

ADULTS COMMITTEE



Date: Thursday, 11 January 2018

Democratic and Members' Services

Quentin Baker

LGSS Director: Law and Governance

14:00hr

Shire Hall

Castle Hill

Cambridge

CB3 0AP

Kreis Viersen Room

Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1 Apologies for absence and declarations of interest

Guidance on declaring interests is available at

<http://tinyurl.com/ccc-conduct-code>

2 Minutes – 7 December 2017 and Action Log

5 - 12

3 Petitions

DECISIONS

4 Adults Positive Challenge Programme update

13 - 22

5 Finance and Performance Report - November 2017

23 - 78

6 Adult Early Help deep dive

79 - 100

7	Consultation process for proposed changes to the Fairer Contributions Policy	101 - 104
8	Appointments to Outside Bodies, Partnership Liaison and Advisory Groups, and Internal Advisory Groups and Panels.	
	<i>Oral</i>	
9	Adults Committee agenda plan	105 - 110

The Adults Committee comprises the following members:

Councillor Anna Bailey (Chairwoman) Councillor Mark Howell (Vice-Chairman)

Councillor Adela Costello Councillor Sandra Crawford Councillor Kevin Cuffley Councillor Janet French Councillor Derek Giles Councillor Nichola Harrison Councillor David Wells and Councillor Graham Wilson

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

Clerk Name: Ruth Yule

Clerk Telephone: 01223 699184

Clerk Email: ruth.yule@cambridgeshire.gov.uk

The County Council is committed to open government and members of the public are welcome to attend Committee meetings. It supports the principle of transparency and encourages filming, recording and taking photographs at meetings that are open to the public. It also welcomes the use of social networking and micro-blogging websites (such as Twitter and Facebook) to communicate with people about what is happening, as it happens. These arrangements operate in accordance with a protocol agreed by the Chairman of the Council and political Group Leaders which can be accessed via the following link or made available on request: <http://tinyurl.com/coc-film-record>.

Public speaking on the agenda items above is encouraged. Speakers must register their intention to speak by contacting the Democratic Services Officer no later than 12.00 noon

three working days before the meeting. Full details of arrangements for public speaking are set out in Part 4, Part 4.4 of the Council's Constitution <https://tinyurl.com/CCCprocedure>.

The Council does not guarantee the provision of car parking on the Shire Hall site and you will need to use nearby public car parks <http://tinyurl.com/ccc-carpark> or public transport

ADULTS COMMITTEE: MINUTES

Date: Thursday 7th December 2017

Time: 2.00pm to 3.50pm

Present: Councillors A Bailey (Chairwoman), A Costello, K Cuffley, N Harrison, M Howell (Vice-Chairman), D Wells and G Wilson

Apologies: Councillors J French and D Giles

44. DECLARATIONS OF INTEREST

There were no declarations of interest.

45. MINUTES – 9 OCTOBER 2017 AND ACTION LOG

The minutes of the meeting held on 9 October 2017 were agreed as a correct record and signed by the Chairwoman.

The Action Log was received. Members noted that the consultation on the Fairer Contributions Policy had now started, and the requested information on voluntary agencies' charges for appointeeship services would be included in one of the planned reports to Committee, probably in March 2018.

The Chairwoman proposed, and the Committee agreed, that it would be better to take agenda item 5, on the Business Planning proposals, ahead of item 4, the Finance and Performance report, because the presentation on the Business Planning report was also relevant to the Finance and Performance report.

46. PETITIONS

No petitions were received

47. ADULTS COMMITTEE REVIEW OF DRAFT REVENUE AND CAPITAL BUSINESS PLANNING PROPOSALS FOR 2018-19 TO 2022-2023

The Committee received a report and presentation (attached to these minutes as Appendix A) setting out an overview of the draft Business Plan Revenue and Capital Proposals for services within the remit of the Adults Committee. Members noted that a revised version of Table 3: Revenue – Overview had been published and circulated prior to the meeting. The original edition had included as a saving an item on which consultation had only just started. Because of the need to be able to make an open-minded decision on this matter, it had been decided to remove it as a saving; £282k would still have to be saved, but a decision on how to do this would be taken later.

Discussing the report and presentation, members

- thanked officers for a clear and useful presentation, and enquired about the significance of the Capgemini work. Officers advised that interim feedback was due to be shared at an event the following week; Capgemini had found some good work had been done on early help, but had identified that it could be possible to improve the way in which the Council presented itself (for example, via website, literature, and how phone calls were answered). There had also been suggestions about the use of assistive technology. A report on the Capgemini work was planned for the Committee's meeting on 11 January 2018
- asked whether there were any risks associated with achieving mental health demand management measures, and whether the Authority's expenditure was relatively low because Cambridgeshire's revenue support grant and council tax were low, so less had been allocated to Adult Social Care. Officers advised that stretching targets had been identified which were thought to be achievable; in reality, some would be delivered above target, and others below or not at all. Cambridgeshire's adult care grant was unfairly low, and formed part of the Council's fair funding campaign, but there was also an element of local decision-making
- in relation to falls prevention, enquired about the link between Adult Services and Public Health, and urged that more be done to prevent falls, pointing out for instance the usefulness of strength and balance classes. Members noted that Adult Social Care worked closely with both Health and Public Health. As part of the Sustainability and Transformation Programme (STP), £600k had been invested across both Health and Public Health in falls prevention; officers stressed the importance of putting funding strands together and commissioning jointly, and offered to bring a deep dive report on falls prevention to Committee
- suggested that all members could benefit from having insight into the level of briefing that had been supplied to the Adults Committee and the Children and Young People Committee; the Executive Director offered to send the presentation slides to all members **Action required**
- welcomed the table of proposed transformation fund investments and enquired about the origin of transformation fund monies. Officers explained that an accounting review of the financing arrangements for the Council's capital programme had made it possible to re-phase the minimum revenue provision. By having regard to the length of use of assets created through the programme it was possible to delay revenue costs and divert this budget to the transformation fund instead. In answer to a question whether there was a risk of having to make higher payments in the future, officers acknowledged the risk, but said that on balance, in common with other local authorities, the advantage was that money had been made available to enable substantial savings to be made through transformation work in the current and future years; without these savings, the service would have been reporting far higher pressures than at present
- suggested that if the precept were to be increased, it would be possible to increase the amount of the Transformation Fund

- noted that, in her statutory role as Director of Adult Social Services (DASS), the Executive Director had, with other DASSs, been lobbying and giving evidence about the inadequacy of adult social care funding
- pointed out an apparent discrepancy between the figures given in the main report for the number of clients (1,725) benefitting from accommodation-based housing-related support, and the number quoted (over 750) in the business case for the review of supported housing commissioning. The Executive Director undertook to clarify these figures **Action required**
- drew attention to the apparent uncertainty around the Government's proposals to restrict housing benefit payments for supported housing, and asked what certainty there was around possible savings arising from the review of supported housing commissioning. Officers advised that much of this spending was on housing in co-operation with the district councils, and the review was concerned with bringing together County and District funds for supporting people in accommodation, in the interests of creating efficiencies
- noted that the business cases for higher rate client contributions for day time care and for reassessments had been superseded by the revision to Table 3, and reminded officers of the request, made at the November 2017 meeting, for case studies to be included in the update on the Fairer Contributions Policy consultation process planned for January 2018 **Action required**
- enquired about feedback from service users with learning disabilities about the work to reassess each person's care needs in line with the Transforming Lives model and the revised policy framework. Officers said that the work was being done very carefully to ensure that needs were still being met in line with the requirements of the Care Act, and they were working with individual service users to ensure that they knew what services and support were available to them. In some cases, reducing package costs could lead to an increase in the service user's level of independence; officers undertook to share with members some of the case studies on the changes, some of which made very heartening reading. **Action required**

The Chairwoman thanked officers for all the hard work and effort that lay behind the business planning proposals, and said that the business case impact assessments were particularly helpful.

It was resolved unanimously:

- a) to note the overview and context provided for the 2018/19 to 2022/23 Business Plan revenue proposals for the Service, updated since the last report to the Committee in October.

It was resolved by a majority:

- b) to comment on the draft revenue savings proposals that were within the remit of the Adults Committee for 2018/19 to 2022/23, and endorse them to the General Purposes Committee as part of consideration for the Council's overall Business Plan.

- c) to comment on the changes to the capital programme that were within the remit of the Adults Committee and endorse them to the General Purposes Committee as part of consideration for the Council's overall Business Plan.

48. FINANCE AND PERFORMANCE REPORT – OCTOBER 2017

The Committee received the October 2017 Finance and Performance Report for People and Communities (P&C) Services, noting that the forecast pressure had worsened by comparison with the September report, and now stood at £5,562k. In response, Better Care Fund (BCF) monies were being used, particularly for work to improve performance on delayed transfers of care (DTC).

In the course of discussion, members noted that

- DTC performance had improved recently. The report compared performance with performance a year ago, but there had been a month-on-month improvement in September, and further improvement was expected in October. However, the most challenging months, when hospitals experienced most pressure and DTCs were most likely to rise, were still to come
- a year ago, the Adults budget had over-delivered on its savings targets, but in 2017-18, the point had been reached where it was no longer possible to reduce the costs of care and meet demand within the current budget for older people or people with Learning Disabilities where there had been an overspend for the last two years of approximately £2m.

In response to a question about the figures for Learning Disability Services cost and number of service users budgeted as compared with the annual budget, officers advised that the table represented a snapshot in time, but undertook to re-examine and check the figures.

Action required

It was resolved to review and comment on the report.

49. DEVELOPMENT OF AFFORDABLE CARE HOME PROVISION

The Committee received a progress report on the procurement process supporting the expansion of care home provision, noting that the Care Homes project was part of the Older People's Accommodation Strategy and focussed on current and future requirements for residential and nursing home care in Cambridgeshire. Members noted that there had been a very good response to the prior information notice and the invitation to attend a suppliers' event in October. The competitive dialogue was due to go live on 8 December. There had been some slippage in the timeline set out in the Gantt chart, but it was within tolerance.

Discussing the report, members

- commented that the timeline was very tight and asked whether it would be possible to start the first new build within it. Officers replied that in their view, and following much discussion, the timeline was challenging but achievable; account had been

taken of the length of time required for the competitive dialogue for work stream 3 (a year). The build timeline was different for different sites, as some already had planning applications under way while others did not. Work stream 2 concerned changing or adapting current provision, for which planning and building processes would be rather quicker

- noted that at least one home was expected to be built within the timeframe; work stream 1, extending existing block contracts as required, was expected to bring an increase in capacity soon. The stated aim of increasing existing capacity of around 3,500 beds by 450 beds took into account the needs of self-funders as well as of service users.

The Chairwoman asked that the new version of the Gantt chart and the key times when developments could be expected be circulated to members of the Committee. The Committee's working group would be asked to advise when a further report on the development of affordable care home provision should be brought to Committee.

Action required

It was resolved:

to note and comment on the content of the report.

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

Members noted that the Council had been asked to appoint a representative to the Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP) Board.

It was resolved unanimously:

to appoint Councillor Anna Bailey as the County Council's representative on the Cambridgeshire & Peterborough Sustainable Transformation Partnership Board.

51. ADULTS COMMITTEE AGENDA PLAN AND TRAINING PLAN

The Committee received its updated agenda plan and training plan, noting that for the meeting on 11 January 2018, there would be a broader report on the Capgemini work, rather than a report looking at care and support planning in isolation.

It was resolved:

to note the Agenda Plan and Training Plan.

Chairwoman

ADULTS COMMITTEE

Minutes Action Log



Agenda Item No: 2a
Cambridgeshire
County Council

Introduction:

This log captures the actions arising from the Adults Committee from **7 December 2017** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 22 December 2017

Meeting of 7 December 2017

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
47.	Adults Committee Review of Draft Revenue and Capital Business Planning Proposals for 2018-19 to 2022-23	W Ogle-Welbourn	Executive Director to send the business planning presentation slides to all members		
		W Ogle-Welbourn	Executive Director to clarify the apparent discrepancy between the figures given in the main report for the number of clients benefitting from accommodation-based housing-related support, and the number quoted in the business case for the review of supported housing commissioning		
		C Bruin	Case studies to be included in the update on the Fairer Contributions Policy consultation process planned for January 2018		

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
		C Bruin	Officers to share with members some of the case studies arising from work to reassess care needs in line with the Transforming Lives model and revised policy framework		
48.	Finance and Performance Report – October 2017	T Kelly	Officers to check the figures for Learning Disability Services cost and number of service users budgeted as compared with the annual budget		
49.	Development of Affordable Care Home Provision	S Torrance	New version of Gantt chart and key times when developments could be expected to be circulated to Committee; Working Group to be asked to advise when a further report on affordable care home provision should be brought to Committee		

<u>Agenda Item No: 4</u>			
<u>ADULTS POSITIVE CHALLENGE PROGRAMME UPDATE</u>			
<i>To:</i>	Adults Committee		
<i>Meeting Date:</i>	11 January 2018		
<i>From:</i>	Executive Director: People and Communities		
<i>Electoral division(s):</i>	All		
<i>Forward Plan ref:</i>	Not applicable	<i>Key decision:</i>	No
<i>Purpose:</i>	To provide an update on the work of the Adults Positive Challenge Programme		
<i>Recommendation :</i>	It is recommended that Adults Committee: a) Note the update contained within the Appendix and comment on the initial findings of the programme.		

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Charlotte Black	Names:	Cllr Bailey/Cllr Howell
Post:	Service Director: Adults and Safeguarding	Post:	Chair/Vice-Chair
Email:	charlotte.black@cambridgeshire.gov.uk	Email:	annabailey@hotmail.co.uk/ mark.howell@cambridgeshire.gov.uk
Tel:	01223 727991	Tel:	01223 706398

1. BACKGROUND

- 1.1 In March 2017, General Purposes Committee approved a Transformation Fund investment of up to £500k to fund external support to help shape and deliver an ambitious change programme across all adult social care client groups. The funding recognised that whilst the Council has secured significant efficiencies in adult social care budgets, its services are already comparatively efficient. Therefore the Council was at a point where despite significant transformation activities, the expected financial benefits will not be sufficient to meet continued challenges ahead. The budget is at a point of diminishing returns; the current trajectory of delivery of savings cannot continue without a significant step change. The Committee recognised that specialist external support would be required to develop transformation at the pace required, and producing an authoritative report which describes a service model for the next ten years – and a plan for the Council to transition to that model.
- 1.2 Following a tendering process, a consortium of Capgemini and iMPower was appointed to lead the 'Adults Positive Challenge Programme'. Both organisations have been working with the County Council since late October.

2.0 OVERVIEW OF THE PROGRAMME

- 2.1 The overall aim of the programme of work is to support Adult Services and Safeguarding to deliver the best possible outcomes for people, whilst meeting the challenges of increasing demand and financial pressures. The key objectives for the programme, which will last for twelve weeks, are to:
- Provide a sound baseline analysis of Adult Services and potential financial challenge
 - Introduce new ideas and innovation to explore the approaches to deliver sustainable services and maximise independence
 - Engage staff and wider stakeholders to shape and own the opportunities to transform Adult Services
 - To define a programme of change and quantify the impact on future cost of services.
- 2.2 The outcome of the work will include proposals for a new, fully costed service and demand model which would be sustainable in the context of current challenges. The immediate output of the work will be an authoritative report and set of business cases describing a service model for the next ten years – and a plan for the Council to transition to that model. The proposed Adult Services Transformation Programme arising from this initial phase of work will support continued delivery of planned savings in adult social care over the next decade. It will ensure that the service is able to continue to meet eligible need, whilst shifting demand to reduce overall eligible needs in the community and supporting people to live more independently.

