief Description, Key spending summary	Statutory / Non- Statutory	Comment
Older People and Mental Health Services											
Director of Older People and Mental Health	-7,205	89	-	7	331	-1,052	-7,830	14.95	Better Care Fund, Prisons social Care (£339k), Double Up team, brokerage team, Management Team staffing budget (£652k), Blocks and Grants (£4.4m), FNC income (£2.6m)	Mixed	Better Care Fund is a statutory programme and funding for care. social care for prisoners is a statutory duty under the Care Act Brokerage and Double Up teams are involved in purchasing and organising statutory care Management and staffing relate to oversight of statutory care functions Block purchasing relates to central contracts for care provision Grants - mix of statutory and non-statutory
OP - City & South Locality	18,565	264	475	18	50	-1,195	18,177	51.12	£17m care spending. Staffing budgets total £1.5m	Statutory	Staffing and direct care costs for statutory care for older people
OP - East Cambs Locality	7,187	107	175	10	-	-520	6,959	30.56	£6.3m care spending. Staffing budgets total £880k.	Statutory	Staffing and direct care costs for statutory care for older people
OP - Fenland Locality	8,095	113	214	8	-	-560	7,870	31.21	£10.1m care spending. Staffing budgets total £920k	Statutory	Staffing and direct care costs for statutory care for older people
OP - Hunts Locality	12,416	168	328	15	58	-867	12,118	32.59	£15.6m care spending. Staffing budgets total £1m	Statutory	Staffing and direct care costs for statutory care for older people
Addenbrooke's Discharge Planning Team	1,051	36	-	15	51	-38	1,115	34.13	Staffing budget for discharge planning social work	Statutory	We have a statutory duty to support timely exits from hospital and work with partners to facilitate this - doesn't require us to have a dedicated team but this is how we deliver this duty in Cambs
Hinchinbrooke Discharge Planning Team	634	15	-	8	22	-18	661	17.22	Staffing budget for discharge planning social work	Statutory	We have a statutory duty to support timely exits from hospital and work with partners to facilitate this - doesn't require us to have a dedicated team but this is how we deliver this duty in Cambs
Reablement, Occupational Therapy & Assistive Technology	8,220	171	-	-	-	-405	7,986	213.86	Staffing Budget for Reablement and Assistive Technology (£5.84m)	Mixed	No statutory requirement to provide a reablement service but it does meet needs of people who have assessed statutory need and also constrains long-term demand on statutory care budgets No statutory requirement to provide assistive technology - but using it is a cost-effective way to meet statutory needs and constrain demand for statutory care budgets Occupational Therapy Assessments are a statutory service, there are also restrictions on the ability to charge for equipment and minor adaptations set out in statute
Integrated Community Equipment Service	801	10	117	2	-	-253	677	1.70	CCC Revenue contribution to ICES	Non-statutory	Technically there is no statutory duty to provide equipment but the deployment of equipment is a more cost effective way of meeting statutory care needs than other forms of care or is used to constrain demand for statutory care - not using equipment would increase not decrease total spending
Mental Health											
Head of Services	4,262	54	-	1	-	-136	4,181	1.51	Voluntary Organisations. CPFT Section 75 agreement. Staffing.	Mixed	CPFT Section 75 covers provision of statutory social care for people with mental health needs and integrated staff model Voluntary Organisation Contracts are primarily non-statutory but duties do exist in relation to ensuring sufficiency of access to mental health support in the community and appropriate to needs
Locality Teams	7,237	105	440	14	123	-902	7,017	31.77	Cost of Care. CPFT Section 75 agreement. Staffing.	Statutory	Statutory care budget for people with mental health needs aged under 65
Older People Mental Health	8,127	106	189	3	68	-464	8,029	9.00	Cost of Care. CPFT Section 75 agreement. Staffing.	Statutory	Statutory care budget for people with mental health needs aged over 65
Subtotal Older People and Mental Health Services	69,390	1,238	1,938	101	703	-6,410	66,960	469.63			

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

**Table 2: Revenue - Net Budget Changes by Operational Division with supplementary information**

Budget Period: 2016-17

*Spokes have requested that budget changes are shown alongside information about staffing full-time-equivalents and an assessment of whether budgets are statutory, non-statutory or mixed*

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000	FTEs	Brief Description, Key spending summary	Statutory / Non- Statutory	Comment
<b>Children's Social Care</b>											
Strategic Management - Children's Social Care	2,664	75	-	42	-	-394	2,386	130.22	Business Support Staffing £3.2m + Director. Vacancy savings -£600k	Statutory	Management and support staff for statutory safeguarding and child protection services
Head of Social Work	4,197	54	316	572	-	-364	4,775	3.25	Clinicians Staffing £1.26m, Adoption Allowances £2.47m, NYAS Contract £150k	Mixed	Adoption allowances are a statutory entitlement for some adopters Statutory duty to ensure children have access to an independent advocate - delivered through the NYAS contract No statutory duty to include a clinical offer within child protection services but this is a core part of our model for meeting statutory child protection and looked after children services
Legal Proceedings	1,530	11	-	-	-	-	1,541	0.00	Legal Costs for CSC work	Statutory	Legal cost for statutory child protection processes
Safeguarding & Standards	1,176	25	-	19	50	-73	1,197	21.76	Staffing budget for Safeguarding, Participation and Complaints teams	Statutory	Team ensuring safeguarding services meet statutory standards Statutory duty to respond to all formal complaints Statutory duty to ensure the child's voice is heard through participation activity
Children's Social Care Access	4,533	107	-	52	259	-193	4,758	92.41	Staffing budgets for Access/Specialist Family Support Service/First Response and Emergency Duty Teams + Access Units budget	Statutory	Teams engaged in statutory child protection and safeguarding work
Children Looked After	10,146	175	-	188	193	-134	10,568	116.83	Staffing budgets for Looked After Children (LAC)/Fostering & Kinship Teams + Foster Carer budget + Residential Homes	Statutory	Teams engaged in statutory child protection and safeguarding work
Children In Need	3,897	87	-	48	196	-167	4,061	62.46	Staffing budgets for Children in Need (CIN)/Supervised Contact/Family Group Conference Teams + CIN Units budget	Mixed	Teams engaged in statutory child protection and safeguarding work Statutory duty to administer supervised contact for children at risk or in care Family Group Conferences are not required by statute but are a strong evidenced based intervention helping to broker family solutions and so avoid the need for costly statutory care for looked after children
Disabled Services	5,910	97	-	36	87	-276	5,854	66.79	Disabled Services Staffing. Action for Children residential Contract (£2.3m)	Statutory	Teams engaged in statutory child protection and safeguarding work and support for families with children with disabilities Statutory duty to ensure short breaks and other help for families with children with disabilities
<b>Subtotal Children's Social Care</b>	<b>34,053</b>	<b>631</b>	<b>316</b>	<b>957</b>	<b>785</b>	<b>-1,601</b>	<b>35,140</b>	<b>493.71</b>			
<b>Strategy and Commissioning</b>											
Strategic Management - S&C	137	3	-	3	-	315	458	4.30	Dir S&C. In-year saving SEND Implementation Grant. Grants to Voluntary Organisations. Vacancy Savings. Staffing.	Mixed	Strategic Management of statutory functions relating to Looked After Children and children with special educational needs and disabilities Grants to voluntary organisations
Information Management & Information Technology	1,915	37	-	14	-	-151	1,815	23.28	Maintenance & development budgets for CFA IT Systems. IT System licences. Academy IT buy-back. Staffing.	Non-statutory	Support services listed as non-statutory - but the IT systems underpin statutory services and we do have duties relating to the storage and sharing of relevant data for statutory services
Strategy, Performance and Partnerships	1,582	40	-	22	-	-173	1,471	37.78	Strategy & Transformation staffing. CFA Information Team IT improvements.	Non-statutory	Support Services listed as non statutory - stat duties do exist in relation to providing information for families, statutory partnerships and Strategy services supports the design of all statutory functions
<b>Commissioning Enhanced Services</b>											