- 2.3 The consortium's work is taking place across four phases:
- Baseline analysis (Nov – Dec): Analysis of the service's current work, and understanding baseline activity, cost, Key Performance Indicators (KPIs) and outcomes;
 - Opportunities for Improvement (Dec – Jan): Identifying opportunities to improve service user experience, reduce pressures, empower citizens, staff and partners and reshape the adult social care market;
 - Forecast and Business Case (Jan): prioritise opportunities, identify impacts and develop costings for proposals;
 - Programme design and plan (Feb): development of a final Programme to deliver improvements

3.0 WORK TO DATE AND EMERGING FINDINGS

- 3.1 The consortium have now completed Phase 1 of the engagement. The aim of Phase 1 was to determine the baseline position for Adult Services with regards to demand, capacity and capability, and to set up an informed conversation regarding what the transformation programme needs to do. This has included:

a) *Strategic analysis*

- Review the vision for Cambridgeshire Adult Services and the fit with the wider Health & Social Care economy;
- Review current change projects and assess their likely impact against demand / cost drivers.

b) *Finance and quantitative analysis*

- Gather available activity and cost data;
- Define the pathway demand by mapping activity and cost data to the customer journey;
- Agree assumptions that will underpin the modelling, specifically intervention points how intervention "levers" will influence demand;
- Build a baseline demand, activity and cost model that forecasts volumes and costs across the customer journey three years into the future. This will be used to forecast Adult Services' likely financial and demand position, based on the current service model and demand trajectory;
- Compare Cambridgeshire's baseline data with national benchmarks held in iMPOWER's Index tool.

c) *Customer journey analysis*

- Process map the customer journey and touchpoints with other public services (including, NHS, Social Housing, and Children's Services);
- Review performance data sets to including staff survey results, user complaints and compliments and quality KPIs in order to understand current perception of performance;

- Undertake case reviews with Customer Staff to identify potential for avoidable demand;
- Examine behaviour messaging to users through examination of key materials and observations of selected Customer Front Line Staff – this will identify behaviour change opportunities to help citizens remain independent;
- Carry out One-to-One interviews with senior Adult Services officers to understand their view of the strengths and limitations of the current operating model.

d) *Commercial & commissioning analysis*

- Review the commissioning process and practices, including Customer third party contracting and relationship management;
- Analyse current services being provided by existing providers (specifically unit costs, activity volumes, and performance models);
- Assess current market dynamics and the current use of different payment / incentivisation models (specifically task and time, outcomes, outputs, and gain-share);
- Assess current provider pressures and performance levels, and the impact on service quality / outcomes;
- Review the effectiveness of financial planning and financial management.

e) *IT and technology analysis*

Review the Adult Services IT and technology capability and its operational use by Customer Staff, partners and customers. This analysis will include:

- Mobile and collaboration services;
- Case management and integrated care records;
- Telecare and assistive technologies;
- Analytics and business intelligence;
- Customer portal and on-line brokerage services.

f) *Completion of the baseline and setting priorities for improvement*

A facilitated 'Accelerated Solution Environment' (ASE) event to consolidate and finalise the baseline analysis, and agree the priorities for Phase 2.

3.2 The consortium have been providing new thinking and tools to enhance the Council's demand management strategies – as well as identifying opportunities to improve our current practice. A range of themes are beginning to emerge, including:

- Empowering providers to innovate, embedding reablement & assistive technology in the core offer, adopting an '*outcome based*' approach
- Define a different relationship between the Council and citizens to build on their strengths, maximise independence & use community resources

- Shape support & care at a local level, in collaboration with health, voluntary sector and communities
- Use digital to put the client in control of their care choices, their budget & provider relationship

3.3 A presentation providing an overview of the aims of the programme and progress to date is attached as Appendix A. This will be accompanied by a verbal update provided at the meeting. The final report from the consortium will be delivered to the Council in late February 2018. Following the final report from the consortium, it is likely that the proposed Transformation Programme will require further investment from the Council's Transformation Fund. The final report will be brought to the next meeting of the Committee along with outline proposals for further investment.

4. ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING

4.1 Developing the local economy for the benefit of all

There are no significant implications within this priority.

4.2 Helping people live healthy and independent lives

The programme will support the Council's demand management strategy for people across all social care client groups; an important aim will be supporting people to live independently within their community for longer.

4.3 Supporting and protecting vulnerable people

The work of the consortium will shape the Council's future approach to working with people across all adult social care client groups, ensuring that people's needs are met within the resources available.

5. SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

5.1.1 Adult Social Care services remain an area of financial risk for the authority, which if not managed effectively would harm the Council's ability to deliver a balanced budget.

5.2 Statutory, Risk and Legal Implications

5.2.1 Adult social care services remain an area of financial risk for the authority, which if not managed effectively would harm the Council's ability to meet its statutory implications for Adult Social Care.

5.3 Equality and Diversity Implications

5.3.1 A Community Impact Assessment was prepared for the initial investment; further CIAs will be produced for projects arising from the final report.

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	Location
None	

Adult Services Positive Challenge Programme

Adults Committee Briefing

11 January 2018

The objectives of the engagement

Capgemini and iMPOWER were appointed by Cambridgeshire County Council to support Adult Services to deliver the best possible outcomes for people, whilst meeting the challenges of increasing demand and financial pressures.

Our key objectives of this 12 week phase are to:



Provide a sound baseline analysis of Adult Service & potential financial challenge



Introduce new ideas & innovation to explore the approaches to deliver sustainable services and maximise independence



Engage staff and wider stakeholders to shape & own the opportunities to transform Adult Services

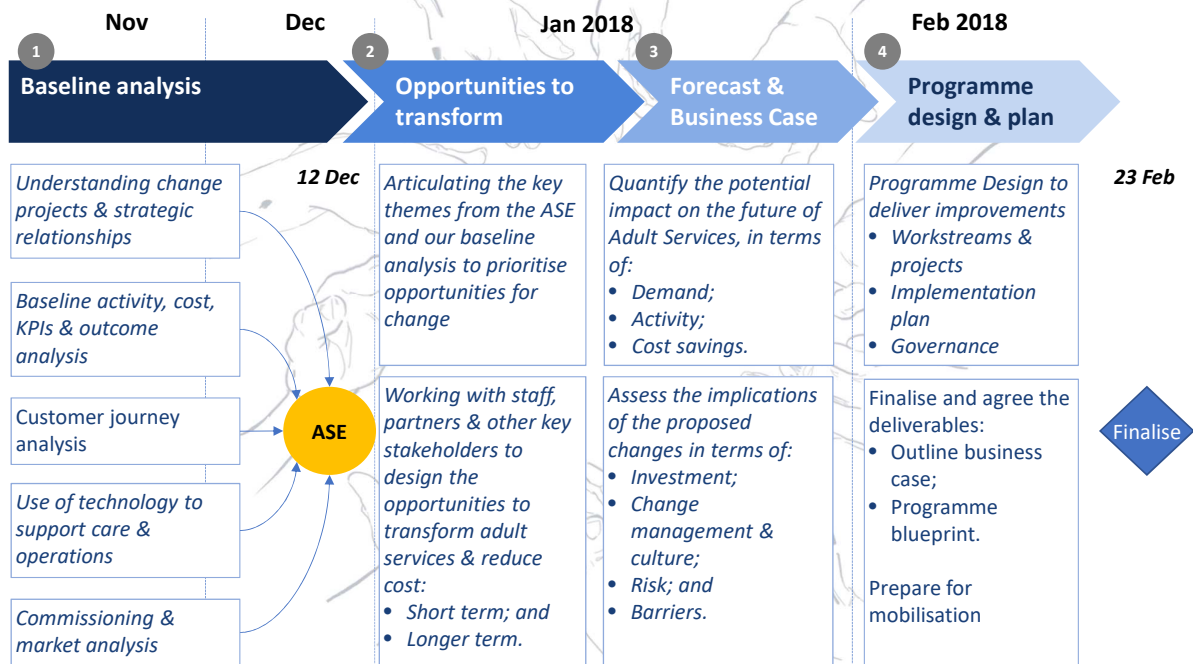


Define a programme of change & quantify the impact on future cost





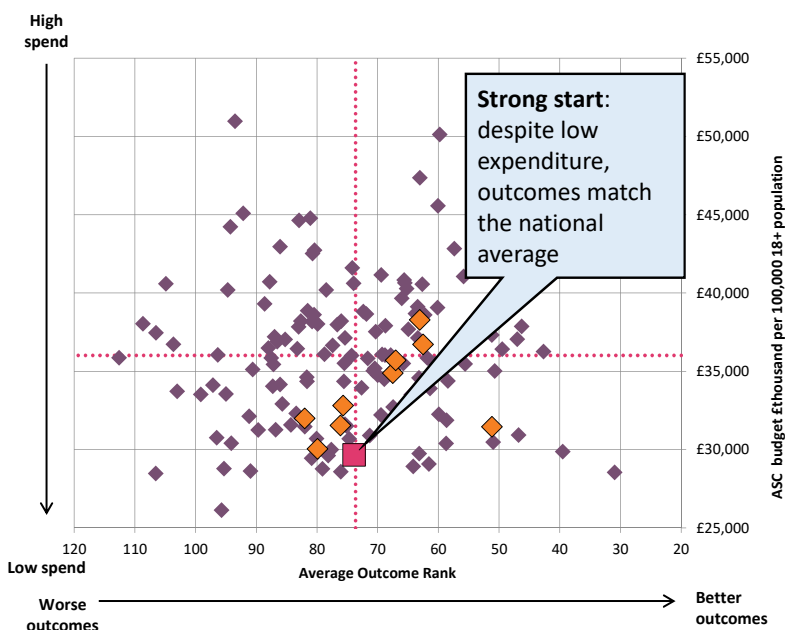
Our approach & plan



3



Key findings from the baseline stage



- Savings have been delivered, but a step change is needed to deliver a sustainable budget
- There is a positive home ethos
- Yet 35% of cases include avoidable demand
- There are care workforce issues
- Commissioning is not yet outcome focused
- Assistive technology is underutilised
- Digital is not used effectively
- Change is not effectively implemented

4



Emerging themes for change



Empower providers to innovate, embedding reablement & assistive technology in the core offer, adopting an '*outcome based*' approach



Define a **different relationship** between the Council and citizens to build on their strengths, maximise independence & use community resources



Empower our staff to make decisions & drive change initiatives at scale



Shape support & care at a local level, in collaboration with health, voluntary sector and communities



Use **digital** to put the client in **control** of their care choices, their budget & provider relationship

5



A range of opportunities have already been identified

A. Mitigating avoidable demand

- I. Self management
- II. Carers
- III. Hospital pathway
- IV. Reablement to enablement
- V. Technology enabled care
- VI. Multi disciplinary assessments & support planning
- VII. LD long term care
- VIII. Reviews & reassessment
- IX. Activate the local community

B. Improving productivity & capacity

- I. Digital workforce to improve productivity & collaborative care
- II. Digital care platform to remove 'the middle man'
- III. Physical working environment to improve productivity
- IV. Financial assessments
- V. Increasing voluntary and community sector capacity

C. Enablers

- I. Culture & embedding change
- II. Build partner relationships
- III. Business intelligence (cost, performance and outcomes)
- IV. Outcome based commissioning
- V. Technology solutions & infrastructure

6



The project is ongoing

There is **intense work underway** to complete this phase of the project by mid February:

- Key opportunities to improve & reduce cost;
- Outline Business Case for change;
- Well defined programme & roadmap to deliver change.

We are keen to include **your insights and take your questions** now and during the rest of the project. How would you prefer to be involved?

This phase is the start of the journey, the **hard work of implementation** will follow

7



FINANCE AND PERFORMANCE REPORT – NOVEMBER 2017

To: Adults Committee

Meeting Date: 11 January 2018

**From: Executive Director: People and Communities
Chief Finance Officer**

Electoral division(s): All

Forward Plan ref: Not applicable Key decision: No

Purpose: To provide the Committee with the November 2017 Finance and Performance report for People and Communities Services (P&C), formerly 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 November 2017.

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

Officer contact:		Member contacts:	
Name:	Martin Wade	Names:	Cllr Bailey/Cllr Howell
Post:	Strategic Finance Business Partner	Post:	Chair/Vice-Chair
Email:	martin.wade@cambridgeshire.gov.uk	Email:	annabailey@hotmail.co.uk/ mark.howell@cambridgeshire.gov.uk
Tel:	01223 699733	Tel:	01223 706398

1.0 BACKGROUND

- 1.1 A Finance & Performance Report for People and Communities (P&C), formerly 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 P&C 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 detailed in Annex A, whilst the table below provides a summary of the budget totals relating to Adults Committee:

Forecast Variance Outturn (Oct) £000	Directorate	Current Budget 2017/18 £000	Actual to end of Nov £000	Current Variance £000	Forecast Variance Outturn (Nov) £000
3,273	Adults & Safeguarding	146,193	100,005	2,305	3,744
-55	Adults Commissioning (including Local Assistance Scheme)	10,448	5,124	-181	-55
0	Communities & Safety – Safer Communities Partnership	1,589	865	47	0
3,218	Total Expenditure	158,230	105,994	2,172	3,689
0	Grant Funding (including Better Care Fund, Social Care in Prisons Grant etc.)	-15,025	-8,947	0	0
3,218	Total	143,205	97,047	2,172	3,689

Please note: Strategic Management – Commissioning, Executive Director and Central Financing budgets cover all of P&C and are therefore not included in the table above.

1.4 Financial Context

As previously discussed at Adults Committee the major savings agenda continues with £99.2m of savings required across the Council between 2017 and 2022.

The required savings for CFA in the 2017/18 financial year total £20,658k.

2.0 MAIN ISSUES IN THE NOVEMBER 2017 P&C FINANCE & PERFORMANCE REPORT

- 2.1 The November 2017 Finance and Performance report is attached at Annex B. At the end of November, P&C forecast a pressure of £6,259k. This is a worsening position from the previous month when the forecast was £5,562k.

As well as making savings through transformation, the service faces significant demand pressures, particularly in children's services related to the rising number of looked after children, a national trend. This month the report also acknowledges emerging pressures in Adults services, and risk will likely increase in this area as efforts to meet national delayed transfers of care targets step-up for winter.

In response to these pressures the Executive Director budget includes assumptions around the ability to re-prioritise grant funded activity (Improved Better Care Fund (iBCF)), this relates particularly to recently improved performance in delayed transfers of care (DTC), bringing with it an increased need for the delivery of complex packages of care for older people. This is part of a planned approach across at least the next 2 years.

The directorate is focused on identifying financial mitigations to offset pressures; seventeen service lines have already identified underspends and other areas are anticipating that they can improve their current position before year-end in the forecast submitted.

The whole directorate has been tasked with going further to improve the position. In many cases, planned transformation and demand management strategies are in progress and will deliver the expected savings ask although to a delayed timescale.

2.2 Revenue

The main changes to the revenue forecast variances within Adults Committees areas of responsibility since the previous report are as follows:

- In Adults and Safeguarding, the forecast pressure on the Learning Disability Partnership has increased by £216k. Overall the pressure is due to higher than expected demand pressures throughout the year and lower levels of savings than required. The rate of reassessment work required to delivery savings has slipped further this month, pushing additional savings opportunities back into 2018/19.
- In Adults and Safeguarding, Mental Health Services are forecasting a pressure of £598k across Adult Mental Health and Older People Mental Health, an increase of £268k from last month. This is due to continuing demand pressures for care home placements resulting in increased commitment levels. The impact of demand on savings delivery has been recognised in the forecast.

2.3 The table below identifies the key areas of pressures and underspends within Adults services alongside potential mitigating actions and future risks or issues.