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

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LAC Placements	16,490	198	-	-	-	-1,561	15,127	0.00	Placements for Looked After Children (including 16+) with independent providers. Supporting People block contracts.	Statutory	Statutory duty to provider care for looked after children
SEN Placements	8,469	94	-	-	-	-	8,563	0.00	Special Educational Needs educational placements with independent providers.	Statutory	Statutory care for children with complex special educational needs
Commissioning Services	3,731	79	-	35	-64	-80	3,701	79.61	Staffing - including START (conversion of statements to EHCPs) & ART (procurement). SEND Preparation for Employment Grant. Specialist equipment. Out of School Tuition. Shared Care Resource Loan. Contract for Teenage Parents (supporting people). Access & Inclusion. After School Clubs.	Mixed	Team fulfilling statutory duty to assess children and young people with special educational needs ART Team procuring statutory care placements for children looked after and with disabilities Ring-fenced grants and funding - primarily delivering statutory duty to ensure access and inclusion in education for children and young people with vulnerabilities/barriers to access
Early Years Specialist Support	1,323	16	-	-	-	-40	1,299	0.00	Tribunals. Therapies. LOVAAS. Childcare Access Funding. Early Years Access Funding. Occupational Therapy.	Statutory	Statutory duties to ensure access to early years provision for children with special educational needs, disabilities and other needs
Home to School Transport - Special	7,757	125	613	1,200	-	-613	9,082	7.42	Transport for pupils with statements/EHCPs between home and school. Transport for Looked After Children between home and school, for contact visits and short breaks.	Statutory	Duty to ensure transport provision for access to appropriate education
Executive Director											
Executive Director	452	11	-	4	-	-11	456	10.81	CFA Exec Dir staffing budget. Eastern Regions ADCS Fund.	Statutory	Strategic Management of all CFA statutory functions and support team Regional funding held on behalf of the region (not CCC funding)
Central Financing	96	-	-	366	-	-2,062	-1,599	0.00	Centralised Postal Franker Charges £100k; DSG Vacancy savings £75k	Non-Statutory	Contribution to central postage costs - but some correspondence is required by law
<b>Subtotal Strategy and Commissioning</b>	<b>41,952</b>	<b>603</b>	<b>613</b>	<b>1,644</b>	<b>-64</b>	<b>-4,376</b>	<b>40,373</b>	<b>163.20</b>			
<b>Children's Enhanced and Preventative Services</b>											
Strategic Management - E&P Services	823	25	-	20	6	-117	757	67.03	Dir E&P. Business Support Team. CAF Team, CAF Administrators	Mixed	Strategic Management of early help services and range of statutory duties. Team supporting and administering the common assessment framework are non-statutory - but the CAF process underpins much of our duties e.g. safeguarding and child protection, school attendance, offending, SEND
Children's Centres Strategy	741	13	-	-	-	-331	423	0.00	CC strategy team, including reinvestment funding, volunteers in CC funding, SALT contract, Early Referral contract	Mixed	Management team for Children's Centres (which statutory provision) Speech and Language Therapy forms part of the statutory SEN local offer Volunteers in Children's centres = non-statutory
Support to Parents	1,456	32	-	21	-	-210	1,299	54.16	Parenting Commissioner, Family Work Strategy, Parent Partnership Service, FIP (core funded element), DSG funding for Early Intervention Family Workers, Troubled Families (no core budget)	Non	These services for parents form part of our statutory duty to safeguard vulnerable children and act as demand management interventions for statutory child protection and LAC services - but there isn't a statutory requirement to provide them

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

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Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000	FTEs	Brief Description, Key spending summary	Statutory / Non- Statutory	Comment
SEND Specialist Services	5,983	189	-	84	-	-508	5,748	130.79	Multi-disciplinary teams - Specialist Teaching Teams, Hearing Impaired Service, Visual impaired service, Support to Early Years, Home visitors, Access & Inclusion, Education Psychology	Statutory	These services meet our statutory duty to respond to the assessed needs of children with special educational needs and disabilities - as part of the SEN local offer
Safer Communities Partnership	7,252	96	-	15	-	-29	7,334	26.87	Domestic Violence, Drug + Alcohol Abuse Team (£6.269 million funded by PHG), £6.010 is to fund contracts	Statutory	Statutory duties in relation to supporting victims of domestic violence and public health duty to tackle drug and alcohol misuse
Youth Support Services											
Youth Offending Service	1,317	34	-	25	-	-187	1,189	56.26	Youth Offending Team (incl. Appropriate Adults, Reparation, Restorative Justice, Young People in Remand, Prevention, High risk + deter, Senior YOT + YOT officers (area based teams) + MST	Mixed	Statutory function within youth justice system to deliver youth offending work Multi-systemic therapy is non-statutory function - but designed to constrain demand on statutory social care and LAC functions
Central Integrated Youth Support Services	1,195	22	-	9	-	-367	859	14.44	(Head of Service, Central Integrated Youth Service, attendance + behaviour, inclusion, teenage pregnancy, nab savings of £238K already in plan for 16/17)	Mixed	Central teams and budgets relating to a range of duties - statutory duty to promote attendance and inclusion in education.
Locality Teams											
East Cambs & Fenland Localities	3,665	89	-	46	-	-462	3,338	110.77	Family Work, Youth + community work (YPWs, Young + Community Coordinators), Educational Welfare (part traded), Participation, Early Help/Targeted support for young people at risk from NEET, Locality based children's centres (0-5)	Mixed	Locality Teams are non statutory in themselves - but services within them fulfil some statutory duties as well as providing 'early help' which supports duties in relation to safeguarding vulnerable children and act as demand management Interventions for statutory child protection and LAC services Specific duties also supported by teams include school attendance, inclusion, ensuring participation in post 16 learning Statutory duty to ensure support for children with special educational needs and their inclusion in education Children's Centres are a statutory provision
South Cambs & City Localities	4,222	101	-	54	-	-610	3,767	110.55	Family Work, Youth + community work (YPWs, Young + Community Coordinators), Educational Welfare (part traded), Participation, Early Help/Targeted support for young people at risk from NEET, Locality based children's centres (0-5)	Mixed	Locality Teams are non statutory in themselves - but services within them fulfil some statutory duties as well as providing 'early help' which supports duties in relation to safeguarding vulnerable children and act as demand management Interventions for statutory child protection and LAC services Specific duties also supported by teams include school attendance, inclusion, ensuring participation in post 16 learning Statutory duty to ensure support for children with special educational needs and their inclusion in education Children's Centres are a statutory provision

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Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000	FTEs	Brief Description, Key spending summary	Statutory / Non- Statutory	Comment
Huntingdonshire Localities	2,659	69	-	38	-	-477	2,289	84.31	Family Work, Youth + community work (YPWs, Young + Community Coordinators), Educational Welfare (part traded), Participation, Early Help/Targeted support for young people at risk from NEET, Locality based children's centres (0-5)	Mixed	Locality Teams are non statutory in themselves - but services within them fulfil some statutory duties as well as providing 'early help' which supports duties in relation to safeguarding vulnerable children and act as demand management Interventions for statutory child protection and LAC services Specific duties also supported by teams include school attendance, inclusion, ensuring participation in post 16 learning Statutory duty to ensure support for children with special educational needs and their inclusion in education Children's Centres are a statutory provision
Subtotal Children's Enhanced and Preventative Services	29,313	670	-	312	6	-3,298	27,003	655.20			
Learning											
Strategic Management - Learning	-274	-4	-	1	-	-33	-310	1.00	Director budget, vacancy savings budget, transport additional savings target, small Narrowing the Gap fund	Mixed	Strategic Management of Education services and statutory duties in relation to sufficiency of places, educational improvement, inclusion and attainment of vulnerable groups Also included is small narrowing the gap fund
Early Years Service	1,790	39	-	31	-	-151	1,709	60.49	EY Quality assurance, intervention, sector development and Workforce development budgets. Also two staffing contracts, one with PACEY and one with PLA both DSG funded	Mixed	Supports statutory duties in relation to ensuring the sufficiency of appropriate early years places. Statutory duties exist to work with any settings which are inadequate or require improvement. Quality assurance work is currently also with good and outstanding settings which is non-statutory (but helps prevent needs of statutory intervention following poor Ofsted rating). PACEY contract delivers our duty to ensure quality amongst child-minders.
Schools Intervention Service	1,591	43	-	29	-	-509	1,154	36.11	School improvement and intervention advisory work, including governance. Includes income target for "Primary Offer" traded work	Mixed	General statutory duties exist to drive school improvement and a statutory requirement to intervene where schools and settings are less than 'good'. Some support to schools is beyond statutory intervention requirements
Schools Partnership Service	1,544	57	-	29	-	-281	1,349	104.67	Teams focusing on building partnerships with maintained schools and academy trusts, supporting on issues such as recruitment. This includes ESLAC and Narrowing the Gap teams . Includes EdICT for the time being.	Mixed	statutory duties exist to drive school improvement and support education system to work together but no specific requirements to have a given type of team. ESLAC forms part of our statutory corporate parenting duties and duty to ensure children in care access appropriate education
Children's Innovation & Development Service	135	13	-	12	-	-176	-16	97.80	Cambridgeshire Outdoors, Cambridgeshire Music, EdICT, Service Development, Education Wellbeing, Wisbech Adventure Playground	Non-statutory	Range of non-statutory education services, majority are traded services with only a small net core budget. All education services will make a contribution to our overarching statutory duties to promote education, support inclusion for vulnerable groups, raise standards and narrow the achievement gaps for vulnerable groups
Integrated Workforce Development Service	1,464	33	-	19	-	-189	1,327	35.38	Workforce Development internal to CCC, for example Social Work training, vocational training. Focused on maintaining and improving the skills of the CCC workforce.	Non-statutory	But supporting the workforce which is primarily delivering statutory care
Catering, Cleaning & Groomfield Services	-350	-	-	-	-	-50	-400	324.74	Teams providing hot meals to school children, cleaning services in schools and Grounds services, all charged for.	Non-statutory	But profit-making traded service



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Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000	FTEs	Brief Description, Key spending summary	Statutory / Non- Statutory	Comment
Redundancy & Teachers Pensions	3,001	35	-	-	-	-27	3,009	0.00	Budget for historic teachers' pensions liabilities plus a small fund to meet the cost of TA redundancies in maintained schools	Statutory	Pensions liabilities
0-19 Place Planning & Organisation Service											
0-19 Organisation & Planning	1,040	27	-	13	-	-30	1,050	60.07	0-19 place planning team, sufficiency team, admissions team. Includes Cambridgeshire Music for the time being.	Mixed	Statutory duty to ensure sufficiency of school places. Cambridgeshire Music is non-statutory but traded
Early Years Policy, Funding & Operations	158	3	-	3	-	-6	158	5.98	EY funding allocation team, Welfare Benefits team	Statutory	Administration of funding for early years places
Education Capital	175	4	-	7	-	-13	173	10.00	Education capital projects team (revenue costs)	Statutory	Statutory duty to ensure sufficiency of school places.
Home to School / College Transport - Mainstream	9,293	153	475	980	-	-963	9,938	5.82	Transport of pupils attending mainstream schools between home and school/ college	Statutory	Statutory duty to transport children to school
Subtotal Learning	19,567	403	475	1,124	-	-2,428	19,141	742.05			
DSG Adjustment	-23,212	-	-	-	-	-	-23,212				
UNIDENTIFIED SAVINGS TO BALANCE BUDGET	-	-	-	-	-	-	-				
CFA BUDGET TOTAL	252,721	4,741	5,440	6,176	1,220	-26,824	243,474	2,951.40			



**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		
Reduction in expenditure on meeting the needs of people with physical disabilities and people on the autistic spectrum		
Business Plan Proposal Number (if relevant)	A/R.6.101	
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 persons 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?**

The Physical Disability & Autism & Adults Teams will reduce expenditure on ongoing social care services through:

- Ensuring people have access to information and advice to help them themselves
- Ensuring people have access to support when they need it to assist them through unstable periods/crisis in order to maintain independence
- Considering community resource before provision of statutory support
- Using local resources to avoid the need for transport
- Setting progressive goals to increase/regain independence to negate or reduce the need for ongoing support
- Supporting carers through a new model of carers support
- Increased use of mobile technology for practitioners, saving time and travel expense
- Working with CYPS to improve preparation for independence - focussing on lifelong skills and employment skills for children with disabilities whilst still in education
- Ensuring that eligible needs are met in the most cost effective way possible, with benchmarking of unit costs being used to inform this approach
- 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.
- Where there are a number of different ways to meet eligible needs, the most cost effective way will be adopted

In addition practitioners will continue to:

- Work closely with partners; health, voluntary orgs
- Maximise the use of 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

**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: Tracy Gurney
Service / Document / Function being assessed		Job Title: Head of The Learning Disability Partnership
Reduction in expenditure on meeting the needs of people with Learning Disabilities		Contact details: 01223 714692
		Date completed: 16/10/15 .....
		Date approved: 16/10/15.....
<b>Business Plan Proposal Number (if relevant)</b>	A/R.6.102, 6.111	
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 persons 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. Work will also focus on setting a benchmark cost of what we would expect to pay for each type of care provision.</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>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 (£1,042) 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 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>Increased use of Assistive Technology to increase independence and reduce the need for staffing</li> <li>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.</li> <li>Ensuring that eligible needs are met in the most cost effective way possible, with benchmarking of unit costs being used in the same way it is used in other client groups 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> </ul>		

- 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.
- Where there are a number of different ways to meet eligible needs, the most cost effective way will be adopted
- Accepting a higher degree of risk within care packages withdrawing that is 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 the current model of specialist health support including commissioned inpatient provision. This will involve market testing to ensure cost effectiveness of current provision.
- 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 services 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 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.

All relevant Adult Social Care managers  
Council Officers

Further consultation is planned with service users, carers and partners from November onwards.

#### 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> <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>
<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> <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 most 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</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>
<b>Neutral Impact</b>
<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>
<b>Issues or Opportunities that may need to be addressed</b>
<ul style="list-style-type: none"> <li>• Ensure resources in local communities are accessible to people with learning disabilities.</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



## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Children, Families and Adults Adult Social Care Services Service Development Housing Related Support		Name: Mike Hay .....  Job Title: Head of Practice and Safeguarding.....
Service / Document / Function being assessed		
Housing related support - Accommodation based homeless hostels in Cambridge City, Huntingdonshire and South Cambridgeshire.		Contact details: 01223 703563 .....  Date completed: 13/10/15.....
<b>Business Plan Proposal Number (if relevant)</b>	6.103	Date approved: 13/10/15 .....
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>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 period on 30<sup>th</sup> November 2016.</p> <p>This change follows a full review of the service involving stakeholders 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.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
<p><b>Led by:</b> Mike Hay, Head of Practice and Safeguarding  <b>Supported by:</b> Trish Reed, Interim Service Development Manager – Housing related support  <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.

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment												
Children, Families and Adults: Adult Social Care Services – Service Development Housing Related Support		Name: Mike Hay .....  Job Title: Head of Practice and Safeguarding .....  Contact details: 01223 703563 .....  Date completed: 13/10/15 .....  Date approved: 13/10/15.....												
Service / Document / Function being assessed														
Housing related support – Multi-disciplinary floating support service covering the whole of Cambridgeshire.														
<b>Business Plan Proposal Number (if relevant)</b>	6.103													
Aims and Objectives of Service / Document / Function														
<p>To provide short term (up to two years) housing related support to vulnerable households across different tenures to enable them to maintain their accommodation. The support provided is a preventative service and ensures that households in need of low level support but not yet meeting statutory thresholds for care and support are able to maintain their independence, budget and live independently. It is also a homelessness prevention tool and aims to work with at risk households to avoid crises.</p> <p>The service while sitting within the ASC directorate is a multi-disciplinary one and provides support to a wide range of household types:</p> <ul style="list-style-type: none"> <li>• Families with children (including teenage parents)</li> <li>• Older people who have been homeless or have complex needs</li> <li>• Young homeless people</li> <li>• People with physical or low level learning disabilities</li> <li>• People with drug and/or alcohol problems with chaotic lifestyles</li> <li>• People who have been homeless</li> <li>• People who are on the integrated offender management programme.</li> </ul> <p>Once someone has achieved a settled home and is managing their home independently the support then tapers and ends with the support is then 'floating' off to another client.</p> <p>The service is currently provided by two separate service providers and current funding supports the following numbers of clients:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Cambridge City:</td> <td style="text-align: right;">172</td> </tr> <tr> <td>South Cambs:</td> <td style="text-align: right;">62</td> </tr> <tr> <td>Huntingdonshire:</td> <td style="text-align: right;">134</td> </tr> <tr> <td>East Cambs:</td> <td style="text-align: right;">54</td> </tr> <tr> <td>Fenland:</td> <td style="text-align: right;">77</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>499</b></td> </tr> </table>			Cambridge City:	172	South Cambs:	62	Huntingdonshire:	134	East Cambs:	54	Fenland:	77	<b>Total</b>	<b>499</b>
Cambridge City:	172													
South Cambs:	62													
Huntingdonshire:	134													
East Cambs:	54													
Fenland:	77													
<b>Total</b>	<b>499</b>													
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>A comprehensive review of the service has been carried out of the level of service being delivered by the current providers. This involved consultation with stakeholders who had an opportunity to feed back on the impact if the service were to end. As the service is a preventative one it is difficult to quantify what might happen if it were to end. However, the review has highlighted that the contract provided by Centra in the Cambridge City, South Cambridgeshire and Fenland areas is not delivering a service to the number of clients contracted for. This has led to the decision to reduce the funding to match the number of clients (from 311 to 200) that the service is being delivered to in those areas.</p>														

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

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

**Led by:** Mike Hay, Head of Practice and Safeguarding

**Supported by:** Trish Reed, Interim Service Development Manager – Housing Related support

**Council officers involved:** Louise Tranham, Contracts Manager

**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**

None

**Negative Impact**

None

**Neutral Impact**

The funding is being reduced to match the number of clients being supported by the provider therefore there will be no negative or positive impact on the community.