Strategic Management - Adults Forecast year-end variance: -£341k	The key reasons for the underspend in this area are: <ul style="list-style-type: none"> • £193k on vacancy savings as a result of difficulties in recruiting to posts across the Directorate. • £100k of efficiencies from the provision of services relating to social care needs for prisoners. • £48k of efficiencies in respect of reduced costs for leased cars and hired vehicles.
Autism and Adult Support Forecast year-end variance: -£153k	The key reason for the underspend in this area is: <ul style="list-style-type: none"> • Lower than expected service-user needs, and efficiencies that have been made in existing care packages as a result of shorter-term interventions being put in place in line with the Transforming Lives approach.
Learning Disability Services (LD) Forecast year-end variance: +£1,972k	The key reasons for the pressure in this area are: <ul style="list-style-type: none"> • Demand pressures are higher than expected, and there is continued expenditure on high-cost out of county in-patient placements due to the level of need of the people concerned. New package costs and increases in the costs of existing packages were higher than expected in the final months of 2016/17 and have continued to be high in the first part of 2017/18. This also results in

	<p>revised projections of demand pressures for the remainder of the year.</p> <ul style="list-style-type: none"> Under-delivery of business plan savings as a result of slippage on planned work. This is partially due to the need to devote energy to the fee uplift negotiations with providers, which is expected to deliver reduced costs. It is expected that the majority of the work not undertaken this year will be done in 2018/19 instead, delivering some of the planned savings in that year. <p>Mitigating actions include:</p> <ul style="list-style-type: none"> The dedicated reassessment and brokerage capacity funded by the Transformation Fund is continuing to explore additional workstreams to deliver further savings, and is providing key expertise in negotiating with providers to avoid increases in costs and to rationalise existing arrangements. Restrictions on price uplifts for providers are being targeted. Work to return service-users placed out of county into cheaper, in-county provisions is being scoped to see if this can be brought-forward into 2017/18. Reviewing the utilisation of staff to reduce reliance on agency staff and overtime working in the in-house provider services. Ongoing work with colleagues in Children's services to ensure that packages are cost effective leading up to each person's 18th birthday. The Young Adults Team are working to try to mitigate the potential of increased costs if individual circumstances are not sustainable. Reviewing the level of direct payments clawed-back due to under-use and factoring in some over-recovery against the predicted level.
<p>Older People's Services</p> <p>Forecast year-end variance: +£1,858k</p>	<p>The key reasons for the pressure in this area are:</p> <ul style="list-style-type: none"> Higher demand for placements than anticipated at the start of the year, notably in relation to high cost packages (residential and nursing care). Increasing package prices as a result of market pressures. Recently improved performance in DTOC, resulting in increased expenditure. <p>Mitigating actions include:</p> <ul style="list-style-type: none"> Increasing the utilisation rate of existing block contracts; Working closely with the Brokerage team to minimise new placement costs; Introducing a new process for Continuing Health Care to help reduce the time between initial checklist and case completion. Reviewing DTOC arrangements to ensure timely reviews following discharge
<p>Physical Disabilities (PD)</p> <p>Forecast year-end variance: -£150k</p>	<p>The key reason for the underspend in this area is:</p> <ul style="list-style-type: none"> Revised projections of costs for the remaining part of the year as a result of lower than expected demand and higher than expected clawbacks of unused direct payments.
<p>Mental Health Central</p> <p>Forecast year-end variance: -£157k</p>	<p>The key reason for the underspend in this area is:</p> <ul style="list-style-type: none"> The Section 75 contract value with CPFT (who host the mental health workforce) has been updated in line with the restructure of Mental Health Services undertaken during 2016/17.

Mental Health Services Forecast year-end variance: +598k	The key reasons for the pressure in this area are: <ul style="list-style-type: none"> Increases in care commitments in the last quarter of 2016/17 resulted in a £360k pressure on the budget at the start of the year. Continuing increases in demand since April has significantly impacted on savings delivery in-year. Mitigating actions include: <ul style="list-style-type: none"> Identification of underspends elsewhere across Mental Health Services, notably efficiencies achieved on the Section 75 contract, as reported under Mental Health Central. Securing appropriate funding for service users with health needs. Stepping up strategies for move on; Working with the new provider of supported accommodation to increase thresholds thereby reducing the use of more expensive residential care in adult mental health; and
--	---

2.4 Performance

Of the twenty-three P&C service performance indicators eleven are shown as green, four as amber and eight are red.

Of the Adults Performance Indicators, three are green, two are amber and three are red. The three red performance indicators are:

1. Proportion of adults with learning disabilities in paid employment
2. Better Care Fund (BCF) Average number of bed-day delays, per 100,000 of population per month (aged 18+)
3. Average number of Adult Social Care (ASC) attributable bed-day delays per 100,000 population per month (aged 18+)

2.5 P&C Portfolio

The major change programmes and projects underway across P&C are detailed in Appendix 8 of the report – none of these is currently assessed as red.

3.0 2017-18 SAVINGS TRACKER

- 3.1 As previously reported the “tracker” report – a tool for summarising delivery of savings – will be made available for Members on a quarterly basis.

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 P&C Service.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

5.2.1 There are no significant implications within this category.

5.3 Statutory, Risk and Legal Implications

5.3.1 There are no significant implications within this category.

5.4 Equality and Diversity Implications

5.4.1 There are no significant implications within this category.

5.5 Engagement and Consultation Implications

5.5.1 There are no significant implications within this category.

5.6 Localism and Local Member Involvement

5.6.1 There are no significant implications within this category.

5.7 Public Health Implications

5.7.1 There are no significant implications within this category.

Source Documents	Location
As well as presentation of the F&PR to the Committee when it meets, the report is made available online each month.	https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&-performance-reports/

Annex A

Adults Committee Revenue Budgets within the Finance & Performance report

Adults & Safeguarding Directorate

Strategic Management – Adults
Principal Social Worker, Practice and Safeguarding
Autism and Adult Support
Carers

Learning Disability Services

LD Head of Services
LD - City, South and East Localities
LD - Hunts & Fenland Localities
LD – Young Adults
In House Provider Services
NHS Contribution to Pooled Budget

Older People's Services

OP - City & South Locality
OP - East Cambs Locality
OP - Fenland Locality
OP - Hunts Locality
Discharge Planning Teams
Shorter Term Support and Maximising Independence
Physical Disabilities

Mental Health

Mental Health Central
Adult Mental Health Localities
Older People Mental Health

Commissioning Directorate

Strategic Management – Commissioning – *covers all of P&C*
Local Assistance Scheme

Adults Commissioning

Central Commissioning - Adults
Integrated Community Equipment Service
Mental Health Voluntary Organisations

Community & Safety Directorate

Safer Communities Partnership

Executive Director

Executive Director - *covers all of P&C*
Central Financing - *covers all of P&C*

Grant Funding

Non Baseline Grants - *covers all of P&C*

From: Martin Wade
 Tel.: 01223 699733
 Date: 12th December 2017

People & Communities (P&C) Service

Finance and Performance Report – November 2017

1. SUMMARY

1.1 Finance

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

1.2. Performance and Portfolio Indicators – October 2017 Data (see sections 4&5)

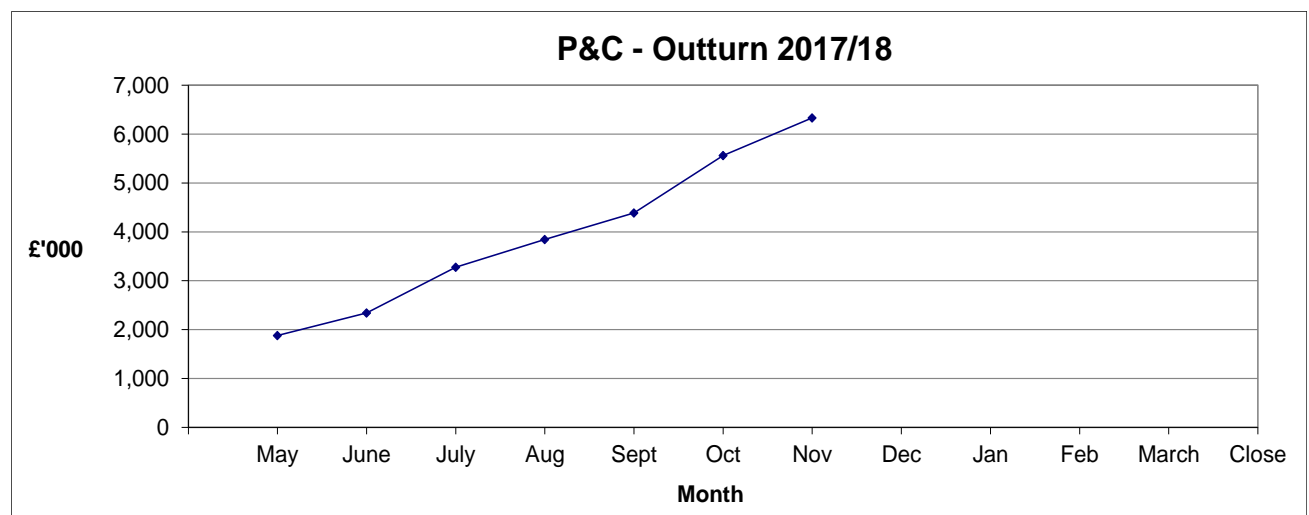
Monthly Indicators	Red	Amber	Green	Total
Oct Performance (No. of indicators)	8	4	11	23
Oct Portfolio (No. of indicators)	0	2	4	6

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance Outturn (Oct) £000	Directorate	Original Budget 2017/18 £000	Current Budget 2017/18 £000	Current Variance £000	Forecast Variance Outturn (Nov) £000	Forecast Variance - Outturn (Nov) %
3,273	Adults & Safeguarding	147,601	146,193	2,305	3,744	2.6%
559	Commissioning	22,495	26,349	183	542	2.1%
-107	Communities & Safety	4,957	6,769	3,827	-107	-1.6%
6,493	Children & Safeguarding	103,067	104,299	5,074	6,948	6.7%
-98	Education	19,013	20,004	-319	-160	-0.8%
-2,810	Executive Director	66	-312	-1,914	-3,116	1000.1%
7,311	Total Expenditure	297,198	303,302	9,156	7,851	2.6%
-1,749	Grant Funding	-39,991	-64,163	-929	-1,592	2.5%
5,562	Total	257,207	239,139	4,000	6,259	2.6%

The service level finance & performance report for November 2017 can be found in [appendix 1](#). Further analysis of the forecast position can be found in [appendix 2](#).



2.2 Significant Issues

At the end of November 2017 P&C is forecasting a pressure for the year of £6,259k.

As well as making savings through transformation, the service faces significant demand pressures, particularly in children's services related to the rising number of looked after children, a national trend. Similarly, as demand increases on the NHS and the acute sector in particular combined with improved performance in reducing delayed transfers of care from hospital has improved, so have spending levels on Older Adults.

In many cases, planned transformation and demand management strategies are in progress and will deliver the significant savings although to a delayed timescale. Financial mitigations continue to be identified each month across the directorate: there is a major *one-off* grant deployment recorded against the Executive Director.

The increase in forecast pressure since last month is £697k. Significant changes are detailed below:

- In Adults and Safeguarding, the forecast pressure on the Learning Disability Partnership has increased by £216k. Overall the pressure is due to higher than expected demand pressures throughout the year and lower levels of savings than required. The rate of reassessment work required to delivery savings has slipped further this month, pushing additional savings opportunities back into 2018/19.
- In Adults and Safeguarding, Mental Health Services are forecasting a pressure of £598k across Adult Mental Health and Older People Mental Health, an increase of £268k from last month. This is due to continuing demand pressures for care home placements resulting in increased commitment levels. The impact of demand on savings delivery has been recognised in the forecast.
- In Children & Safeguarding, the Looked After Children Placements budget is forecasting a pressure of £2,691k, an increase of £291k from last month. Almost half of this increase is due to one new high cost residential placement, with the remainder being a combination of either more placements, or higher cost placements.
- In Children & Safeguarding, the Adoption budget is forecasting a pressure of £560k, an increase of £110k from last month based on a review of planned adoptive placements and an increase in Special Guardianship Orders (SGOs).

- In Children & Safeguarding, the Out of School Tuition budget, which is forecasting a pressure of £600k, is now being reported within Children & Safeguarding, SEND Specialist Services (0-25). This was previously reported within Commissioning. This budget is funded from the Dedicated Schools Grant (DSG) High Needs Block. It is the intention that any pressures on DSG funded services will be managed from within the overall available DSG for 2017/18.
- Under the Executive Director, the Central Financing budget, there is a new underspend of -£215k due to the charging project and transformation spend designed to reduce future costs to funds raised from capital receipts. This is a national initiative.

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

Service Type	BUDGET				ACTUAL (Nov)				VARIANCE		
	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Nov 17	Yearly Average	Actual Spend	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	1	£143k	52	2,743.20	1	1.00	£133k	2,544.66	0	-£10k	-198.54
Residential - secure accommodation	0	£k	52	0.00	0	0.00	£k	0.00	0	£k	0.00
Residential schools	16	£1,160k	52	1,408.53	17	14.80	£1,841k	2,667.65	-1.2	£682k	1,259.12
Residential homes	22	£3,018k	52	2,656.43	37	34.49	£5,732k	3,247.05	12.49	£2,714k	590.62
Independent Fostering	263	£10,304k	52	784.53	262	260.85	£10,837k	803.08	-2.15	£534k	18.55
Supported Accommodation	15	£1,244k	52	1,247.14	24	23.43	£1,687k	1,527.14	8.43	£443k	280.00
16+	25	£608k	52	467.73	10	6.93	£79k	222.26	-18.07	-£529k	-245.47
Growth/Replacement	-	£868k	-	-	-	-	£337k	-	-	-£531k	-
Pressure funded within directorate	-	£k	-	-	-	-	-£611k	-	-	-£611k	-
TOTAL	342	£17,344k			351	341.50	£20,035k		-0.5	£2,691K	
In-house fostering - Basic	212	£2,053k	56	172.89	181	172.39	£1,868k	182.59	-39.61	-£184k	9.70
In-house fostering - Skills	212	£1,884k	52	170.94	181	174.76	£1,643k	179.53	-37.24	-£242k	8.59
Kinship - Basic	40	£439k	56	195.84	46	43.92	£436k	181.02	3.92	-£3k	-14.82
Kinship - Skills	11	£39k	52	68.78	11	11.46	£39k	68.78	0.46	£k	0.00
In-house residential	5	£556k	52	2,138.07	4	3.43	£556k	3,116.71	-1.57	£k	978.65
Growth*	0	-£297k	-	0.00	0	0.00	£k	0.00	-	£297k	-
TOTAL	257	£4,674k			231	219.74	£4,542k		-37.26	-£132k	
Adoption	376	£3,236k	52	165.51	408	403.51	£3,471k	165.81	27.51	£235k	0.30
Concurrent Adoption	5	£91k	52	350.00	3	2.56	£47k	350.00	-2.44	-£44k	0.00
TOTAL	381	£3,327k			411	406.07	£3,518k		27.51	£191k	
OVERALL TOTAL	980	£25,345k			993	967.31	£28,095k		-10.25	£2,750k	

NOTE: In house Fostering and Kinship basic payments fund 56 weeks as carers receive two additional weeks payment during the Summer holidays, one additional week payment at Christmas and a birthday payment.

*Represents expected growth of in-house foster placements to be managed against the LAC Placements budget

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

BUDGET				ACTUAL (Nov 17)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements Nov 17	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	98	£6,165k	£63k	98	98.78	£6,797k	£69k	0	0.78	£631k	£6k
Hearing Impairment (HI)	3	£100k	£33k	2	2.00	£74k	£37k	-1	-1.00	£26k	£4k
Moderate Learning Difficulty (MLD)	3	£109k	£36k	6	4.71	£108k	£23k	3	1.71	£1k	£13k
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	£75k	£k
Physical Disability (PD)	1	£19k	£19k	4	2.82	£71k	£25k	3	1.82	£52k	£6k
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41k	0	0.00	£k	-	-1	-1.00	£41k	£k
Social Emotional and Mental Health (SEMH)	35	£1,490k	£43k	37	39.75	£1,943k	£49k	2	4.75	£453k	£6k
Speech, Language and Communication Needs (SLCN)	3	£163k	£54k	2	2.00	£90k	£45k	-1	-1.00	£74k	£10k
Severe Learning Difficulty (SLD)	2	£180k	£90k	1	1.00	£90k	£90k	-1	-1.00	£90k	£k
Specific Learning Difficulty (SPLD)	8	£164k	£20k	5	4.88	£215k	£44k	-3	-3.12	£51k	£24k
Visual Impairment (VI)	2	£64k	£32k	2	2.00	£57k	£29k	0	0.00	£7k	£4k
Recoupmnt	-	-	-	-	-	£173k	-	-	-	£173k	-
TOTAL	157	£8,573k	£55k	157	157.94	£9,273k	£60k	0	0.94	£700k	£5k

In the following key activity data for Adults & Safeguarding, the information given in each column is as follows:

- Budgeted number of clients: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting, given budget available
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available
- Actual service users and cost: these figures are derived from a snapshot of the commitment record at the end of the month and reflect current numbers of service users and current average cost

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

2.5.3 Key activity data to end of November for **Adult Disability and Learning Disability Services** is shown below:

		BUDGET			ACTUAL (Nov 17)				Forecast		
Service Type		Budgeted No. of Service Users 2017/18	Budgeted Average Unit Cost (per week) £	Annual Budget £000	No. of Service Users at End of Nov 17	DoT	Current Average Unit Cost (per week) £	D	Forecast Actual £000	D	Forecast Variance £000
Adult Disability Services	Residential	31	£1,121k	£1,807k	30	↔	£1,051	↔	£1,604k	↓	£203k
	Nursing	20	£928k	£965k	20	↓	£997	↓	£1,198k	↑	£233k
	Community	669	£292k	£10,149k	647	↑	£298	↓	£10,504k	↑	£355k
Total expenditure		720		£12,921k	697				£13,306k		£385k
Income				£1,646k					£1,753k	↑	£107k
Further savings assumed within forecast										↔	£553k
Net Total				£11,275k							£275k
Learning Disability Services	Residential	313	£1,376	£22,403k	306	↓	£1,373	↑	£22,563k	↓	£160k
	Nursing	8	£2,123	£883k	7	↔	£1,842	↔	£768k	↓	£115k
	Community	1,272	£617	£40,821k	1,300	↑	£653	↓	£44,351k	↑	£3,530k
Learning Disability Service Total		1,593		£64,107k	1,613				£67,682k		£3,575k
Income				£2,680k					£3,349k	↓	£669k
Further savings assumed within forecast as shown in Appendix 1										↓	£1,320k
Net Total											£1,586k

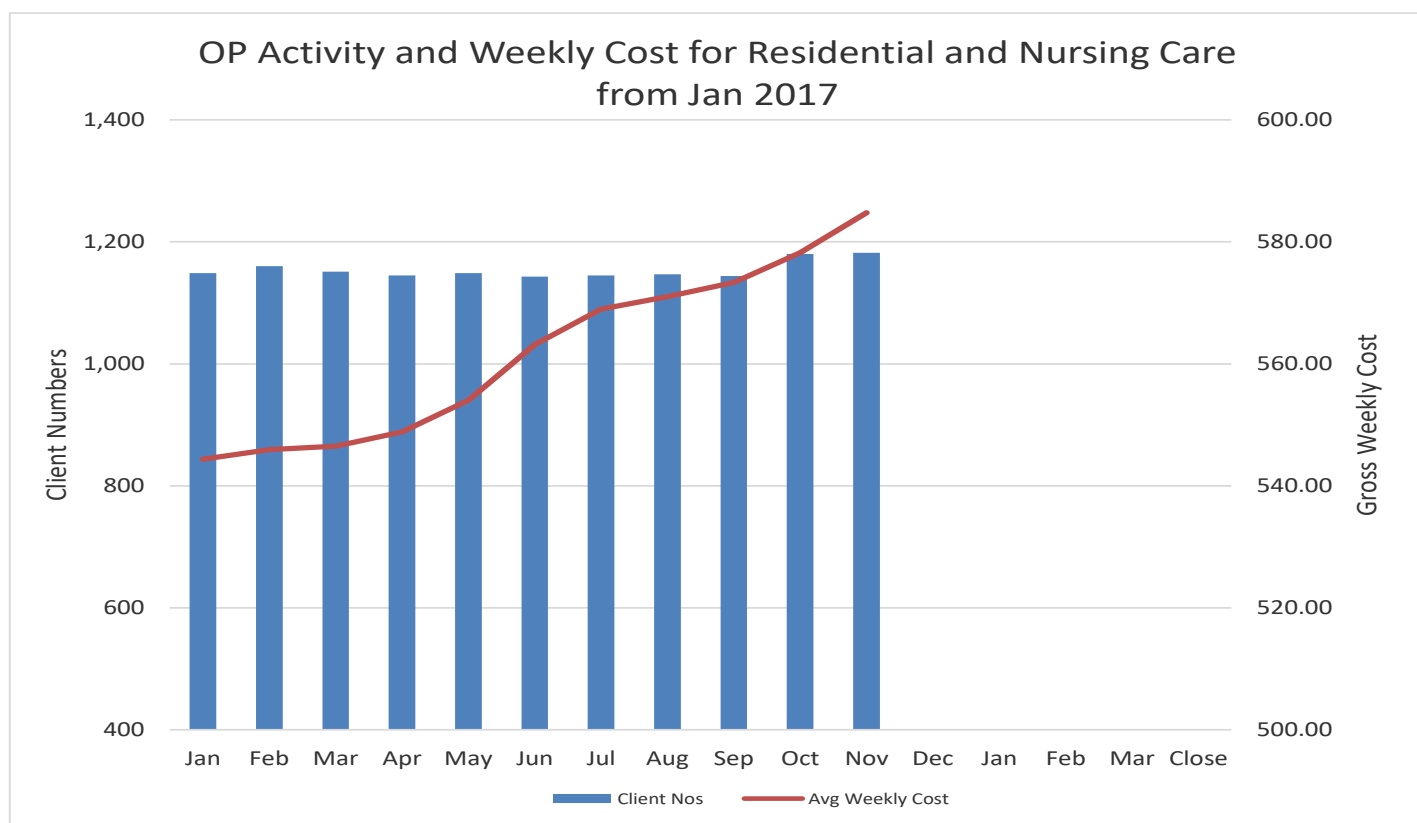
2.5.4 Key activity data to end of November for **Adult Mental Health Services** is shown below:

		BUDGET			ACTUAL (Nov)				FORECAST		
Service Type		Budgeted No. of Clients 2017/18	Budgeted Average Unit Cost (per week) £'s	Annual Budget £000's	Snapshot of No. of Clients at End of Nov 17	D o T	Current Average Unit Cost (per week) £'s	D o T	Forecast Spend £000's	D o T	Variance £000's
Adult Mental Health	Community based support	24	£72	£90k	17	↑	£124	↓	£128k	↓	£38k
	Home & Community support	154	£88	£709k	177	↓	£94	↑	£850k	↑	£141k
	Nursing Placement	13	£803	£544k	17	↑	£611	↓	£563k	↔	£19k
	Residential Placement	65	£736	£2,493k	76	↑	£701	↓	£2,767k	↑	£274k
	Supported Accommodation	133	£119	£828k	128	↑	£118	↑	£751k	↑	-£77k
	Direct Payments	20	£235	£245k	14	↔	£241	↔	£188k	↓	-£57k
	Anticipated New Demand										£209k
	Income			-£368k					-£371k		-£3k
Adult Mental Health Total		409		£4,541k	429				£4,876k		£544k
Further savings assumed within forecast as shown in Appendix 1											-£574k

Direction of travel compares the current month to the previous month.

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

OP Total	BUDGET			ACTUAL (Nov 17)				Forecast		
Service Type	Expected No. of Service Users 2017/18	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	D o T	Current Average Cost (per week) £	D o T	Forecast Actual £000	D o T	Forecast Variance £000
Residential	447	£483	£11,593k	452	↑	£501	↑	£12,723k	↑	£1,130k
Residential Dementia	347	£536	£9,984k	379	↑	£548	↑	£10,957k	↑	£973k
Nursing	301	£715	£11,694k	294	↓	£720	↑	£11,243k	↑	-£451k
Nursing Dementia	55	£753	£2,253k	57	↑	£792	↑	£2,166k	↑	-£87k
Respite			£1,303k					£1,362k	↓	£60k
Community based										
~ Direct payments	248	£173	£2,239k	229	↓	£272	↑	£2,842k	↓	£603k
~ Day Care			£941k					£930k	↑	-£11k
~ Other Care			£4,976k					£4,641k	↓	-£335k
~ Homecare arranged	1,608	per hour £15.70	£13,265k	1,410	↓	per hour £16.16	↑	£13,974k	↓	£710k
Total Expenditure	3,006		£58,247k	2,821				£60,838k		£2,591k
Residential Income			-£8,306k					-£8,810k	↓	-£504k
Community Income			-£8,099k					-£8,311k	↑	-£212k
Health Income			-£9k					-£30k	↑	-£20k
Total Income			-£16,415k					-£17,151k		-£736k
Further Savings Assumed Within Forecast as shown within Appendix 1										£k



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

OPMH Total	BUDGET			ACTUAL (Nov 17)				Forecast		
Service Type	Expected No. of Service Users 2017/18	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	D o T	Current Average Cost (per week) £	D o T	Forecast Actual £000	D o T	Forecast Variance £000
Residential	14	£663	£503k	23	↓	£656	↓	£596k	↓	£93k
Residential Dementia	28	£533	£802k	24	↔	£570	↑	£950k	↓	£148k
Nursing	16	£740	£610k	24	↔	£756	↑	£749k	↑	£139k
Nursing Dementia	90	£747	£3,526k	103	↑	£799	↑	£4,328k	↑	£802k
Respite			£10k					£3k	↓	-£7k
Community based										
~ Direct payments	16	£207	£165k	14	↑	£323	↑	£208k	↑	£43k
~ Day Care			£3k					£26k	↑	£24k
~ Other Care			£38k					£49k	↑	£11k
~ Homecare arranged	45	per hour £15.95	£546k	56	↓	per hour £16.19	↑	£638k	↓	£91k
Total Expenditure	209		£6,204k	244				£7,549k		£1,345k
Residential Income			-£862k					-£947k	↑	-£85k
Community Income			-£244k					-£382k	↓	-£138k
Health Income			£k					£k	↔	£k
Total Income			-£1,106k					-£1,329k		-£223k
Further Savings Assumed Within Forecast as shown in Appendix 1										-£494k

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

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

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

3. **BALANCE SHEET**

3.1 **Reserves**

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

3.2 **Capital Expenditure and Funding**

2017/18 In Year Pressures/Slippage

As at the end of November the capital programme forecast underspend continues to be zero. The level of slippage has not exceeded the Capital Variation budget of £10,305k. A forecast outturn will only be reported once slippage exceeds this level. However in October movements on schemes have occurred totaling £36k. The significant changes in schemes are detailed below;

- Clay Farm Primary; £200k accelerated spend due to additional works in the form of a variation to ensure planning conditions are met.
- Westwood Primary £300k slippage due to delays in planning while drainage resolution sought. Start on site now December 2017.

A detailed explanation of the position can be found in appendix 6

4. **PERFORMANCE**

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

The performance measures included in this report are the set agreed by Committees for 2016/17. Following discussion with General Purposes Committee earlier in the current (2017/18) financial year, a revised set of measures are being developed with service leads. These will be reported from October. Following a request from CYP Committee measures in appendix 7 are now ordered by Directorate. The latest available benchmarking information has also been provided in the performance table.

Eight indicators are currently showing as RED:

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

During October, we saw the numbers of children with a Child Protection plan increase from 547 to 553.

Following a review of working processes in FREDt which has ensured that referrals are effectively processed in a timelier manner, we have seen some increases in the number of families undergoing a section 47 assessment, which has then impacted on the numbers of requests for Conference. This increase is likely to be short-lived as any backlog is resolved

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

The number of Looked After Children decreased slightly from 697 to 695 in October. This figure includes 69 unaccompanied asylum seeking children (UASC), around 9.9% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.

Actions being taken include:

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

- **%16-18 year olds NEET and unknown**

This measure tends to peak at the start of new academic years (i.e. September) as we begin each year with a new cohort of year 11's whose status is unknown (6.6% in September, up from 0.9% in June but significantly lower than the figures of 16.4% in September 2016). This figure then reduces over the next quarter as the service engages with this cohort of young people via the Annual Activity survey.

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

2016 data shows that there is still a significant gap in the performance of pupils eligible for FSM in the new KS2 tests. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential. All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.

The 2016 data shows that there is a significant gap in the performance of pupils eligible for FSM in the KS4 tests. Cambridgeshire's gap is currently wider than seen nationally.

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

Performance currently remains low although the way in which performance is recorded is being reviewed across PCC and CCC to ensure consistency and this may result in improved performance in the next month. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependant on the review/assessment performance of LD teams – and there are currently 50 service users identified as being in employment yet to be reviewed in the current year). (N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period.)

- **BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) – YTD**

As of the end of September 2017 there were 15,207 bed-day delays reported in the Cambridgeshire system, a reduction of around 3% in comparison with the same 6 month period in the previous financial year.

Over the course of this year we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. The main cause of the recent increase in bed-day delays varies by area but a general lack of capacity in domiciliary and residential care is the prevailing theme. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community. We continue to work in collaboration with health colleagues to build on this work.

- **Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) – YTD**

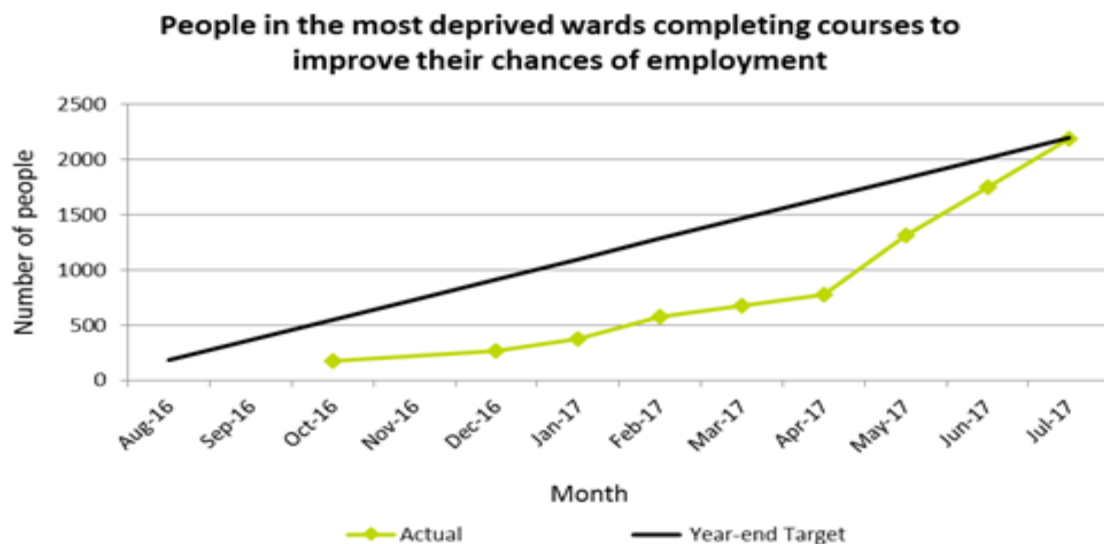
In September 2017 there were 849 bed-day delays recorded attributable to ASC in Cambridgeshire. For the same period the previous year there were 993 delays – a reduction of 15%. The Council is investing considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.

- **Adult Learning & Skills - The number of people in the most deprived wards completing courses to improve their chances of employment or progression in work (July 2017)**

Figures to the end of July show that there are currently 2191 learners taking courses in the most deprived wards.

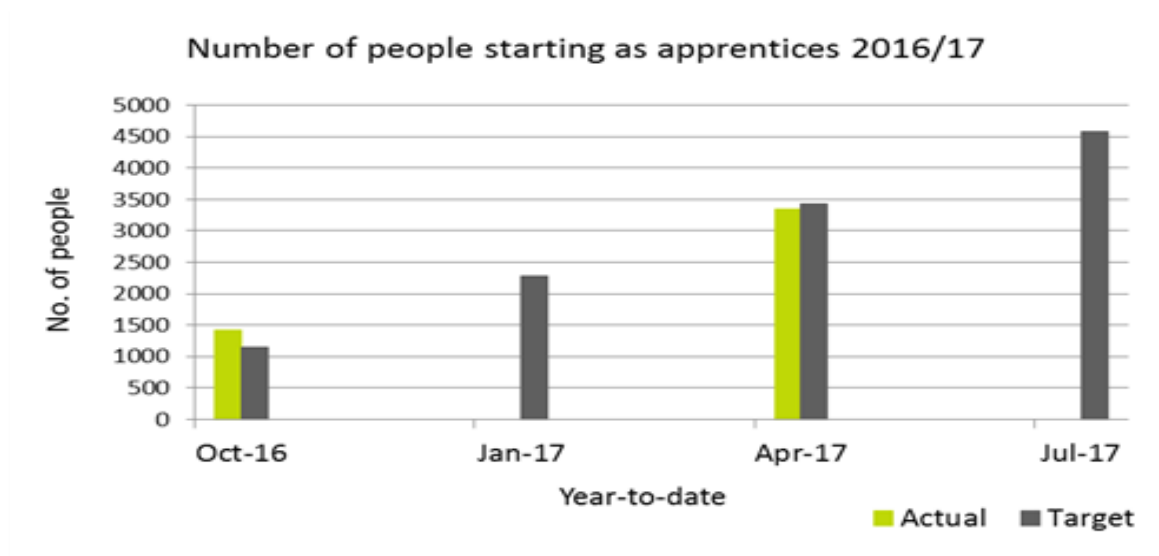
A targeted programme has started, focusing on increasing the participation in these deprived areas.