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

None

**Community Cohesion**

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

There is no proposed reduction in service so there is no impact on community cohesion

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Children Families and Adults Services Adult Social Care		Name: Linda Mynott  Job Title: Head of Disability Services  Contact details: 01480 373220  Approved 14/10/15
Service / Document / Function being assessed		
Support for carers		
<b>Business Plan Proposal Number (if relevant)</b>	A/R.6.108	
Aims and Objectives of Service / Document / Function		
<p>To support carers to maintain their health and wellbeing and continue in their caring role through advice, information, general activities (e.g. interest groups) and specialist activities (e.g. carers of people with dementia) preventing, reducing or delaying the need for statutory support. To provide statutory assessments and meet eligible needs where these cannot be met through the other types of support described above.</p>		
What is changing?		
<p>In 2015/16 a new model of support for carers was introduced to meet the requirements and expectations of the Care Act 2014. The council now commissions information, advice and support for carers across the county through Carers Trust Cambridgeshire, this includes undertaking statutory assessments where the cared for is unknown to ASC.</p> <p>The Care Act 2014 which came into effect on 1st April 2015 gives carers, for the first time, the right to an assessment and personal budget to meet their eligible needs.</p> <p>The take up of assessments and personal budgets has been lower than expected and in 2015/16 this budget will overspend. A proposal has been put forward to reduce the budget by £300K for 2016/17 and 2017/18 and monitor the take up of assessments and personal budgets through the 2 year period.</p>		
Who is involved in this impact assessment?		
<p>e.g. Council officers, partners, service users and community representatives.</p>		
<p>All operational managers across ASC &amp; OPMH Directorates          Carers Trust Cambridgeshire          Carers Partnership Board          Other partner organisations</p>		

## 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.

<b>Positive Impact</b> None
<b>Negative Impact</b> <p>The service to carers, and the change proposed would be applied across all characteristics, but as more people who care for a relative or friend are over 65 and female, these two characteristics may be impacted more negatively than other characteristics if the demand for assessments and personal budgets increases beyond the budget allocated for 2016/17 and 2017/18.</p> <p>It may be necessary to manage the personal budget allocations within the budget which could mean less provision for the 3000 carers currently supported by ASC.</p>
<b>Neutral Impact</b> <p>Carers who are not eligible for a personal budget or choose not to take up a personal budget would not be affected by this change.</p>
<b>Issues or Opportunities that may need to be addressed</b> <p>If demand increases beyond the capacity of the reduced budget, the Council will need to review how it provides support through the allocation of personal budgets to carers.</p>

## Community Cohesion

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

N/A

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
Children, Families and Adults: Adult Social Care Services – Safeguarding Adults and MCA/DoLS service		Name: Mike Hay .....	
Deprivation Of Liberty		Job Title: Head of Practice and Safeguarding .....	
Service / Document / Function being assessed		Contact details: 01223 703563 .....	
Business Plan Proposal Number (if relevant)	6.110	Date completed: 16/10/2015 .....	
		Date approved: .....	
Aims and Objectives of Service / Document / Function			
<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 amounting 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 will be mainly 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].</p>			



### **What is changing?**

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.

The Supreme Court's judgment 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.

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.

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 have been 119,500 applications till the end of June this year, with the number of applications increasing each quarter.

**Over 1.2 million pounds was set aside to meet the expected upsurge in referrals however due to the following issues £540,000 have remained unspent:**

- 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.
- With an increased number of Standard Authorisations being granted, there is an expectation that more cases will be challenged in the Court of Protection.
- The judgement has been extended to those 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. The cost for Learning Disability alone is estimated at £900.000 although to date we have only submitted one case, with another in the process.

The service is monitored on a regular basis by the MCA/DOLS management and development group which reports to the Safeguarding Adults Board.

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

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

**Led by:** Joseph Yow and Ivan Molyneux

**Supported by:** Mike Hay, Head of Practice and Safeguarding

All service users across Cambridgeshire who would be deemed not able to give valid consent to their placements and care arrangements in all settings including in their own home if the imputable to the state element is met.

## 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 positive impact of the legislation is that Article 5 of the Human Rights Act 1998 requires that no one should be deprived of their liberty except in certain, pre-defined, circumstances unless prescribed by law and also able to have access to speedy recourse to challenge their deprivation of liberty.

Article 5 of the Human Rights Act 1998 requires that no one should be deprived of their liberty except in certain, pre-defined, circumstances unless prescribed by law and also able to have access to speedy recourse to challenge their deprivation of liberty. As such, the DOLS are likely to provide protection to older people or people with learning disability people with acquired brain injuries.

### Negative Impact

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

When a person dies with a Standard Authorisation in place, the death is considered to be a death in custody and as such an inquest will be needed to be convened by the Coroner. It has reported nationally that this procedure has impacted negatively on families in that funeral arrangements have been delayed and the contention that their relative was classified as death in custody.

### Neutral Impact

N/A

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

If the local authority did not meet the requirements of the supreme court judgement it would be in breach of the law.

## **Community Cohesion**

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

Not applicable – these changes only affect those service users that lack capacity and therefore does not impact on community cohesion.

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Older people and mental health		Name: Jackie Galway.....
Service / Document / Function being assessed		Job Title: Head of Service .....
Care for older people – proposals to reduce cost of the care offer		Contact details: jackie.galwey@cambridgeshire.gov.uk
Date completed: 16 October 2015 .....		Date approved: .....
<b>Business Plan Proposal Number (if relevant)</b>	A6.201	
Aims and Objectives of Service / Document / Function		
To achieve budget savings (£1.184m) in the care commissioned by the Council for older people whose assessed needs meet national eligibility criteria.		
What is changing?		
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>At any given point in the year there are currently 7000 older people who have a personal budget that is fully or partially funded by the Council County. To achieve the required savings the number of people supported must remain close to this level and overall costs must reduce despite the known demographic projections, and actions taken to reduce the Council's contribution to meeting the person's needs. This means that every opportunity will be taken to prevent, delay and reduce the need for ongoing care and that the Older People's Teams will be operating within a closely monitored monthly allocation.</p> <p>The consequences of this will be that</p> <ul style="list-style-type: none"> <li>- Older people and their carers will be expected to seek more support from the families and wider community. They will be enabled to do this.</li> <li>- Older people should expect that their care and support plan and personal budget will be reviewed for any opportunity to reduce the Council's contribution to their care while aiming to meet their assessed need. For example any contingency in the person budget for events outside the usual level of care will be removed</li> <li>- Older people may not receive the care they think they need and/or may experience a delay in accessing care if the teams allocation for the month has been exceeded. This could have significant consequences for the health and wellbeing of the older person and their carers. For example this will mean that older people in their own homes could temporarily experience a much higher level of risk that could have serious or life threatening consequences. It could also result in older people staying longer in suboptimal care settings or being delayed in hospital increasing the risk of adverse events or deteriorating health</li> </ul>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
<p>Council officers</p> <p>We will share the likely consequences of the budget proposals with the Older People's Partnership Board</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			✓
Disability			✓
Gender reassignment		✓	
Marriage and civil partnership		✓	
Pregnancy and maternity		✓	
Race		✓	

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

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

There will be a positive impact from managing the Council's budget effectively and making sure that there is careful scrutiny of Council resources.

#### Negative Impact

These changes are likely to impact on outcomes for older people, their carers and their quality of life. These changes will have a direct impact on older people who through disability and frailty, are eligible for support. There may be a disproportionate impact on older people with low income who are unable or unwilling to seek and accept help and support from their families or wider community and are reliant on Council support. The worst case scenario is that older people's lives end sooner than they would have done or they die in a setting that they would not have chosen. Also that their quality of life is poorer than it would otherwise have been due to reductions in the amount of care provided.

#### Neutral Impact

We will share the likely consequences of the budget proposals with the Older People's Partnership Board

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

Encourage and enable older people to take up their benefit entitlement.  
Improve access to third sector support.  
Work with independent sector providers to mitigate and manage risk

### Community Cohesion

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

There may be a positive impact on community cohesion for those communities that have the capacity to develop new solutions to support older people with complex needs

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Children, Families & Adults  Older People & Mental Health		Name: Lynne O'Brien .....  Job Title: Service Development Manager .....  Contact details: 01223 507142 .....  Date completed: 8 <sup>th</sup> October 2015 .....  Date approved: .....
Service / Document / Function being assessed		
Housing Related Support		
<b>Business Plan Proposal Number (if relevant)</b>	6.202	
Aims and Objectives of Service / Document / Function		
<p>Prior to 2013, the housing related support service for older people had only provided support to people living in sheltered housing. The funding also contributed towards the cost of the hardwired alarm service in those schemes. The new service provides housing related support to all older people, irrespective of whether they live in sheltered housing, to enable them to live as independently as possible in their own homes</p> <p>The main aims of the service are to:</p> <ul style="list-style-type: none"> <li>• Maximise people's household income</li> <li>• Minimise social isolation</li> <li>• Improve health and well-being</li> <li>• Signpost to other relevant services.</li> </ul>		
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>As part of the transitional arrangement the County Council continued to make a contribution towards the cost of the hardwired alarm service in sheltered housing schemes. This transitional arrangement is due to end in March 2016.</p> <p>The remainder of the savings were achieved as a result of the tendering exercise for the Housing Related Support service and various tenders for extra care schemes.</p>		
Who is involved in this impact assessment?		
<p>e.g. Council officers, partners, service users and community representatives.</p> <p>The project Board to re-model the services was led by Richard O'Driscoll, Older People's Commissioner and Claire Bruin, Service Director, Adult Social Care.</p> <p>The original consultation was carried out in 2013 and involved:</p> <ul style="list-style-type: none"> <li>• Older People living in Cambridgeshire, their families / carers</li> <li>• sheltered housing tenants</li> <li>• Sheltered housing providers</li> <li>• District Councils</li> <li>• County Council Assistive Technology Commissioning Manager</li> <li>• CCC Portfolio Holder for Adult Social Care</li> <li>• Voluntary sector</li> <li>• Legal</li> <li>• Procurement</li> <li>• Elected members</li> </ul>		