The number of people completing courses will not be recorded until the end of the academic year. The target of 2,200 is end-of-year.



- **Adult Learning & Skills, The number of people starting as apprentices – academic year, 2016/17**

Provisional figures for the number of people starting as apprentices by the end of the third quarter of 2016/17 are 3,340, compared with 3,280 for the same quarter in 2015/16 - an increase of 2%. This means that the 2016/17 target of 4,574 is on track to be achieved.



5. **P&C PORTFOLIO**

The P&C Portfolio performance data can be found in [appendix 8](#) along with comments about current issues.

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

APPENDIX 1 – P&C Service Level Budgetary Control Report

Forecast Variance Outturn (Oct) £'000		Service	Current Budget for 2017/18 £'000	Expected to end of Nov £'000	Actual to end of Nov £'000	Current Variance		Forecast Variance Outturn (Nov)	
						£'000	%	£'000	%
Adults & Safeguarding Directorate									
-293	1	Strategic Management - Adults	3,354	3,989	3,889	-100	-3%	-341	-10%
77		Principal Social Worker, Practice and Safeguarding	1,372	879	803	-76	-9%	79	6%
-175	2	Autism and Adult Support	835	484	424	-61	-13%	-153	-18%
-19		Carers	706	464	438	-27	-6%	-12	-2%
Learning Disability Services									
-11	3	LD Head of Service	5,642	3,892	3,791	-101	-3%	-31	-1%
68	3	LD - City, South and East Localities	33,562	23,078	23,227	149	1%	46	0%
1,100	3	LD - Hunts & Fenland Localities	27,148	17,968	18,973	1,005	6%	1,488	5%
83	3	LD - Young Adults	4,258	2,250	2,262	12	1%	27	1%
516	3	In House Provider Services	5,501	3,921	4,093	172	4%	442	8%
0		NHS Contribution to Pooled Budget	-17,113	-12,835	-12,835	0	0%	0	0%
Older People and Physical Disability Services									
879	4	OP - City & South Locality	19,068	12,102	12,847	745	6%	1,070	6%
202	4	OP - East Cambs Locality	6,024	3,943	3,944	1	0%	154	3%
270	4	OP - Fenland Locality	9,001	5,960	5,931	-30	-1%	224	2%
507	4	OP - Hunts Locality	12,459	7,971	8,190	218	3%	408	3%
0		Discharge Planning Teams	2,189	1,465	1,443	-22	-1%	0	0%
60		Shorter Term Support and Maximising Independence	7,131	4,402	4,463	61	1%	51	1%
-164	5	Physical Disabilities	11,849	8,849	8,812	-37	0%	-150	-1%
Mental Health									
-157	6	Mental Health Central	1,014	986	947	-40	-4%	-157	-16%
-211	7	Adult Mental Health Localities	6,269	3,871	3,836	-35	-1%	-30	0%
541	7	Older People Mental Health	5,925	4,059	4,530	471	12%	628	11%
3,273		Adult & Safeguarding Directorate Total	146,193	97,700	100,005	2,305	2%	3,744	3%
Commissioning Directorate									
-155	8	Strategic Management – Commissioning	2,631	1,711	1,637	-74	-4%	-154	-6%
0		Access to Resource & Quality	1,057	701	661	-40	-6%	-62	-6%
-28		Local Assistance Scheme	321	242	214	-28	-12%	-28	-9%
Adults Commissioning									
-27		Central Commissioning - Adults	5,527	638	600	-38	-6%	-27	0%
0		Integrated Community Equipment Service	711	1,834	1,805	-29	-2%	0	0%
0		Mental Health Voluntary Organisations	3,889	2,591	2,504	-86	-3%	0	0%
Childrens Commissioning									
-21		Commissioning Services	3,081	1,454	1,596	142	10%	23	1%
340	9	Home to School Transport – Special	8,006	3,908	4,081	173	4%	340	4%
450	10	LAC Transport	1,126	758	921	163	22%	450	40%
559		Commissioning Directorate Total	26,349	13,837	14,020	183	1%	542	2%

Forecast Variance Outturn (Oct) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Nov £'000	Actual to end of Nov £'000	Current Variance		Forecast Variance Outturn (Nov) £'000	
					£'000	%	£'000	%

Communities & Safety Directorate

0	Strategic Management - Communities & Safety	-25	0	0	0	0%	0	0%
-97	Youth Offending Service	1,618	942	805	-138	-15%	-97	-6%
-10	Central Integrated Youth Support Services	445	97	81	-16	-17%	-10	-2%
0	Safer Communities Partnership	1,589	818	865	47	6%	0	0%
0	Strengthening Communities	509	326	109	-217	-67%	0	0%
0	Adult Learning & Skills	2,632	1,643	1,569	-74	-5%	0	0%
0	Learning Centres	0	0	-2	-2	0%	0	0%
-107	Communities & Safety Directorate Total	6,769	3,827	3,426	-400	-10%	-107	-2%

Children & Safeguarding Directorate

1,021	11	Strategic Management – Children & Safeguarding	2,891	2,770	3,308	538	19%	1,022	35%
89		Partnerships and Quality Assurance	1,892	1,177	1,234	57	5%	93	5%
240	12	Children in Care	13,422	9,718	9,891	173	2%	293	2%
-82		Integrated Front Door	2,788	1,778	1,752	-26	-1%	-91	-3%
0		Children's Centre Strategy	317	222	238	16	7%	0	0%
-15		Support to Parents	2,847	1,262	1,294	32	3%	-15	-1%
2,400	13	Looked After Children Placements	17,344	9,735	12,174	2,439	25%	2,691	16%
450	14	Adoption Allowances	4,406	2,967	3,348	381	13%	560	13%
550	15	Legal Proceedings	1,540	966	1,406	440	46%	600	39%
<u>SEND Specialist Services (0-25 years)</u>									
54		SEND Specialist Services	6,957	5,029	5,017	-12	0%	54	1%
168	16	Children's Disability Service	6,527	5,192	5,281	89	2%	168	3%
200	17	High Needs Top Up Funding	13,573	9,439	9,627	188	2%	200	1%
700	18	Special Educational Needs Placements	8,973	5,919	6,473	555	9%	700	8%
88		Early Years Specialist Support	885	411	311	-100	-24%	44	5%
600	19	Out of School Tuition	1,119	161	589	428	266%	600	54%
<u>District Delivery Service</u>									
72		Safeguarding Hunts and Fenland	4,994	3,261	3,306	45	1%	72	1%
0		Safeguarding East & South Cambs and Cambridge	4,322	2,655	2,621	-34	-1%	0	0%
-25		Early Help District Delivery Service – North	4,443	2,859	2,798	-60	-2%	-26	-1%
-17		Early Help District Delivery Service – South	5,060	2,947	2,874	-73	-2%	-17	0%
6,493		Children & Safeguarding Directorate Total	104,299	68,468	73,542	5,074	7%	6,948	7%

Forecast Variance Outturn (Oct) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Nov £'000	Actual to end of Nov £'000	Current Variance £'000 %		Forecast Variance Outturn (Nov) £'000 %	
Education Directorate								
-30	Strategic Management - Education	625	513	412	-101	-20%	-30	-5%
0	Early Years' Service	1,414	732	695	-37	-5%	-35	-2%
0	Schools Curriculum Service	58	-160	-189	-30	18%	0	0%
0	Schools Intervention Service	1,077	697	775	79	11%	0	0%
0	Schools Partnership Service	806	421	383	-37	-9%	-52	-6%
0	Children's' Innovation & Development Service	185	113	-12	-125	-110%	25	13%
0	Teachers' Pensions & Redundancy	2,936	1,753	1,767	13	1%	0	0%
Infrastructure								
0	0-19 Organisation & Planning	3,683	2,974	3,002	27	1%	0	0%
0	Early Years Policy, Funding & Operations	90	60	51	-9	-14%	0	0%
-68	Education Capital	160	730	692	-38	-5%	-68	-43%
0	Home to School/College Transport – Mainstream	8,972	4,766	4,704	-62	-1%	0	0%
-98	Education Directorate Total	20,004	12,599	12,280	-319	-3%	-160	-1%
Executive Director								
-2,801	²⁰ Executive Director	211	2,123	248	-1,875	-88%	-2,901	-1372%
-9	²¹ Central Financing	-523	-876	-914	-38	4%	-215	-41%
-2,810	Executive Director Total	-312	1,247	-667	-1,914	-153%	-3,116	1000%
7,311	Total	303,302	197,677	202,605	4,929	2%	7,851	3%
Grant Funding								
-1,749	²² Financing DSG	-39,991	-25,732	-26,661	-929	4%	-1,592	-4%
0	Non Baselined Grants	-24,172	-15,243	-15,243	0	0%	0	0%
-1,749	Grant Funding Total	-64,163	-40,975	-41,903	-929	2%	-1,592	2%
5,562	Net Total	239,139	156,702	160,702	4,000	3%	6,259	3%

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	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
1) Strategic Management – Adults	3,354	3,889	-341	-10%
<p>An underspend of -£341k is forecast for Strategic Management – Adults, which is a change of £48k. The overall underspend is due mainly to the previously declared underspend on vacancy savings and efficiencies from the provision of services relating to social care needs for prisoners. The further underspend this month is due to efficiencies made by the central social care transport team, with reduced costs for leased cars and hired vehicles.</p>				
2) Autism & Adult Support	835	424	-153	-18%
<p>The Autism and Adult Support Team is forecast to be -£153k underspent at the end of the year, a decrease in the underspend of £22k since October. The underspend is due to lower than expected service-user needs, and efficiencies that have been made in existing care packages as a result of shorter-term interventions being put in place in line with the Transforming Lives approach.</p>				
3) LD – Overall LDP Position	76,111	52,346	1,972	2%
<p>At the end of November, the Learning Disability Partnership is overall forecasting a pressure of £1,972k, which is an increase of £216k from the previous month.</p> <p>Demand pressures are higher than expected, despite positive work that has reduced the overall number of people in high-cost out-of-area in-patient placements. New package costs and increases in the costs of existing packages were higher than expected in the final months of 2016/17 and have continued to be high through the first half of 2017/18 due to increased needs being identified at reassessment that we have a statutory duty to meet. During November in particular, high costs have been incurred for a person's new placement following the breakdown of care arrangements at home (totalling £60k), and a package increase to better manage a service-user's behaviour (totalling 28k), among other changes.</p> <p>In addition, one-off costs have been incurred as part of work with a provider to restructure their care provision, delivering permanently reduced costs for several service-users.</p> <p>Business Plan savings are expected to under-deliver by approximately £832k. This is an increase in the forecast under-delivery and reflects further slippage on planned work. This is partially due to the need to devote energy to fee uplift negotiations with providers, which is expected to deliver reduced costs, partially offsetting the lower savings. It is expected that the majority of the work not undertaken this year will be done in 2018/19 instead, delivering some of the planned savings in that year. Overall, £2.8m of savings have been delivered so far this year.</p> <p>The predicted pressure has been partially mitigated by a number of actions:</p> <ul style="list-style-type: none"> • The dedicated reassessment and brokerage capacity funded by the Transformation Fund is continuing to explore additional workstreams to deliver further savings, and is providing key expertise in negotiating with providers to avoid increases in costs and to rationalise existing arrangements. • Using this expertise to share learning with existing social work teams in a different way of working to deliver efficiencies as part of business as usual work, and bringing forward the recruitment of additional brokerage capacity. • Bringing forward work to look at high-cost out-of-county placements and review whether cheaper, more effective, and in-county placements can be found. • Requests from providers regarding National Living Wage pressures and other uplifts are being actively managed and scrutinised – it is expected that the budget for uplifts will underspend by around £200k as a result. • Reviewing the utilisation of staff to reduce reliance on agency staff and overtime working in the in-house provider services. 				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
LD – Overall LDP Position continued; <ul style="list-style-type: none"> Reviewing the level of direct payments clawed-back due to under-use and factoring in some over-recovery against the predicted level. <p>In House Providers Services continues to have a pressure resulting mainly from the level of slippage on staff costs as a result of vacancies not being as high as expected. The provider units have managed with reducing budgets for several years, with a reduction of 6.4% in 2017/18. Staffing levels are being reviewed by the units in order to ensure staff members are being used as efficiently as possible, but a minimum level of staffing is required in units to ensure safe service delivery and to meet the regulatory standards of the Care Quality Commission.</p>				
4) Older People's Services	46,552	30,911	1,858	4%
<p>An overspend of £1.858m is forecast for year-end across Older People's Locality teams. The cost of care is forecast to be £2.816m in excess of budget, while income from client contributions has mitigated this position somewhat with a £858k overachievement of income forecast. Further mitigation is found through an underspend of £100k on block beds.</p> <p>Although the preventative measures of adult early help services are working and there has been a reduction in the number of people requiring financial support from the Council, the reduction is not sufficient to meet the savings requirements built into the budget. The preventative measures are largely reducing the numbers of service users with low needs, so those that come to us and do require support have more complex needs; consequently their care packages cost more. This is borne out by an increasing number of residential and nursing placements. Senior managers have reviewed and tightened the process for ensuring that all care home placements are necessary and are confident that all placements are appropriate.</p> <p>The block underspend is due to a lower rate of activation of block placements than anticipated, as lower cost spot placements can still be found. Even so, market prices for care packages are increasing at a faster rate than in previous years, which is putting further pressure on budgets.</p> <p>There are potentially further savings to be made from negotiating Continuing Health Care funding from the CCG, although assumptions have been built in about expectations over the remainder of the financial year. However, progress with completing reviews and dealing with the backlog has been slow and there is a large backlog of service users awaiting CHC funding that may not be cleared this year.</p>				
5) Physical Disabilities	11,849	8,812	-150	-1%
<p>The Physical Disability Service is forecast to be -£150k underspent at year end, a decrease of £14k from the previous month. The overall underspend forecast is mainly due to the over-achievement of savings in 2016/17, which reduced the budget requirement in 2017/18. This has been offset in October by revised forecasts of demographic pressures for the full year, as a result of larger than predicted changes to service-user numbers and the complexity of care provided.</p> <p>This forecast position assumes NHS funding (CHC) for service-users with health needs comes in at expected levels.</p>				
6) Mental Health Central	1,014	947	-157	-16%
<p>Mental Health Central is forecasting an underspend of £157k, an increase of £30k from the position reported last month, and is due to an expected in-year underspend on the Section 75 contract resulting from CPFT vacancies. This is in addition to the previously reported efficiency on the contract value, which has been updated in line with the restructure of Mental Health Services undertaken during 2016/17 (£127k).</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
7) Mental Health Services	12,194	8,366	598	5%
<p>Mental Health Services are reporting a pressure of £598k across Adult Mental Health and Older People Mental Health. This is an adverse change of £268k from the combined position reported last month.</p> <p>Increases in care commitments in the last quarter of 2016/17 resulted in a £360k pressure on the budget at the start of the year. Demand pressures have continued into the current year; Quality and Assurance panel is well established and CPFT continue to scrutinize packages before funding is approved, but savings delivery to date has been significantly impacted.</p> <p>It is expected that pace of savings delivery will increase through securing appropriate funding for service users with health needs, and further mitigation is expected from writing-back a short-term provision that is no longer required.</p> <p>Longer term mitigating actions include:</p> <ul style="list-style-type: none"> stepping up strategies for move on; working with the new provider of supported accommodation to increase thresholds thereby reducing the use of more expensive residential care in adult mental health; and <p>A mitigating underspend has been identified through efficiencies achieved on the Section 75 contract, as reported under Mental Health Central.</p>				
8) Strategic Management - Commissioning	2,631	1,637	-154	-6%
<p>Strategic Management Commissioning is expected to be £154k underspent at the end of 2017/18.</p> <p>The Grants to Voluntary Organisations budget is forecasting an under spend of £195k, which is due to the Home Start/Community Resilience Grant where the re-commissioning of this service ceased in 16/17 (£168k), and £27k has been identified in relation to an underspend in Small Grants in 2017/18. This has therefore reduced the 2017/18 committed expenditure. This underspend is partially offset by interim management costs that were incurred pending the outcome of the new Commissioning Directorate consultation.</p>				
9) Home to School Transport – Special	8,006	4,081	340	4%
<p>There is a £340k pressure forecast against the Home to School Transport – Special Budget. This pressure is due to a higher than expected number of transport applications from children attending special schools, with an increase of 6% in the number of Cambridgeshire pupils attending Special Schools in the first 7 weeks of Academic Year 17/18 compared to the same weeks in 16/17.</p> <p>While savings have been made through successful routes tenders, savings activities around Independent Travel Training and Personal Transport Budgets (PTB) have not been achieved.</p> <p>Mitigating actions being taken include:</p> <ul style="list-style-type: none"> A detailed review of children and young people currently travelling in high-cost single occupancy taxis to assess whether more cost-effective options are available A strictly time limited review of the PTB scheme looking at the current criteria, decision-making, reporting and monitoring processes and how these can be improved to deliver the planned savings. A working group has been established to relaunch the plan to roll out independent travel training with the first group of children and young people being able to travel independently from September 2018 <p>Due to the length of existing contracts and the structure of the academic year it is unlikely that the current pressure will be reduced within 2017/18, however these actions will ensure that the pressure is reduced in financial year 2018/19.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
10) LAC Transport	1,126	921	450	40%
<p>There is a £450k pressure forecast against the LAC Transport budget. The overall increase in Looked after Children has meant that more children are requiring Home to School Transport. Many of these children are placed out of county and/or at a significant distance away from their schools leading to high transport costs.</p> <p>An initial meeting has been held with the Head of Countywide and Looked After Children Services to discuss the LAC Transport pressure and it has been agreed that activities to mitigate the pressure will include:</p> <ul style="list-style-type: none"> • Case-by-case reviews of the most expensive cohorts of Looked After Children transport to identify savings reductions, particularly targeting reductions in high-cost single occupancy taxi journeys and encouraging more children to walk shorter journeys. • Route reviews to identify opportunities for shared vehicles, routes and providers, including across different client groups e.g. mainstream, SEND, or Adult transport, reducing any duplication and opportunities for better use of volunteer drivers. • Further activity to ensure the Council's policies around transport provision are implemented fully across the board, with joined-up decisions across social care and transport. <p>Due to the length of existing contracts and the structure of the academic year it is highly unlikely that the current pressure will be reduced within 2017/18, however these actions will ensure that the pressure is reduced in financial year 2018/19.</p>				
11) Strategic Management – Children & Safeguarding	2,891	3,308	1,022	35%
<p>The Children and Safeguarding Director budget is forecasting pressure of £1,022k.</p> <p>The Children's Change Programme (CCP) is on course to deliver savings of £669k in 2017/18 to be achieved by integrating children's social work and children's early help services in to a district-based delivery model. However, historical unfunded pressures of £886k still remain. These consist of £706k around the use of agency staffing and unfunded posts of £180k. The Business Support service pressure of £245k is now being managed in year and managed out entirely by 2018/19. Agency need has been reduced based on a 15% usage expectation in 2017/18 but use of agency staff remains necessary to manage current caseloads. All local authorities have agency social workers, many with a much higher % and therefore a budget to accommodate this need is necessary.</p> <p>A further pressure of £336k is due to the service not being awarded an expected grant from the DFE, anticipation of this grant had been built in as an income stream and this has now resulted in a shortfall in the required staffing budget.</p> <p>The service is also expected to exceed its vacancy saving target by £200k.</p> <p><u>Actions being taken:</u></p> <p>A business support review is underway to ensure we use that resource in the most effective manner in the new structure. All the budget pressures continue to be monitored and reviewed at the workforce work stream project meetings, by Senior Management Team and at the P&C Delivery Board with any residual pressures being managed as part of the 2018/19 Business Planning round.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
12) Children in Care	13,422	9,891	293	2%
<p>The Children in Care policy line is forecasting an over spend of £293k. This is an increase of £53k since last month</p> <p>The 14- 25 Team 4 is forecasting an over spend of £150k. This is due to a forecast shortfall between the grant received from the Home Office for former looked after unaccompanied asylum seeking young people who are now over 18 and the costs incurred in supporting them. The local authority has a duty to support this cohort of young people as care leavers. Pending young people being granted an asylum seeking status as young adults, they are not able to claim benefits or obtain housing and require support from the local authority until the Home Office has made a decision.</p> <p>Currently it is forecast that the local authority has to support them for up to six months after their 18th birthday. Cambridgeshire has seen an increase in the size of this cohort in this financial year as a number of looked after children (including those newly arrived in Cambridgeshire this year) have turned 18.</p> <p>The Supervised Contact team is forecasting an over spend of £185k. This is due to the use of additional relief staff and external agencies to cover the current 204 Supervised Contact Cases which equate to approximately 140 supervised contact sessions a week.</p> <p>This is offset by an underspend in fostering allowances and the rest of the fostering service of £43k.</p> <p><u>Actions being taken:</u></p> <p>The local authority continues to liaise closely with the Home Office to advocate that decisions for individual young people are expedited in a timely way.</p> <p>In Supervised Contact we have implemented a systemic review of all supervised contact taking place across the service to ensure better use of staff time and costs. Despite this, resources remain stretched and the service are exploring other avenues to better manage the current caseloads.</p>				
13) Looked After Children Placements	17,344	12,174	2,691	16%
<p>A pressure of £2.7m is being forecast, which is an increase of £0.3m from what was reported in October. The increase is due to a combination of changes in placement fees (higher prices) and/or new placements (more placements) this month. 1 new high cost residential placement commissioned this month accounts for nearly half of this increase.</p> <p>It is positive that the overall numbers of looked after children have increased only slowly since April 2017. This demonstrates that demand management activity is having positive impact on numbers of looked after children and numbers of external placements.</p> <p>Overall LAC numbers at the end of November 2017, including placements with in-house foster carers, residential homes and kinship, are 701, 6 more than October 2017. This includes 70 unaccompanied asylum seeking children.</p> <p>External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of November are 351, which is 3 more than reported at the end of October. However the composition of placement types and costs indicates that a small but significant number of children are in receipt of very intensive and costly packages of support which has increased since last month. The Access to Resources team and working with providers to ensure that support and cost matches need for all children.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%