## 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>
<p>Ceasing the transitional payment which was a contribution towards the cost of the alarm service may impact upon some households, however, the change was phased in over a two year period. Over this time, it is likely that some of these costs may have been absorbed by Registered Social Landlords. As part of the tendering exercise, bidders and landlords were informed that funding would cease after the two year transition. Households that are adversely affected by the ending of the transitional contribution can access support from the visiting support services that operate in each district that can help older people maximise their household income.</p> <p>As part of contract monitoring, providers of the visiting support services collate information on the support they have provided to older people.</p>
<b>Neutral Impact</b>
There is no impact from the savings accrued from the unallocated monies from the Housing Related Support funding.
<b>Issues or Opportunities that may need to be addressed</b>
No issues or opportunities identified

## Community Cohesion

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

These changes will not directly impact community cohesion

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
Children, Families and Adults Services Older People and Mental Health		Name: Kim Dodd .....	
Service / Document / Function being assessed		Job Title: Head of Mental Health .....	
Reduction in expenditure on care for adults with mental health needs.		Contact details: 01223 729057 .....	
Business Plan Proposal Number (if relevant)	AR.6.203	Date completed: 12.10.15 .....	
		Date approved: 14/10/15.....	
Aims and Objectives of Service / Document / Function			
Care packages for adults with mental health needs, these are most likely to be packages for residential care, home and community care, supported accommodation, and nursing placements.			
<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>Each package of care is planned according to the individual's eligibility and assessed needs and therefore will vary according to the individual. It is planned to reduce the amount of funding spent on packages through a range of improvements and efficiencies in planning, commissioning and providing care.</p> <p>The aim is to reduce the number of new care packages, proactively reviewing high cost packages, reducing the weekly cost of residential packages and reducing the number of weeks people spend in residential care before moving towards great independence and recovery.</p> <p>This will be achieved through several changes these are:</p> <ul style="list-style-type: none"> <li>- To improve training to staff and the rigour of routine review of care packages to enable to people to achieve their outcomes and move through the care system towards independence</li> <li>- Increasing the use of prevention, early help and increased community support</li> <li>- Improved understanding and application of health funded care and joint funding with social care</li> <li>- Review of micro-commissioning of transport to include improved commissioning approaches in line with council policy.</li> <li>- Review of accommodation and supported living strategy to improve commissioning efficiencies and service quality</li> <li>- Developing a reablement service for adults with mental health needs</li> </ul> <p>This work is developmental and will be revised as greater knowledge and feedback on impact is obtained. Therefore other changes may emerge as work commences.</p> <p>Although led and supported by the Council the majority of the work will be completed by staff delivering the Councils duties within the specialist mental health NHS Trust under the Section 75 Agreement. This work will be completed with partners within mental health provision including VCS providing services for care packages. Also continued links to the Service User Network (SUN) and Rethink to obtain service user and carer feedback on council provided mental health services.</p>			
<b>Who is involved in this impact assessment?</b> e.g. Council officers, partners, service users and community representatives.			
Council Officers following discussion with Social Care Leads with the specialist mental health NHS trust delivering the Councils delegated duties.			



## 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		√	
Disability		√	
Gender reassignment		√	
Marriage and civil partnership		√	
Pregnancy and maternity		√	
Race		√	

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

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>
Overall and not characteristic specific there may be some positive impact in that a more recovery and progression to independence focused is taken through proactive reviews and better commissioning of some services.
<b>Negative Impact</b>
Rural isolation. Currently there is no specific evidence but it is possible that there will be some negative impact on rural areas where access to services are limited and may cost more to provide. Deprivation Also where people have less independent resources any reduction on these groups maybe more than others.
<b>Neutral Impact</b>
It is possible that with training of staff leading to improved practice, prevention, recovery and improved commissioning during 2016/17 the reduction in spend on care packages may have an overall neutral impact. However this may be more challenging if future years include further reduce budgets.
<b>Issues or Opportunities that may need to be addressed</b>
Being open to service user and carer feedback on impact of changes, staff training, review of related policies and building collaborative relationships with health and other partners.

## Community Cohesion

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

There may be some impact on community cohesion in rural and deprived communities but there is no direct planned change to impact on the communities.

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Children, Families and Adults Services Older People and Mental Health		Name: David Frampton .....
<b>Service / Document / Function being assessed</b>		Job Title: Commissioning Manager Mental Health .....
Mental health third sector contracts and homelessness third sector contracts		Contact details: david.frampton@cambridgeshire.gov.uk  Date completed: 22.10.2015 .....  Date approved: .....
<b>Business Plan Proposal Number (if relevant)</b>	6.211	
<b>Aims and Objectives of Service / Document / Function</b>		
<p><b>This community impact assessment covers the following services.</b></p> <ol style="list-style-type: none"> <li>1. Mental Health Community support service ;Riverside ECHG</li> <li>2. The CRI Homelessness support and street outreach service.</li> <li>3. The Ferry Project Homelessness Service. Wisbech</li> <li>4. Metropolitan Housing. Mental Health Supported Accommodation Service.</li> <li>5. Choices counselling service</li> </ol> <p><b>Service 1: Mental Health Community support service: Riverside ECHG</b></p> <p>The contract is run by Riverside ECHG. This is a service that was retendered in February 2015 and replaced the previous service that was known as a floating support mental health service. The main change in the tender from the previous service was a shift in focus to specifically supporting people with mental health <b>and</b> accommodation difficulties as it was identified that gaining and maintaining accommodation is a key component in people's wellbeing and in reducing the need for other social care and mental health services. The contract was also designed to ensure the service is spread equitably across the County, specifically to ensure Fenland residents have access to the service.</p> <p><b>Background:</b></p> <p>The aim of the Service is to provide support to people with mental health issues who are not being supported by secondary mental health services and where they need support with maintaining, gaining and keeping accommodation. The primary aim of the Service is to prevent people with mental health needs deteriorating to the point where they are referred to secondary mental health services or social care. By actively supporting people to gain or maintain stable accommodation this will enable people to maintain their independence in the least restrictive setting.</p> <p><b>Service 2: The CRI Homelessness support and street outreach service.</b></p> <p>The service supports people in the Cambridge City area .CRI provides community based outreach support to single people aged over 18 who are homeless or at risk of becoming homeless .They may be at serious risk of becoming street homeless and require support to maintain this accommodation which cannot be provided by the usual mechanisms, because they are hard to engage due to their chaotic lifestyle. Such people will be vulnerable and may have mental health needs, a learning disability, and substance misuse issues and have physical ill health difficulties or disabilities.</p> <p>The service helps rough sleepers to access accommodation, Primary Care, Substance Misuse Services and a range of other Statutory Services. The CRI works closely with the City Council's Homelessness Service Development Manager.</p> <p><b>Service 3: The Ferry Project Homelessness Service. Wisbech</b></p> <p>The Ferry Project .The aim of the service is to provide support to people who are homeless to establish a more stable lifestyle and enable them to learn coping skills in order to gain settled accommodation.</p> <p>The people being supported in addition to homelessness may have a range of issues ranging from mental health, substance misuse and offending. The County Council fund 39 beds in the project.</p> <p>The breakdown of the 39 beds is as follows:</p> <ol style="list-style-type: none"> <li>1. 24 beds for homeless people at the main assessment centre of Octavia House where their needs can be assessed.</li> <li>2 Provision of group home supported accommodation for 15 people who have been through assessment and can be moved on as a way of encouraging independence and helping them to transition into independent</li> </ol>		

accommodation;

3. Of the above 8 beds are reserved for offenders. These are split equally (4 each) between the two service elements.

4 3 of the 15 move on beds are for people with mental health issues.

#### **Service 4: Metropolitan Housing. Mental Health Supported Accommodation Service.**

Metropolitan Housing run under contract to the County Council supported accommodation services for adults with mental health needs in Cambridgeshire. The provider supports a range of accommodation projects ranging from low level support to projects with higher staffing levels

Priority is given to people who:

1. Are most in need in terms of inability to function and are most at risk without this supported accommodation.
2. Individuals who are in residential care but have been assessed as being able return to the community, but need the level of support being offered by this Service.
3. To facilitate a timely discharge from hospital and to prevent hospital admission where possible.

#### **Service 5: Choices counselling service**

Choices is a third sector Counselling service based in Cambridge

The contract with Choices is held by the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and the service is available to people 16 years and above registered with a GP practice within Cambridgeshire.

The client group for this service are individuals 16 years or over living within Cambridgeshire who have been victims of past/historic sexual abuse as children (16 years and under) whether this was a single isolated incident or ongoing abuse. The service offers counselling to adults suffering from depression and anxiety disorders due to historic sexual abuse.

The Choices organisation is not fully funded by the Council. The total funding from the CCG and Council is £46,937 with the Council contributing £26,937 of this figure

Referrals are accepted from primary care, secondary services, IAPT services and by self referral.

This is not a rape counselling service. That is a separate service funded by the National Commissioning Board. (The Oasis centre in Peterborough). The Choices contract specifically states that the service will not accept referrals from the Sexual Assault Referral Centre (SARC).

#### **What is changing?**

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.

#### **Service 1. Mental Health Community support service: Riverside ECHG**

The change that is being assessed in this CIA is specifically a reduction in funding in the service because of the County Councils overall financial position of £41,000 in 2016-17 out of total funding of £178,000. In staffing terms this will mean there will be 1.5 fewer staff than would have been the case without this reduction in funding. In terms of caseload capacity (per week) the expected capacity was 50 -60 people and this will reduce to 37-44. The specific protected characteristic that is being affected is that of disability (mental health).

#### **Service 2. The CRI Homelessness support and street outreach service.**

The current level of funding is £104,000 from the County Council. Cambridge City Council also funds the service (£178,500). The funding from the County Council (but not Cambridge City Council) will be reduced when the service is retendered in April 2016. The funding from the financial year 2016-17 will be reduced by £5,000.

#### **Service 3. The Ferry Project Homelessness Service. Wisbech**

The change that is being assessed in this CIA is specifically a reduction in funding in the service because of the County Councils overall financial position of £5,000 in 2016-17 out of total funding per annum of £ 202,500. The new contract for the service will start on the 1<sup>st</sup> April 2016. It intended that this will be the new funding level (£197,500) as the County Council has to achieve savings. There has however, been positive work undertaken when reviewing the contract to increase the degree of joint working with the Mental Health Services in Wisbech (Cambridgeshire and Peterborough Foundation Trust). Three additional beds in the service have been made available in the service for the specific use of people being supported by the mental health services.

The funding reduction is a small percentage reduction but it will have accumulative effect on the contract as the service will face inflationary pressures and the impact of the living wage. Over the lifetime of the contract (up to 6 years from April 2016).

**Service 4. Metropolitan Housing. Mental Health Supported Accommodation Service.**

Funding for in 2015-16 will reduce by £37,000. Discussions are taking place with the provider as to the best way to achieve this level of savings. The plan is to achieve this by reducing the number of beds at one service (Vicarage Terrace) by 6 beds i.e a reduction from the current 18. The service however has been running with this level of voids for all of financial year 2015-16. The reason is the service is based on the group home model and it is difficult to accommodate people with mental health issues in group homes with shared facilities as one person's ill health and behaviour affects the other tenants. Resources are therefore not being used effectively by the County Council.

**Service 5. Choices counselling service**

The Council has the intention of reducing its funding contribution from April 2015. The reduction would be spread over 2 financial years.

During the Council's business planning process for 2014/15, which required significant savings all contracts were reviewed including Choices. It was not possible to apply a standard reduction across all services as the unit cost of some services cannot be significantly reduced, for example residential care. Therefore an overall approach was taken that gave consideration to several factors such as;

- Was this service a statutory responsibility and delivering a legal duty of the council?
- Was it providing a core service for example supported accommodation?
- Was it a service that delivered against the Health Wellbeing Strategy, Priority Four - Create a safe environment and helping to build strong communities, wellbeing and mental health?
- Had the service already been subject to recent reductions in funding?
- Was the service of good quality delivering recognised outcomes and an effective use of Council resources?

This has meant that reductions have fallen on non core service areas.

The funding of counselling is not a core social care responsibility

The intention now is to reduce the funding over a 2 year period as follows :

April 2015-16 to reduce Council funding by £3925 to £23,147. Note: this has now occurred. April 2016-17 a further reduction of £3925. to £19,222.

It is recognised that this will have a significant impact on the organisation. Giving the early notice to the organisation starting in 2015 and the continuing reduction in 2016 regarding funding reduction gives time to work with the Choices to help manage the impact

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

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

Cambridgeshire CC Commissioning and Contract Managers. Cambridge City Housing Advice Manager, Riverside ECHG Area Manager. Cambridge City Housing Advice Manager. Director Ferry Project. Metropolitan Housing. Cambridgeshire and Peterborough NHS Foundation Trust. The NHS Clinical Commissioning Group commissioning managers, Choices Trustees and Manager.

## 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	

Religion or belief		x	
Sex			X ( For Choices service)
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

Impact	Positive	Neutral	Negative
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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

#### Service 3: The Ferry Project Homelessness Service. Wisbech

There is some positive impact from reviewing the contract and funding. The work reviewing this contract has identified some opportunities to increase the joint working between the Ferry project and CPFT. An additional 3 beds (additional to the contract) have been allocated for the use of people being supported by CPFT and there will be greater liaison between the two services to support people with mental health issues in the rest of the Ferry project. This will have a positive impact on the 'disability' protected characteristic as it increases the support offered to the mental health service user group.

#### Other services covered in this CIA

No positive impact for other services in this CIA

### Negative Impact

#### Service 1 : Mental Health Community support service ;Riverside ECHG

There is a negative impact for disability as described earlier in terms of a reduction in capacity of the service from supporting 50-60 people to supporting 37-44 people at any one time. This will mean fewer people can benefit from the support.

In terms of mitigating this impact :

1. The service was not yet up to capacity at the time of this reduction so no individuals have been directly affected as all current service users will continue to be supported.
2. The service will still have enough capacity to work with those people most at risk of losing their accommodation as the first priority of the service is to work with homelessness providers and District Councils to help people gain accommodation and be supported to maintain it. This is the target group that has been identified as being most at risk if support is not given and may be admitted to hospital, require further support from psychiatric services or require social care services. This was the priority for this service as set out in the contract for year one 2015-16. There is sufficient capacity for this main role.
3. The part of the service that will be more affected is the year 2015-16 plan of working with primary care.

This will be scaled back as a result of this funding reduction although some pilot work can still be undertaken to guide future service development.

#### **Service 2: The CRI Homelessness support and street outreach service.**

There is a potential negative impact on the protected characteristic of disability as this may lead to fewer staffing hours being available to support users of the service. It also is in addition to a reduction of £10,000 in funding for the service that has already happened in budget year 2015-16.

There are however 2 considerations that will mitigate this and keep the impact low.

1. The service is due to be retendered in 1<sup>st</sup> April 2016. There is potential that the bidders will be able to tender so that direct support hours are unaffected. This cannot be guaranteed but is a realistic possibility.
2. The strongest mitigating factor is that service supports a number of people with mental health issue who have moved into settled accommodation. A new mental health community support service has been commissioned to support people with mental health issue. The CRI service (or the new service provider from April 2016) will be able to transfer people in this category requiring such support to this new service. This will enable CRI to match staff capacity to demand.

#### **Service 3: The Ferry Project Homelessness Service. Wisbech**

This is a potential/longer term issue rather than immediate issue. There is no immediate negative impact but this reduction in funding will make it more difficult for the provider to cover staffing costs over the lifetime of the contract. This could affect staffing levels and this will have an impact on the level of support.

Mitigation: The County Council Commissioning Manager will have regular contract review meetings to review the impact. There will continue to be regular meetings with the provider to identify issues.

#### **Service 4: Metropolitan Housing. Mental Health Supported Accommodation Service.**

As the affected accommodation beds are vacant then no individuals are directly affected

There will be some negative impact at a County operational level as overall this will represent a reduction in the number of beds available. However there were in reality, vacancies in the service because of its long term unsuitability as people do not wish to live in shared group homes and ill health in one person affects the other tenants sharing the group home. This means that vacancies can be difficult to fill despite the overall accommodation system being under pressure. As the affected accommodation beds are vacant then no individuals are directly affected.

There is a difficult housing supply problem particularly in Cambridge City. There is a risk that as mental health services as a whole are under pressure this could feed through to increased demand for supported accommodation.

If the reduction in funding was available to be recycled within the accommodation service then it could be used to fund more modernised services or increase staffing levels. There is then, an opportunity cost to the reduction in funding, as it reduces the flexibility to redesign other accommodation services.

There are regular meetings with the support provider with the aim of making best use of existing resources. The main challenge will be to match the staffing levels to the lower level of funding as this reduction will have an impact on staffing levels. The provider does however pool the staffing resources across several projects and this gives some flexibility. Vicarage Terrace will be refocused to support people with lower level needs which will be a more appropriate use for the group homes.

#### **Service 5: Choices counselling service**

The impact is negative as there will be a reduction in the number of people accessing the service (in particular women) and they will not receive treatment from the service for anxiety/depression and stress brought on by their experiences. There is a negative impact on the sex protected characteristic as the service reduction affects more women than men (of the total of 47 people treated, 41 were women). The service runs a waiting list so this will increase.

The following points are relevant in seeking to mitigate the immediate impact.

1. The reduction is spread over 2 years.
2. The Choices organisation has built up reserves so that continuity of treatment can be made to all people currently in counselling (the timescale is for 2 years of counselling).

**Neutral Impact**

There should not be a specific impact for the other protected characteristics as this is a reduction in capacity .The aims of the service remain the same.

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

Work will be undertaken with the service providers to ensure there is a clear process of prioritising people in most need of the service. There will continue to be regular meetings with the provider to work with them to in order to use remaining resources effectively.

In the case of the CRI contract, how well the service meets demand for support from April 2016 with reduced resources will depend on the quality of the working relationship with the Mental health community support service contract, run by Riverside ( ECHG) as support for some people will be transferred between the services. The County Council Commissioning Manager will work with both services to ensure this is robust.

**Community Cohesion**

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

The services will continue to have a positive impact on community cohesion as it supports those who are most in danger of being excluded.