Looked After Children Placements continued;

External Placements Client Group	Budgeted Packages	31 Oct 2017 Packages	30 Nov 2017 Packages	Variance from Budget
Residential Disability – Children	1	1	1	0
Child Homes – Secure Accommodation	0	0	0	0
Child Homes – Educational	16	16	17	+1
Child Homes – General	22	35	37	+15
Independent Fostering	263	263	262	-1
Supported Accommodation	15	25	24	+9
Supported Living 16+	25	8	10	-15
TOTAL	342	348	351	+9

'Budgeted Packages' are the expected number of placements by Mar-18, once the work associated to the saving proposals has been undertaken and has made an impact.

Actions being taken to address the forecast pressure include:

- Weekly panel that all requests for placements have to go to and review of high-cost placements on a regular basis. Access to Resources and operational managers to ensure that the plans for children remain focussed and that resources are offering the best value for money. This is chaired by the Assistant Director.
- Purchase placements reviews – scrutiny by placement officers and service/district managers to review emergency placements, changes of placements and return home from care planning to ensure that children are in the right placement for the right amount of time.
- All new admissions to care have to be agreed at Assistant Director or Service Director level.
- Development of a 'No Wrong Door' model to bring together the residential home, specialist fostering placements, supported lodgings and supported accommodation, with outreach services under one management arrangement. This will enable rapid de-escalation of crisis situations in families preventing admissions to care, and delivery of an all-inclusive team of support for young people with the most complex needs, improving outcomes for young people and preventing use of expensive externally-commissioned services.
- A new Head of Service, with expertise in children's services commissioning, has been re-deployed from elsewhere in the P&C directorate to lead the Access to Resources function.
- A new Access to Resources Manager has been engaged to add specific capacity to ensure the right placement at the right cost is secured in all cases.

Longer Term Actions:

A business case that seeks investment to ultimately deliver reductions in overall numbers of children in care and increase the proportion of those remaining in care who are placed with in-house fostering households is being presented to General Purposes Committee in December.

Numbers in care in Cambridgeshire are now significantly above the average of similar authorities; if we were in line with our statistical neighbours we would have 607 children and young people in care.

We need to understand why this is, with a central hypothesis being that the progress of children through the care system in Cambridgeshire is a key issue; children spending too long in care increase overall numbers. To establish cause we propose commissioning an independent evaluation that will report by March 2018 and enable us to begin to take action to fundamentally change processes from that point.

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
Looked After Children Placements continued; <p>The second factor that we need to address is around placement mix; in Cambridgeshire, 60% of children placed with general foster carers are placed with IFA foster carers. This would more ordinarily be expected to be between 30 and 40%. We need to invest in different recruitment and retention approaches to our in-house foster carers and in assessment and support services in order to reduce our expenditure in these areas.</p>				
14) Adoption	4,406	3,348	560	13%
<p>The Allowances budget is forecasting a pressure of £560k. This is a £110k increase since last month based on a review of planned adoptive placements and an increase in Special Guardianship Orders (SGOs).</p> <p>Our contract with Coram Cambridgeshire Adoption (CCA) provides for 39 adoptive placements pa. In 2017/18 we are forecasting an additional requirement of 20 adoptive placements. There is a need to purchase inter agency placements to manage this additional requirement and ensure our children receive the best possible outcomes.</p> <p>The Adoption/SGO allowances pressure of £200k is due to an increase in SGOs over and above our growth forecasts. We have seen an increase of 15% (28 SGOs) so far in 2017/18 against a planned full year rise of 9%. The increase in Adoption and Special Guardianship orders is a reflection of the good practice in making permanency plans for children outside of the looked after system and results in reduced costs in the placement budgets.</p> <p><u>Actions being taken:</u> Ongoing dialogue continues with CCA to look at more cost effective medium term options to recruit more adoptive families to meet the needs of our children. Rigorous oversight of individual children's cases is undertaken before Inter Agency placement is agreed.</p> <p>A programme of reviews of allowances will be implemented resulting in the reduction of some packages with the intention of off-setting any further growth by way of new allowances.</p>				
15) Legal Proceedings	1,540	1,406	600	39%
<p>The Legal Proceedings budget is forecasting a £550k pressure. This is an increase of £50k since last month.</p> <p>Numbers of care applications increased by 52% from 2014/15 (105) to 2016/17 (160), mirroring the national trend. There are currently 96 open sets of care proceedings. Whilst the numbers of ongoing set of care proceedings have reduced by around 14% in the last 5 months we have consistently had around 100 cases which indicates that we are likely to exceed the previous year's number of completed legal proceedings, thus causing significant pressure on the legal budget.</p> <p>Whilst we now have less ongoing sets of care proceedings (and less new applications being issued in Court) legacy cases and associated costs are still working through the system. Aside from those areas which we are working on to reduce costs i.e. advice/use of appropriate level of Counsel, the volume of cases remaining within the system indicates an estimated £550k of costs in 2017/18. This assumes overrun costs through delay in cases can be managed down as well as requests for advice being better managed.</p> <p><u>Actions being taken:</u> Work is ongoing to better manage our controllable costs by use of a legal tracker but this was only implemented in June 2017 so the impact is yet to be felt. The tracker should enable us to better track the cases through the system and avoid additional costs due to delay. We have invested in two practice development posts to improve practice in the service and will also seek to work closer with LGSS Law with a view to maximising value for money.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
16) Children's Disability Service	6,527	5,281	168	3%
<p>The Children's Disability Service is forecasting a pressure of £168k.</p> <p>The Community Support Services budget has seen an increase both in the number of support hours, a high cost individual case (£35k) and in the number of joint funded health packages (also including some with high allocations of hours). Contributions to Adult Services (£45k) have increased and the service is also carrying a £50k pressure from 2016/17.</p> <p><u>Actions being taken:</u> We will be reviewing the costs of current packages and in particular support levels for our young people.</p>				
17) High Needs Top Up Funding	13,573	9,627	200	1%
<p>Numbers of young people with Education Health and Care Plans (EHCP) in Post-16 Further Education providers continue to increase and as a result a year-end pressure of £200k is currently forecast. Placements for the 2018/19 academic year are still being finalised and as such the overall cost for the remainder of the financial year could increase further as more young people remain in education.</p> <p>This budget is funded from the Dedicated Schools Grant (DSG) High Needs Block.</p>				
18) SEN Placements	8,973	6,473	700	8%
<p>The SEN Placements budget continues to report a £700k pressure this month. Overall there are rising numbers of children and young people who are LAC, have an EHCP and have been placed in a 52 week placement. These are cases where the child cannot remain living at home. Where there are concerns about the local schools meeting their educational needs, the SEN Placement budget has to fund the educational element of the 52 week residential placement; often these are residential schools given the level of learning disability of the young children, which are generally more expensive. The SEN Placement budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant (DSG).</p> <p><u>Actions being taken:</u></p> <ul style="list-style-type: none"> • SEND Sufficiency work is underway to inform future commissioning strategy. This will set out what the SEND need is across Cambridgeshire, where it is and what provision we need in future, taking account of demographic growth and projected needs. The SEND Sufficiency work will be completed in January 2018. A series of workshops are being planned for Spring 2018; • Three new special schools to accommodate the rising demand over the next 10 years. One school opened in September 2017 with two more planned for 2020 and 2021. Alternatives such as additional facilities in the existing schools, looking at collaboration between the schools in supporting post 16, and working with further education providers to provide appropriate post 16 course is also being explored in the plan; • SEND Commissioning Strategy and action plan are being developed with a focus on children and young children with SEND in Cambridgeshire accessing mainstream education; • Work on coordination of reviews for ISEPs to look at returning in to county; and • A full review of all High Needs spend is required due to the ongoing pressures and proposed changes to national funding arrangements. 				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
19) Out of School Tuition	1,119	589	600	54%

The Out of School Tuition budget is continuing to forecast a pressure of £600k this month.

There are several key themes emerging which are having impact on the need for children to receive a package of education, sometimes for prolonged periods of time:

- Casework officers are not always made aware that a child's placement is at risk of breakdown until emergency annual review is called.
- Casework officers do not have sufficient access to SEND District Team staff to prevent the breakdown of an education placement in the same way as in place for children without an EHCP.
- There are insufficient specialist placements for children whose needs cannot be met in mainstream school.
- There is often a prolonged period of time where a new school is being sought, but where schools put forward a case to refuse admission.
- In some cases of extended periods of tuition, parental preference is for tuition rather than in-school admission.

There has been an increase in the number of children with an Education Health and Care Plan (EHCP) who are awaiting a permanent school placement. The delay is due to the nature and complexity of the needs of these children. Many of these children are in Key Stage 1 and do not have a permanent placement due to a lack of provision for this cohort of children. In addition, there are a number of children and young people who have a Statement of SEN/EHCP and have been out of school for some time. A smaller cohort of Primary aged children who are permanently excluded, or those with long term medical absence from school, sometimes require external tuition packages when SEND Specialist Teaching capacity is full.

A new process has been established to ensure all allocations and packages are reviewed in a timely way and that there is oversight of moves back into full time school. The transfer of the Out of School Tuition budget to the SEND Services (from November 17) enables more opportunities to use resources differently and to have more cost effective in-house tuition. There have been discussions with the Transformation Team and following the outcomes and recommendations of several large scale provision and funding reviews, we aim to look at the extension of the existing team in order to prevent placement breakdown more effectively and provide high quality teaching to a smaller number of children who need tuition.

Immediate interim controls have been placed on access to this budget. Casework officers and Statutory Assessment Team Leaders must request new packages or increases to existing packages with the budget holder. This is vital in order to understand the nature of requests and bring in swift additional support from SEND District Teams. This is not a long term solution and the budget holder is working with the Transformation Team to investigate whether the pump-priming of the SEND District Teams with additional staff could either prevent the breakdown of placement (and therefore reduce the need for packages of education) or provide in-house tuition at a cheaper rate.