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
CFA, Strategy & Commissioning		<p>Name: Chris Rundell, Rebecca Hudson, Judith Davies, Dee Revens</p> <p>Job Title: Head of Information Management Systems Service, Head of Strategy for Children, Families and Adults Services, Head of Commissioning Enhanced Services, Executive Officer (CFA)</p> <p>Contact details: 01223 699010</p>
Service / Document / Function being assessed		
Information Management Systems functions, Strategy functions, Commissioning and Procuring functions for Children, Families and Adults Services, SEND cross-directorate savings and Business Support.		
<b>Business Plan Proposal Number (if relevant)</b>	6.401, 6.402, 6.404 6.701, 6.702, 6.703, 6.704, 6.705 (6.618, 6.504)	
Aims and Objectives of Service / Document / Function		
<p>The Information Management Systems Function, Strategy function and Procurement and Commissioning functions support all teams within the children, families and adults directorate.</p> <p>Commissioning Enhanced Services deliver : Assessment, allocation , placement , advice , guidance , training , case management, review and monitoring of provision/contracts children and young people , and adults with LD, who are vulnerable and /or have complex needs</p>		
What is changing?		
<p>Information Management Systems Service - The Business Plan proposes a reduction of £100,000 in the budget of £124,315 for IT Systems development.</p> <p>Strategy Service – The Business Plan proposes a reduction of £126,000 in the budget for the Strategy Service. In 2016/17 this saving will be achieved through and a reduced staffing levels in the Strategy Team and through a restructure of the Information Team, including the Welfare Benefits Advice Team. It will also be achieved through a reduction in funding for Child Poverty.</p> <p>The Business Plan proposes £40k reduction in the budget for Commissioning Enhanced Services - significant reduction in budget will decrease the capacity of the teams to deliver statutory duties and activity detailed above. Monitoring and review will be reduced to emergency/safeguarding issues only and support for other CFAS commissioning will need to cease</p> <p>The Business Plan also proposes savings are realised through bringing together the strategic functions across CFA - £150k, procurement and commissioning functions - £200k, information function - £150k and cross directorate savings to SEND services £250k.</p> <p>Business Support – it is proposed to review business support functions across CFA to standardise systems and processes to build greater flexibility across this workforce - £300k. In addition Business Support savings are proposed in Learning -£30k and Enhanced and Preventative Services -£50k.</p>		



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

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

Council Officers

The following will be involved in discussing proposed savings

Service Users including children and young people with disabilities and their families, LAC

Parents/Carers

Schools and Governing Bodies

Other SEND Services, Pin point and other parent groups,

Partners i.e. health, districts, providers, Localities, CSC units, LDP, Speaking Out ,Corporate Parenting Board

**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 bringing together of similar functions across CFA is likely to have a positive impact through closer working arrangements and single direction of work.

**Negative Impact**

The Child Poverty Working Group will continue to drive forward the actions within the Strategy and to work together, aligning resource to improve outcomes for children and families living in poverty.

SEND Cross Directorate savings will have a negative impact on the quantity of free after school time available to children with disabilities at a special school. The proposal is to reduce the Council funded hours from 4 days to 3 days.

Business Support – No direct impact on communities, but the proposals will see support mechanisms change in line with CFA business and with a more centralised approach to business support.

### Neutral Impact

Information Management Systems Service - There is no foreseeable impact within the timescale of the change. There is a project to identify Information Management System requirements which will seek separate funding depending on the solutions identified.

Strategy Service – The proposed reductions to staffing levels in the Service will not impact on communities but may have impact on transformational change in CFA and thus impact delivery of changed services and provision to service users.

SEND Cross-directorate savings are being made due to the successful delivery of SEND reforms and therefore a reduced need for the SEND Reform Grant that offers financial support for these changes. In addition SEND teams are including income targets in their work by selling services to FE Colleges, schools and other authorities.

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

Information Management Systems function - If there are new requirements for reporting or service delivery affecting people with the defined characteristics which emerge in the course of the year, and which require system development, this reduction may affect our ability to respond.

Commissioning Enhanced Services – There will be a review of how teams deliver functions and innovate to reduce administration time and provide as much focus directly on children and young people

Strategy Service – changes and reduction may impact on support for transformational change. Bringing together all strategy roles will help reduce duplicated effort and streamline processes.

Business Support – there will be a review of functions as a whole for business support, but specialisms will still need to be maintained within services were required.

### Community Cohesion

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

These savings will not directly impact community cohesion

## **APPENDIX F – PERSONAS TO ILLUSTRATE IMPACT OF BUSINESS PLANNING PROPOSALS**

### **Persona for Learning Disability**

A lady who has a mild Learning Disability and in many respects could live independently but has complex and unstable epilepsy. She will avoid situations where she feels challenged or she finds stressful by having “fits”. Close observation is needed by people who are familiar with her condition to understand if these are instances of epileptic activity or behaviour.

Our approach will be to provide a minimal package of support, because she has clear understanding of how to manage her condition. We would try to avoid a long-term care package for this person, and support her to live independently.

The initial involvement and planning with this person would focus on short-term interventions with clear goals. Firstly, we would link her with voluntary and community organisations that support people with epilepsy, so she gets to know people with a similar condition to her and can build a friendly and empathetic social support network. Secondly, we would work with her to develop her resilience, by understanding her stressors at the moment and helping her to deal with them successfully. These might include supporting her to improve her housing situation, or to deal with anti-social behaviour in her neighbourhood for example, and could involve commissioning working with a voluntary sector organisation or an independent sector provider to achieve specific goals and working with her friends and family. Thirdly, we would explore with her ways that she could secure employment, and help her to access support into employment via adult learning, JobCentre Plus or voluntary and community organisations.

This work would lay the groundwork for her to manage future stresses independently; we would withdraw this support when there was improvement. We would not seek to provide pro-active support from that point onwards – but temporary support would be available if a situation escalated and she was about to experience crisis. That support would follow a similar pattern –provide immediate support, recover her resilience, and rely on networks of understanding friends and family to help her manage her own vulnerabilities.

### **Persona for Learning and Physical Disability**

Young man with both learning and physical disability who also has a deteriorating life limiting heart condition. He is due to finish formal education at the end of the summer term and wants to live in a flat on his own within the same area as his mum – but to have 24 hour support including a waking night.

This young man has high needs and is likely to die when he is young because of his heart condition. Our approach to this would be to have a full and early conversation and not raise expectations. This would include understanding what mum wants, and whether the young man needs to live alone. If he does not have a need to live on his own then we would not support this preference we would instead support the family to access Disabled Facilities Grant, and explore whether any care budget could be used to adapt the family home as necessary if it reduced the need for long-term support and meant that the young man could remain in the family home. If this was not possible we would look for alternative shared living accommodation within the county. Furthermore, we would ask whether he really needs 24 hour care, including supervision from a support worker whilst asleep, to keep safe. We would explore whether assistive technology could meet any night time needs as well as any daytime support needs, particularly where this supported family in their caring role or reduced the need for paid support staff to be present.

Given this young man's needs, we would liaise with health care services to secure appropriate health care input; for example, 'Hospital at Home' services could help him to remain in his own home rather than visit hospital frequently if he needs to.

### Persona for Older Person

A woman who is 83 and has had several hospital admissions due to falls and other complex health needs and suffers from recurring urinary tract infections. She is now not confident that she will be able to manage on her own, and is unstable on her feet. She is about to be discharged from hospital following a stay of a few weeks.

Our approach to supporting this person will be to provide immediate support to help her to manage independently given her reduced abilities to get around. Upon discharge from hospital we will provide reablement and occupational therapy (as we do currently), which will help her to adapt her home and do basic tasks using the adaptations like preparing food, getting to the toilet, and doing shopping. We will also work with her to see if there are technological solutions to problems getting help quickly if she falls over or has a crisis, or staying in touch with her family and friends. This is intended to reduce or eliminate the need for long-term formal home care.

She is likely to need significant medical help too. Her GP will have access to a multi-disciplinary team of community healthcare and social care workers with a variety of specialisms, so she can be supported quickly if her health deteriorates. Especially important for this lady will be access to a new preventative / early intervention continence service, to help her remain continent. We will also arrange an introduction to the local Community Navigator service. This will help her to join in with any local groups or social events that she would like to, in order to keep her mobile, enjoying life, and physically active. If she has any friends or family who care

for her, we will work with them to ensure that their input is co-ordinated with health services' input and that they know how to access short-term support if they need it.

### Persona for Adult Mental Health

A man of 49 who has a diagnosed mental health need which is contributing to him behaving anti-socially. His housing provider is saying they can no longer cope.

Our approach to supporting this man would be to work with the housing provider to create a more supportive and tolerant environment that would enable him to remain in stable housing, thus avoiding the need for him to move into supported accommodation. Provided that his housing situation is maintained, he would be able to live independently without social care support.

Firstly, we would work with him to understand what he wants in the situation he is in. That would provide the starting point for establishing the motivation for him to change his behaviour and highlight actions the housing provider could take to support him to maintain his tenancy. We would make sure that the social care thresholds were clearly understood, and that the aim is to try to stop the situation escalating to the point where his needs were substantial or critical, because that implies an immediate and severe risk to his health and wellbeing.

A variety of options, based around ensuring that he is connected to his local community and feels well-supported by his family and friends, would be explored in working with him. We would try to ensure that he was able to share social interaction with other people who were understanding, patient and friendly, to try to reduce his need to behave anti-socially. In order to do this, we might call upon a housing-related support contract to provide some short-term support.