The current Tuition Provider Framework is up for recommissioning in March 2018. It has been agreed to extend the framework by 12 months in order to give time to look at more sustainable and in-house provision. These decisions and a business case will be formulated using the data and recommendations given through the SEMH Review, High Needs Block Review and SEND Sufficiency Review, which will close in January 2018. The Tuition Provider Contract is zero-based and requires no minimum fulfilment.

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
20) Executive Director	211	248	-2,901	-1372%
<p>The improved overall forecast underspend of -£2,901k is due to assumptions around the ability to re-prioritise grant funded activity (Improved Better Care Fund (iBCF), in response to Adults Services pressures as these emerge, this relates particularly to an increased performance in delayed transfers of care (DTC), bringing with it an increased need for the delivery of complex packages of care for older people</p> <p>This has been offset in part by the £219k Business Support saving, which will not be achieved in 17/18 through efficiencies identified within the business support functions, and £100k saving identified against uncommitted expenditure.</p>				
21) Central Financing	-523	-914	-215	-41%
<p>The Central Financing budget is forecasting underspend of -£215k.</p> <p>Nationally, local authorities are currently permitted greater flexibility in use of capital receipts (proceeds from sales of assets) to fund any project that is designed to generate ongoing revenue savings in the delivery of public services and/or transform service delivery to reduce costs.</p> <p>The Council was already making use of this flexibility – following a recent review a further £215k of eligible expenditure has been identified within People & Communities.</p>				
22) Financing DSG	-39,991	-26,661	-1,592	-4%
<p>Within P&C, spend of £40.0m is funded by the ring fenced Dedicated Schools Grant. The DSG pressure of £1,592k is primarily made up from SEN Placements (£700k); Out of School Tuition (£600k); High Needs Top Up Funding (£200k); SEND Specialist Services (£54k); Early Years Specialist Support (£44k) and Commissioning Services (£44k). For this financial year the intention is to manage within overall available DSG resources.</p>				

APPENDIX 3 – Grant Income Analysis

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

Grant	Awarding Body	Expected Amount £'000
Grants as per Business Plan		
Public Health	Department of Health	331
Better Care Fund	Cambs & P'Boro CCG	15,457
Social Care in Prisons Grant	DCLG	319
Unaccompanied Asylum Seekers	Home Office	1,600
Staying Put	DfE	167
Youth Offending Good Practice Grant	Youth Justice Board	531
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	1,668
Children's Social Care Innovation Grant (MST innovation grant)	DfE	521
Domestic Abuse	DCLG	574
High Needs Strategic Planning Funding	DfE	267
MST Standard	DoH	63
Adult Skills Grant	Skills Funding Agency	2,062
AL&S National Careers Service Grant	European Social Fund	355
Non-material grants (+/- £160k)	Various	131
Total Non Baselined Grants 2017/18		24,172

Financing DSG	Education Funding Agency	39,991
Total Grant Funding 2017/18		64,163

The non baselined grants are spread across the P&C directorates as follows:

Directorate	Grant Total £'000
Adults & Safeguarding	440
Commissioning	15,457
Children & Safeguarding	4,554
Education	38
Community & Safety	3,684
TOTAL	24,172

APPENDIX 4 – Virements and Budget Reconciliation

Virements between P&C and other service blocks:

	Eff. Period	£'000	Notes
Budget as per Business Plan		237,311	
Multiple Policy Lines	Apr	-292	Corporate Capacity Review (CCR) adjustments
Multiple Policy Lines	Apr	311	Apprenticeship Levy – allocation of budget to meet new payroll cost.
Information Management & Information Technology	Apr	-1,286	Digital Strategy moved to Corporate Services
Multiple Policy Lines	Apr	-293	Savings from organisational structure review within P&C, contribution to corporate target
Adult & Safeguarding	Apr	-52	Court of Protection Client Funds Team transferring to Finance Operations within LGSS
Shorter Term Support and Maximising Independence	May	-10	Transfer from Reablement for InTouch Maintenance to Corporate Services (Digital)
Multiple Policy Lines	May	-1,335	Workforce Development moved to Corporate Services as part of Corporate Capacity review
Safer Communities Partnership	May	-178	DAAT budgets transferred to Public Health Joint Commissioning Unit
Early Help District Delivery Service – North & South	June	-43	Transfer Youth and Community Coordinator budget to Corporate Services per CCR
Education Capital	June	-11	Transfer Property Services from LGSS
LAC Placements	July	2,913	LAC Demography approved by GPC in July
Strategic Management - Adults	July	12	Transfer of Dial a Ride (ETE) to Total Transport (P&C)
Catering & Cleaning Services	Aug	449	Transfer from Education to Commercial and Investment
Adult Early Help	Aug	80	Transfer from Corporate & Customer Services (following review of welfare benefits advice provision)
Adult Learning & Skills	Sept	180	Adult Learning & Skills moved from ETE to Community & Safety
Strategic Management - Children & Safeguarding	Sept	-54	Transfer Budget from CSC Business Support - BSO's to Applications Development Team, within LGSS
Strengthening Communities	Sept	451	Grants to Voluntary Organisations from Corporate Services
Central Integrated Youth Support Services	Sept	261	Transfer of SCS payroll budget from Corporate services
Childrens' Innovation & Development Service and 0-19 Organisation & Planning	Sept	343	Transfer Trading Units (PCS, ICT, Music and Outdoor Education) to Commercial and Investment
Strategic Management - Commissioning	Oct	382	Healthwatch to Commissioning from Corporate services
Current Budget 2017/18		239,139	

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 30 Nov 17		
	£'000	£'000	£'000	£'000	
<u>General Reserve</u>					
P&C carry-forward	540	-540	0	-6,259	Forecast pressure of £6,259k applied against reserves.
subtotal	540	-540	0	-6,259	
<u>Equipment Reserves</u>					
IT for Looked After Children	133	0	133	83	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend).
subtotal	133	0	133	83	
<u>Other Earmarked Reserves</u>					
Adults & Safeguarding					
Homecare Development	22	-22	0	0	Managerial post worked on proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work.
Falls prevention	44	-44	0	20	Up scaled the falls prevention programme with Forever Active
Dementia Co-ordinator	13	-13	0	0	Used to joint fund dementia co-ordinator post with Public Health
Mindful / Resilient Together	188	-133	55	55	Programme of community mental health resilience work (spend over 3 years)
Increasing client contributions and the frequency of Financial Re-assessments	14	-14	0	0	Hired fixed term financial assessment officers to increase client contributions as per BP
Brokerage function - extending to domiciliary care	35	-35	0	0	Trialled homecare care purchasing co-ordinator post located in Fenland
Hunts Mental Health	200	0	200	0	Provision made in respect of a dispute with another County Council regarding a high cost, backdated package
Commissioning					
Capacity in Adults procurement & contract management	143	-81	62	0	Continuing to support route rationalisation for domiciliary care rounds
Specialist Capacity: home care transformation / and extending affordable care home capacity	25	-25	0	0	External specialist support to help the analysis and decision making requirements of these projects and upcoming tender processes
Home to School Transport Equalisation reserve	-240	296	56	56	17/18 is a shorter year. Therefore, a £296k contribution has been made back to reserves to account for this. No further changes expected this year.
Reduce the cost of home to school transport (Independent travel training)	60	-60	0	0	Independent Travel Training will not begin until Summer Term 2018 so the reserve will not be used in financial year 17/18.
Prevent children and young people becoming Looked After	25	-25	0	0	Re-tendering of Supporting People contracts (ART)

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 30 Nov 17		
	£'000	£'000	£'000	£'000	
Disabled Facilities	44	0	44	0	Funding for grants for disabled children for adaptations to family homes.
Community & Safety					
Youth Offending Team (YOT) Remand (Equalisation Reserve)	150	0	150	60	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
Children & Safeguarding					
Child Sexual Exploitation (CSE) Service	250	-250	0	0	The funding required is in relation to a dedicated Missing and Exploitation (MET) Unit and due to a delay in the service being delivered this is going back to GPC to obtain approval, as originally the Child Sexual Exploitation service was going to be commissioned out but now this will be bought in house within the Integrated Front Door and this funding will be required in 2017/18 to support this function (1 x Consultant Social Worker & 4 x MET Hub Support Workers).
Education					
Cambridgeshire Culture/Art Collection	47	-4	43	155	Providing cultural experiences for children and young people in Cambs - fund to increase in-year due to sale of art collection
ESLAC Support for children on edge of care	36	-36	0	25	Funding for 2 year post re CIN
Cross Service					
Develop 'traded' services	30	-30	0	0	£30k is for Early Years and Childcare Provider Staff Development
Improve the recruitment and retention of Social Workers (these bids are cross-cutting for adults, older people and children and young people)	78	-78	0	0	This will fund 2-3 staff across 2017/18 focused on recruitment and retention of social work staff
Reduce the cost of placements for Looked After Children	110	-110	0	0	Repairs & refurb to council properties: £5k Linton; £25k March; £20k Norwich Rd; £10k Russell St; Alterations: £50k Havilland Way Support the implementation of the in-house fostering action plan: £74k
Other Reserves (<£50k)	149	-43	106	0	Other small scale reserves.
subtotal	1,423	-707	716	371	
TOTAL REVENUE RESERVE	2,096	-1,247	849	-5,815	

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 30 Nov 17		
	£'000	£'000	£'000	£'000	
<u>Capital Reserves</u>					
Devolved Formula Capital	780	980	1,760	0	Devolved Formula Capital Grant is a three year rolling program managed by Cambridgeshire School
Basic Need	0	27,252	27,252	0	The Basic Need allocation received in 2017/18 is fully committed against the approved capital plan.
Capital Maintenance	0	3,481	3,481	0	The School Condition allocation received in 2017/18 is fully committed against the approved capital plan.
Other Children Capital Reserves	1,448	1,784	3,233	0	£5k Universal Infant Free School Meal Grant c/f, £1,444k is Early Years funding for project to be spent in 2017/18
Other Adult Capital Reserves	379	3,809	4,188	44	Adult Social Care Grant to fund 2017/18 capital programme spend.
TOTAL CAPITAL RESERVE	2,607	37,307	39,914	44	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

APPENDIX 6 – Capital Expenditure and Funding

6.1 Capital Expenditure

2017/18						TOTAL SCHEME	
Original 2017/18 Budget as per BP £'000	Scheme	Revised Budget for 2017/18 £'000	Actual Spend (Nov) £'000	Forecast Spend - Outturn (Nov) £'000	Forecast Variance - Outturn (Nov) £'000	Total Scheme Revised Budget £'000	Total Scheme Forecast Variance £'000
	Schools						
41,560	Basic Need - Primary	38,750	22,280	36,410	-2,340	274,415	-8,445
26,865	Basic Need - Secondary	29,520	22,152	30,966	1,446	219,592	22,259
841	Basic Need - Early Years	1,687	844	1,346	-341	5,442	192
1,650	Adaptations	1,945	674	1,795	-150	3,442	919
248	Specialist Provision	242	-41	216	-26	9,810	0
3,000	Condition & Maintenance	3,000	3,245	3,000	0	27,400	0
1,076	Schools Managed Capital	1,760	0	1,760	0	12,022	-664
150	Site Acquisition and Development	150	190	150	0	650	0
1,500	Temporary Accommodation	1,500	1,446	1,500	0	15,500	0
2,095	Children Support Services	383	0	383	0	2,618	0
5,354	Adult Social Care	5,278	3,810	5,444	166	36,029	0
-6,664	P&C Capital Variation	-10,305	0	-9,061	1,244	-37,825	0
1,533	Capitalisation of Interest Costs	1,533	0	1,533	0	6,846	0
79,208	Total P&C Capital Spending	75,442	54,600	75,442	0	569,095	14,261

Basic Need - Primary £8,445k reduction in scheme cost

A total scheme variance of -£8,445k has occurred due to changes since the business Plan was approved in response to adjustments to development timescales and updated school capacity information. The following schemes have had cost variations since the 2017/18 Business Plan was published;

- Clay Farm (Trumpington Park) Primary; £384k reduction as risk and contingency items not required.
- Fulbourn Primary; £1,215k increase. Detailed planning and design changes have been required to achieve the project and address issues including the severe physical and operational site constraints and drainage restrictions.
- The Shade, Soham; £113k reduction as risk and contingency items not required.
- Wyton Replacement School; £2,773k increase as the scope of the scheme has increased to provide for a 0.5FE extension of the school from FE to 1.5FE to ensure it can respond to future demand for places.
- Melbourn Primary; £281k increase due to changes to project scope including works to an early year's provision.
- Morley Memorial Primary School; £443k increase due to updating of milestones which were originally undertaken in 2012.
- Fourfields Primary; £2,300k reduction: further analysis of need has identified that this scheme can be removed from the capital programme. This will only impact on future years and not 2017/18.
- Wyton New School; £10,000k reduction further developments involving planning has meant this school can be removed from the capital plan. This will only impact on future years and not 2017/18.

In May 2017 the reductions in scheme cost increased by £419k due to underspends on 2017/18 schemes which were completed and did not require the use of budgeted

contingencies: Godmanchester Bridge (£129k), Fordham Primary (£157k) and Ermine Street Primary at Alconbury Weald (£139k).

In June these reductions were again increased by £628k due to an underspend on the Isle of Ely Primary (£156k) as a result of a contingency not required and reduction in project cost (£472k) for the Barrington Primary School Scheme identified by the milestone 2 report.

In August there was a further reduction of £280k due to contingencies and risk items not being required for Hatton Park School project.

In September an increase of £1,350k occurred due to continued development in the scope of the Gamlingay Primary School scheme.

Basic Need - Primary £2,340k 2017/18 slippage

In addition to the £575k detailed above where underspends are forecast due to contingencies not being required. The following schemes have experienced significant slippage in 2017/18;

- Meldreth Primary is forecasting slippage of £710k due to the scheme experiencing a delay in the commencement on site from November 2017 to February 2018.
- Barrington Primary School £90k slippage as the project has been re-phased to achieve a September 2020 completion. As a consequence, anticipated spend on planning and design work is not as great as had been expected this financial year.
- Hatton Park Primary School scheme forecasting slippage of £71k due to contingencies and risk items not being required.
- Histon Additional Places scheme has experienced £200k slippage from December 2017 to January 2018 due to delays in the planning application being approved
- Wintringham Park Primary in St Neots has also incurred £52k slippage due to design work not progressing as anticipated.
- Gamlingay Primary School scheme is forecasting a £400k slippage due to the start on site being delayed from January 2018 to February 2018 as a consequence of the planning process. A transportation report is required before approval is granted. These are offset by £50k accelerated spend at Godmanchester Bridge Primary School and £20k accelerated spend on Bellbird, Sawston scheme.
- Pendragon Primary scheme has experienced £150k slippage as the housing development associated with the scheme has not commenced.
- Clay Farm Primary is forecasting £200k accelerated spend due to additional works in the form of a variation to ensure planning conditions are met.
- Clay Farm (Trumpington Park) Primary is forecasting £200k accelerated spend due to additional works in the form of a variation to ensure planning conditions are met.

These are offset by £50k accelerated spend at Godmanchester Bridge Primary School and £20k accelerated spend on Bellbird, Sawston scheme. Burwell Primary School has experienced £38k overspend in 2017/18 due to additional costs associated with asbestos removal.

Basic Need – Secondary £22,259k increased total scheme cost

A total scheme variance of £22,259k has occurred due to changes since the Business Plan was approved;

- Littleport Secondary and Special School has experienced a £1,059k increase in costs due to additional specialist equipment being required as part of the capital build and further costs associated to planning requirements for the sport centre and land purchase required for the scheme.

- Bottisham Secondary scheme has increased by £2,269k due to works funded by a grant from the Education & Skills Funding Agency (ESFA) being carried out by the Council ahead of receipt of that funding. The school will transfer the budget to the Council to fund this.
- Northstowe Secondary scheme has increased by £19,600k due to the addition of SEN provision of which 40 places are to be funded by the EFSA and also the delivery of community sports provision which will attract S106 funding from South Cambridgeshire District Council.
- Cambourne Village College has experienced an increased scheme cost of £412k for the construction of a performance hall. Funding will be received from the district and parish councils to offset this increase.