**ADULTS AGENDA PLAN; APPOINTMENTS TO INTERNAL ADVISORY GROUPS  
AND OUTSIDE BODIES AND TRAINING PLAN**

*To:* **Adults Committee**

*Meeting Date:* **3<sup>rd</sup> November 2015**

*From:* **Democratic Services**

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

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

*Purpose:* **To present the agenda plan for the Adults Committee; to consider an appointment to the Mental Health Governance Board and to note the Committee's training plan and to seek any further suggestions.**

*Recommendation:* **It is recommended that the Adults Committee:-**

- 1. Notes the agenda plan at Appendix A.**
- 2. Appoint one Member to the Physical Disability and Sensory Impairment Partnership Board.**
- 3. Notes the position with regard to the development of the Committee's Training Plan included as appendix B.**

<b><i>Officer contact:</i></b>	
Name:	Daniel Snowdon
Post:	Democratic Services Officer
Email:	<a href="mailto:daniel.snowdon@cambridgeshire.gov.uk">daniel.snowdon@cambridgeshire.gov.uk</a>
Tel:	01223 699177

## **1. AGENDA PLAN**

- 1.1. The Adults Committee Agenda Plan is attached as Appendix A.

## **2. APPOINTMENT TO THE PHYSICAL DISABILITY AND SENSORY IMPAIRMENT PARTNERSHIP BOARD**

- 2.1 The County Council's representative on the Physical Disability and Sensory Impairment Partnership Board previously has been Councillor Smith. Due to Councillor Smith no longer being a Member of the Committee, the Committee is therefore asked to agree for a replacement. The Board comprises people with physical disability and sensory impairments, carers, local voluntary organisations and staff from the Adults Department within the County Council.

## **3. ADULTS COMMITTEE TRAINING PLAN**

- 3.1 In order to develop a training plan, a form was sent by Hannah Fox to all members of the Committee in early June inviting them to select which topics they felt should be subject of further development and to indicate preferred dates and times for attendance at training events. A reminder e-mail was sent on the 31<sup>st</sup> July with a further copy of the form placed in pigeon holes the same day.
- 3.2. Member responses have now been collated and officers are currently making arrangements to tailor events to Member requirements and availability. A copy of the updated plan based on the feedback from Members is attached at Appendix B. If any other Members who have not already responded wish to do, a copy of the form can be placed in their pigeon holes.
- 3.3. The Committee is asked to note the progress on developing the Committee's training plan.

## **4. ALIGNMENT WITH CORPORATE PRIORITIES**

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

There are no significant implications for this priority.

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

There are no significant implications for this priority.

### **4.3 Supporting and protecting vulnerable people**

There are no significant implications for this priority.

## **5. SIGNIFICANT IMPLICATIONS**

- 5.1 There are no significant implications within these categories:

- Resource Implications
- Statutory, Risk and Legal Implications



- Equality and Diversity Implications
- Engagement and Consultation Implications
- Localism and Local Member Involvement
- Public Health Implications

<b>Source Documents</b>	<b>Location</b>
None	<i>N/A</i>



# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1st October 2015



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>01/12/15</b>	Business Planning 2016-2020	A Loades	Not applicable			
	Tackling Loneliness and Isolation	M Teasdale	Not applicable			
	Advocacy Project	C Rose	Not applicable			
	Finance and Performance Report	T Kelly	Not applicable			
	Ditchburn Place Extension of 6 Month Contract	R O'Driscoll	2015/063			
	Transforming Lives Progress Report	C Bruin	Not applicable			
	Retention and Recruitment Social Care Strategy	C Black	Not applicable			
<b>12/01/16</b>	Carers Strategy	S Leet / C Bruin	Not applicable	01/12/15	29/12/15 (Tuesday)	31/12/15 (Thursday)

<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>
	The Ferry Project Homelessness Service in Wisbech: Contract Exemption	D Frampton	2016/014			
	Progress Report on the Delivery of the Domestic Abuse Action Plan	T Roberts	Not applicable			
	CFA MI Systems Procurement	J Dobbison	2016/012			
<i>[02/02/16] Provisional Meeting</i>						
<b>01/03/16</b>	Social Care Strategy for Adults With Mental Health Needs Monitoring Report.	K Dodd	Not applicable	14/01/15	16/03/15 (Tuesday)	19/02/15 (Friday)
<i>[12/04/16] Provisional Meeting</i>						
<b>17/05/16</b>				07/04/15	03/05/15 (Tuesday)	06/05/15 (Friday)

**Notice made under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 in compliance with Regulation 5(7)**

**Decisions to be made in private as a matter of urgency in compliance with Regulation 5(6)**

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.
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.

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
Not applicable not a key decision					

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)



<b>ADULTS COMMITTEE TRAINING PLAN</b>	Updated 22 October 2015 (Version 3)	Agenda Item
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Ref	Subject	Desired Learning Outcome/Success Measures	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percent age of total
1.	Support for Carers including young carers	Members develop a deeper understanding of the developing strategy and greater awareness of recent reforms.	Tbc	Linda Mynott	Meeting	Adults Committee	P Ashcroft, G Kenney	
2.	Learning Disability/Physical Disability and Sensory Services	Gain a greater understanding of the services that are offered to this client group	Tbc	Tracy Gurney/Linda Mynott	Meeting	Adults Committee	A Bailey, P Ashcroft, M Tew, S Hoy	
3.	Opportunity to visit a day service location	Members will have enhanced knowledge of the Council's safeguarding responsibilities and will be able to identify the role of the	Tbc	Tracey Gurney	Visit	Adults Committee	G Wilson, F Yeulett, G Kenney, M Tew	
4.	Meet with a group of people who are in receipt of direct payments and who are using these innovatively	Members to gain increased knowledge of direct payments and how these can be used	Tbc	Mike Hay	Meeting	Adults Committee	A Bailey, G Wilson, F Yeulett	
5.	Opportunity to visit a residential nursing home or supported	Members will gain insight into the working of the residential or supported	Tbc	Tracy Gurney	Visit	Adults Committee	G Wilson	

Ref	Subject	Desired Learning Outcome/Success Measures	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percent age of total
	living for those with Learning Disabilities	living home						
6.	Adult Safeguarding and Contract Monitoring	Members will have enhanced knowledge of the Council's safeguarding responsibilities	Tbc	Ken Fairbairn and Mike Hay	Meeting	Adults Committee	A Bailey, G Wilson, P Ashcroft	
7.	Transforming Lives	Members to gain a better understanding of the development of a new model of social work and social care in Cambridgeshire.	Tbc	Mike Hay	Meeting	Adults Committee	A Bailey, P Ashcroft, G Kenney, M Tew	
8.	Visit to Cambridgeshire and Peterborough Foundation Trust to focus on the services provided by the CPFT on behalf of the Council.	Members to gain a better understanding of the work of the CPFT and the interaction with the Council	Tbc	Kim Dodd	Meeting	Adults Committee	G Kenney, P Sales	
9.	Mental Health across Children, Families and Adults Services	Members to gain increased understanding of the Council's role in mental health across the age ranges	Tbc	Kim Dodd	Meeting	Adults Committee	P Ashcroft, G Kenney, P Sales, S Hoy	
10.	Older People	Members to gain an overview of our responsibilities relating to Older People and how we deliver them	Tbc	Mark Howe	Meeting	Adults Committee	P Ashcroft, G Kenney, M Tew	
11.	Visit to an Older People's social work team	Members will gain insight into the practical operation of a social work team	Tbc	Jackie Galwey	Visit	Adults Committee	A Bailey, G Wilson, F Yeulett, M	



Ref	Subject	Desired Learning Outcome/Success Measures	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
							Tew	
12.	Visiting the reablement service	Through interaction with staff, Members will gain insight into the working of the reablement service	tbc	Jackie Galwey	Visit	Adults Committee	A Bailey, F Yeulett, G Kenney	
13.	Visit to Addenbrookes discharge planning team	Members will have increased practical understanding and knowledge of the process and issues around discharge planning	Tbc	Jackie Galwey	Visit	Adults Committee	A Bailey, M Tew	
14.	Domestic Violence, Drug and Alcohol Team and Community Safety	Members will have an increased understanding of the Council's role with relation to Domestic Violence, Drug and Alcohol Team and Community Safety.	Tbc	Tom Jefford, Susie Talbot, Vickie Crompton	Meeting	Adults Committee	P Ashcroft, S Hoy	
15.	Business Planning for 2020	Members of the Committee will have the chance to consider emerging thinking; reflect on the direction of travel and offer guidance on where officers should focus on developing proposals over the coming months.	3 Nov 15 1 Dec 15	Adrian Loades	Adults Committee	Adults Committee	G Wilson, P Ashcroft, M Tew	
16.	Understanding Performance	Members develop a clearer understanding of the County Council's performance management arrangements and are better able to interpret and	Tbc	Chris Rundell	Meeting	Adults Committee	P Ashcroft, G Kenney, M Tew	

Ref	Subject	Desired Learning Outcome/Success Measures	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percent age of total
		question performance data submitted to the Committee						