Basic Need – Secondary £1,446k 2017/18 overspend

An in-year overspend for Littleport of £825k and accelerated spend on Trumpington Community College of £381k for IT equipment and final contractor payments, has been offset with slippage on Northstowe Secondary (£500k) due to design work now expected to begin later than October 2017. Alconbury Secondary and SEN scheme (£470k) where the design stage on these projects has not progressed since the beginning of the financial year. Slippage has also occurred on North West Fringe (£350k) as the project has been rephased by 1 year.

Bottisham Village College is forecasting £900k of accelerated spend due to revised contractor cash flow reports that are indicating the project is ahead of the scheme's original schedule. Cromwell Community college is also experiencing accelerated spend of £150k to complete the design work to ensure the scheme can achieve the September 2019 completion date.

Basic Need – Early Years £192k increased scheme cost

Increased scheme cost (£592k) to cover identified Early Years commitments. The scheme has subsequently been reduced by £400k as this element has been added in future years to the Morley Memorial Primary School project to undertake the building of Early Years annex as part of this scheme.

Basic Need – Early Years £341k slippage

Orchard Park Primary early years provision has experienced slippage of £341k as the project is currently on hold pending the outcome of a review, therefore, it is not expected that any costs will be incurred in 2017/18.

Adaptations £919k increased total scheme cost

Morley Memorial Primary School has experienced additional total scheme costs of £919k due to the revision of the project which was initially costed in 2012. The additional requirements reflect the inflationary price increases and not a change to the scope of the scheme, the further additional £477k is in regard to the Early Years aspect of £400k which has been transferred from the Basic Need – Early Years budget to undertake an Early Years annex as part of the scheme.

Adaptations £150k 2017/18 slippage

Morley Memorial scheme has incurred a slight delay in the start on site that has resulted in an anticipated £150k slippage. The project will meet its completion date of September 2018.

Schools Managed Capital

Devolved Formula Capital (DFC) is a three year rolling balance and includes £780k carry forward from 2017/18. The total scheme variance of £664k relates to the reduction in 2017/18 grant being reflected in planned spend over future periods.

P&C Capital Variation

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

2017/18					
Service	Capital Programme Variations Budget £000	Forecast Variance - Outturn (Nov) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Forecast Variance - Outturn (Nov) £000
P&C	-10,305	-1,244	1,244	12.1%	-
Total Spending	-10,305	-1,244	1,244	12.1%	-

6.2 Capital Funding

2017/18				
Original 2017/18 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2017/18 £'000	Forecast Spend – Outturn (Nov) £'000	Forecast Funding Variance - Outturn (Nov) £'000
32,671	Basic Need	32,671	32,671	0
4,043	Capital maintenance	4,476	4,476	0
1,076	Devolved Formula Capital	1,760	1,760	0
3,904	Adult specific Grants	4,283	4,283	0
17,170	S106 contributions	14,800	14,800	0
0	Early Years Grant	1,443	1,443	0
0	Capitalised Revenue Funding	0	0	0
2,725	Other Capital Contributions	3,804	3,804	0
26,464	Prudential Borrowing	21,050	21,050	0
-8,845	Prudential Borrowing (Repayable)	-8,845	-8,845	0
79,208	Total Funding	75,442	75,442	0

APPENDIX 7 – Performance at end of October 2017

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% children whose referral to social care occurred within 12 months of a previous referral	Children and Families	14.7%	20.0%	12.9%	Oct-17	↑	G	19.9% (2016)	22.3% (2016)	Performance in re-referrals to children's social care is below target
Number of children with a Child Protection Plan per 10,000 population under 18	Children and Families	41.1	30.0	41.6	Oct-17	↓	R	38 (2016)	43.1 (2016)	<p>During October, we saw the numbers of children with a Child Protection plan increase from 547 to 553.</p> <p>Following a review of working processes in FREDt which has ensured that referrals are effectively processed in a timelier manner, we have seen some increases in the number of families undergoing a section 47 assessment, which has then impacted on the numbers of requests for Conference. This increase is likely to be short-lived as any backlog is resolved</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The number of looked after children per 10,000 children	Children and Families	52.4	40.0	52.2	Oct-17	↑	R	42.3 (2016)	60.0 (2016)	<p>The number of Looked After Children decreased slightly from 697 to 695 in October. This figure includes 69 UASC, around 9.9% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.</p> <p>Actions being taken include:</p> <ul style="list-style-type: none"> • A weekly Section 20 panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs. • A weekly LAC monitoring meeting chaired by the Executive Director of P&C, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives. <p>At present the savings within the 2016/17 Business Plan are on track to be delivered and these are being monitored through the monthly LAC Commissioning Board. The LAC strategy and LAC action plan are being implemented as agreed by CYP Committee.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% year 12 in learning	Children and Families	89.7%	96.5%	94.6%	Oct-17	↑	A	94.0% (2015)	94.8% (2015)	We have not met our in learning target for year 12 and performance has been variable across the localities. Year 13 in learning has improved over the last three years and is very close to target. However again performance is variable across the localities.
%16-18 year olds NEET and unknown	Children and Families	8.6%	3.8%	4.9%	Oct-17	↑	R			This measure tends to peak at the start of new academic years (i.e. September) as we begin each year with a new cohort of year 11's whose status is unknown (6.6% in September, up from 0.9% in June but significantly lower than the figures of 16.4% in September 2016). This figure then reduces over the next quarter as the service engages with this cohort of young people via the Annual Activity survey.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% Clients with SEND who are NEET	Children and Families	9.4%	9.0%	5.7%	Q2 (Jul - Sept 17)	↑	G	7.0% (2015)	9.2% (2015)	This measure tends to drop at the start of new academic years (i.e. September) as we begin each year with a new cohort of year 11's whose status is unknown (6.6% in September, up from 0.9% in June). This figure then increases over the next quarter as the service engages with these young people via the Annual Activity Survey. Once identified, the service will continue to prioritise this group for follow up and support.
The proportion pupils attending Cambridgeshire Nursery schools judged good or outstanding by Ofsted	Learning	100.0%	100.0%	100.0%	Oct-17	→	G	100% (Oct-17)	99.4% (Oct-17)	Cambridgeshire currently has 7 nursery schools.
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	83.0%	82.0%	83.2%	Oct-17	↑	G	90.5% (Oct-17)	90.3% (Oct-17)	164 out of 193 primary schools are judged as good or outstanding. In addition there are 14 primary schools who have not yet received an inspection grading.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	85.5%	75.0%	85.5%	Oct-17	➡	G	87.4% (Oct-17)	83.1% (Oct-17)	Performance for Secondary schools continues to remain just below that of statutory neighbours and is above the England average
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	93.1%	100.0%	93.1%	Oct-17	➡	G	96.5% (Oct-17)	93.9% (Oct-17)	
Proportion of income deprived 2 year olds receiving free childcare	Learning	75.4%	80.0%	71.0%	Summer Term	⬇	A			

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
<i>FSM/Non-FSM attainment gap % achieving the national standard in Reading, Writing & Maths at KS2</i>	Learning	27%	21%	36%	2017	↓	R	27% (2016)	22% (2017)	2017 data shows that there is still a significant gap in the performance of pupils eligible for FSM in the KS2 tests and the gap has widened by a further 9 percentage points since 2016. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential.
<i>FSM/Non-FSM attainment gap % achieving 5+ A*-C including English & Maths at GCSE</i>	Learning	37%	26%	29%	2016	↑	R		24.8%	All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
1E - Proportion of adults with learning disabilities in paid employment	Adult Social Care	1.2%	3.0% (Pro-Rata)	1.4%	Oct-17	↑	R	5.8% (2015/16)	5.8% (2015/16)	Performance remains low. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependant on the review/assessment performance of LD teams – and there are currently 50 service users identified as being in employment yet to be reviewed in the current year). (N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period.)
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	98.2%	93.0%	98.4%	Oct-17	↑	G	88.2% (2015/16)	86.9% (2015/16)	Performance remains above the target and is generally moving toward 100%. Performance is above the national average for 15/16 and will be monitored closely.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
RV1 - Proportion of planned reviews completed within the period that were completed on or before their due date. (YTD)	Adult Social Care / Older People & Mental Health	49.2%	50.1%	48.7%	Oct-17	↓	A	N/A (Local Indicator)		Performance of this indicator has risen and is closer to the target. If teams focus on completing overdue reviews this would contribute to a fall in performance in the future.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	51.9%	57.0%	52.4%	Oct-17	↑	A	N/A (Local Indicator)		<p>The service continues to be the main route for people leaving hospital with ongoing care needs. The service continues to experience a significant challenge around capacity in that a number of staff have recently retired and we are currently undertaking a recruitment campaign to increase staffing numbers. In addition the service is being re-organised to strengthen leadership and to reduce process delays.</p> <p>In addition, people are leaving hospital with higher care needs and often require double up packages of care which again impacts our capacity. We are addressing this issue through a variety of means, including discussions with the NHS about filling intermediate care gaps, to reduce inappropriate referrals and use of capacity in reablement. The Council has also developed the Double Up Team who work with staff to reduce long term care needs and also release reablement capacity, and a home care transition service to support transfers into long term domiciliary care.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health	150.1	564 by year end / average max. 47 per month (329 (Pro-Rata for report period)	185.5	Oct-17	↑	G	548.5 (2015/16)	628.2 (2015/16)	<p>The implementation of Transforming Lives model, combined with a general lack of available residential and nursing beds in the area has led to a lower rate of new permanent admissions.</p> <p>N.B. This is a cumulative figure, so will always go up. An upward direction of travel arrow means that if the indicator continues to increase at the same rate, the ceiling target will not be breached.</p>
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	532	429	535	Sept-17	↓	R	N/A (Local Indicator)		<p>As of the end of September 2017 there were 15,207 bed-day delays reported in the Cambridgeshire system, a reduction of around 3% in comparison with the same 6 month period in the previous financial year.</p> <p>Over the course of this year we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. The main cause of the recent increase in bed-day delays varies by area but a general lack of capacity in domiciliary and residential care is the prevailing theme. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community. We continue to work in collaboration with health colleagues to build on this work.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	159.4	114	160.2	Sept-17	↓	R	N/A (Local Indicator)		<p>In September 2017 there were 849 bed-day delays recorded attributable to ASC in Cambridgeshire. For the same period the previous year there were 993 delays – a reduction of 15%. The Council is investing considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.</p> <p>The increase is primarily due to delays in arranging residential, nursing and domiciliary care for patients being discharged from Addenbrooke's.</p>
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	12.8%	12.5%	12.8%	Sept-17	→	G	9.0% (2015/16)	6.7% (2015/16)	Performance at this measure is above target. Reductions in the number of people in contact with services are making this indicator more variable while the numbers in employment are changing more gradually.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The number of people in the most deprived wards completing courses to improve their chances of employment or progression in work	Community & Safety		2,200	2,270	Aug-17	↑	G			<p>A targeted programme has started, focusing on increasing the participation in these deprived areas.</p> <p>The target was met for this academic year</p>
The number of people starting as apprentices	Community & Safety		4,574	3,340	2016/17	↑	G			<p>Provisional figures for the number of people starting as apprentices by the end of the third quarter of 2016/17 are 3,340, compared with 3,280 for the same quarter in 2015/16 - an increase of 2%. This means that the 2016/17 target of 4,574 is on track to be achieved.</p>

APPENDIX 8 – P&C Portfolio at end of October 2017

Programme/Project and Lead Director	Brief description and any key issues	RAG
Building Community Resilience Programme: Sarah Ferguson / Elaine Matthews	We are working with Peterborough colleagues leading on developing a shared Community Resilience Strategy. There is tentative interest from some District colleagues on being part of a new/revised strategy. Other delivery continues including the Innovate and Cultivate Fund, with 9 projects being recommended for funding to the Communities and Partnership Committee in December. Service Leads will be involved in the regular evaluation of funded projects to highlight new ways of working, returns on investment and potential commissioning opportunities for the Council.	GREEN
Children's Centres: Helen Freeman / Sarah-Jane Smedmor	Following the public Children's Centre consultation, the response was taken for discussion to Full Council on 17 th October. At the meeting, Members agreed the proposals outlined in the consultation. Officers are now working to implement those proposals	GREEN
Children's Change Programme: Sarah-Jane Smedmor / James Gemmell	<p>The aims of the project are to identify additional opportunities within children's services to ensure that our services are targeted to those in greatest need and towards those that we can ensure experience a de-escalation of need and risk as a result of effective, integrated, multi-agency services delivered in a timely manner.</p> <p>The following options will be explored;</p> <ul style="list-style-type: none"> • Whether the current offer being delivered by the SPACE team can be mainstreamed into the District teams • Review a number of fixed term posts which were created as part of the earlier phases of the CCP to identify if learning / development has been embedded within the District teams • Review of the fostering service • Using technology / different ways of working to increase productivity across the service • Restrict the use of out of hours support provided by external providers (following the introduction of planned out of hours working for District Teams) • Further opportunities to share services with Peterborough CC 	GREEN

Programme/Project and Lead Director	Brief description and any key issues	RAG
<p>0-19 Commissioning: Meredith Teasdale / Janet Dullaghan</p>	<p>This project is looking at how Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) can work together to integrate child health and wellbeing services. This includes consideration of 0-19 community based health services, including Health Visiting, School Nursing and Family Nurse Partnership; Early Help and Children's Centre services; and Child and Adolescent Mental Health Services across Cambridgeshire and Peterborough.</p> <p>The aim is for an integrated model where children, young people and families are offered a core programme of evidence based, early intervention and preventative health care with additional care and support for those who need it in line with the Thrive model. Thrive is based on having a good core offer across the agencies for universal services and clear and process to identify need early and provide the right early help and support.</p> <p>This large programme of work continues to progress following agreement of the scope and current financial envelope. We have now finalised the overarching principles and themes that will guide transformation of each of the specifications. In line with the direction of the Sustainability and Transformation Partnership plans, we are seeking to develop an Accountable Care System (ACS) which forges stronger working relationships between commissioners and providers. In this environment the culture is one of finding joint solutions to manage demand and financial pressures and ensure quality provision continues within a fixed and reducing budget.</p> <p>Providers have initiated board to board discussions to consider how they will respond to the integration agenda set out in the specification and will be detailing their response in a joint paper during December</p> <p>Programme documentation continues to be maintained and is reported to the Joint Commissioning Unit monthly</p>	<p>GREEN</p>

Programme/Project and Lead Director	Brief description and any key issues	RAG
Mosaic: Sue Grace / Joanne Hopkins	<ul style="list-style-type: none"> • Amber status remains reflecting both the overall complexity, tight timelines and technical and business change challenges • The Mosaic Board agreed a joint go-live for Adults, Children and Finance of the third quarter of 2018/19. This is subject to a number of dependencies including the implementation of Agresso and some decisions by the business concerning migration. • All workstreams are progressing and risks and issues continue to be monitored through the monthly board meetings • Change Champions and Business Support Super Users across Adults and Children's are now in place and trained • Familiarisation sessions have taken place across the county • Work has started on preparing the business for go-live and the transition to the new system 	AMBER
Accelerating Achievement: Keith Grimwade	<p>Although the achievement of most vulnerable groups of children and young people is improving, progress is slow and the gap between vulnerable groups and other children and young people remains unacceptably wide. Accelerating the Achievement of Vulnerable Groups is a key priority of the Local Authority's School Improvement Strategy 2016-18 and an action plan has been developed. The AA Steering Group is monitoring the implementation of this plan.</p>	AMBER

ADULT EARLY HELP DEEP DIVE

To: **Adults Committee**

Meeting Date: **11 January 2018**

From: **Wendi Ogle-Welbourn, Executive Director: People and Communities**

Electoral division(s): **All**

Forward Plan ref:

N/A

Key decision:

No

Purpose: **To note this ‘deep dive’ report on the Adult Early Help Service which includes an update on performance as well as future plans to continue to provide a holistic and preventative offer.**

Recommendation:

- a) To consider the report and provide comments on progress so far and issues raised.**
- b) To suggest Members visit the Adult Early Help team to learn more about the services it provides to Clients**

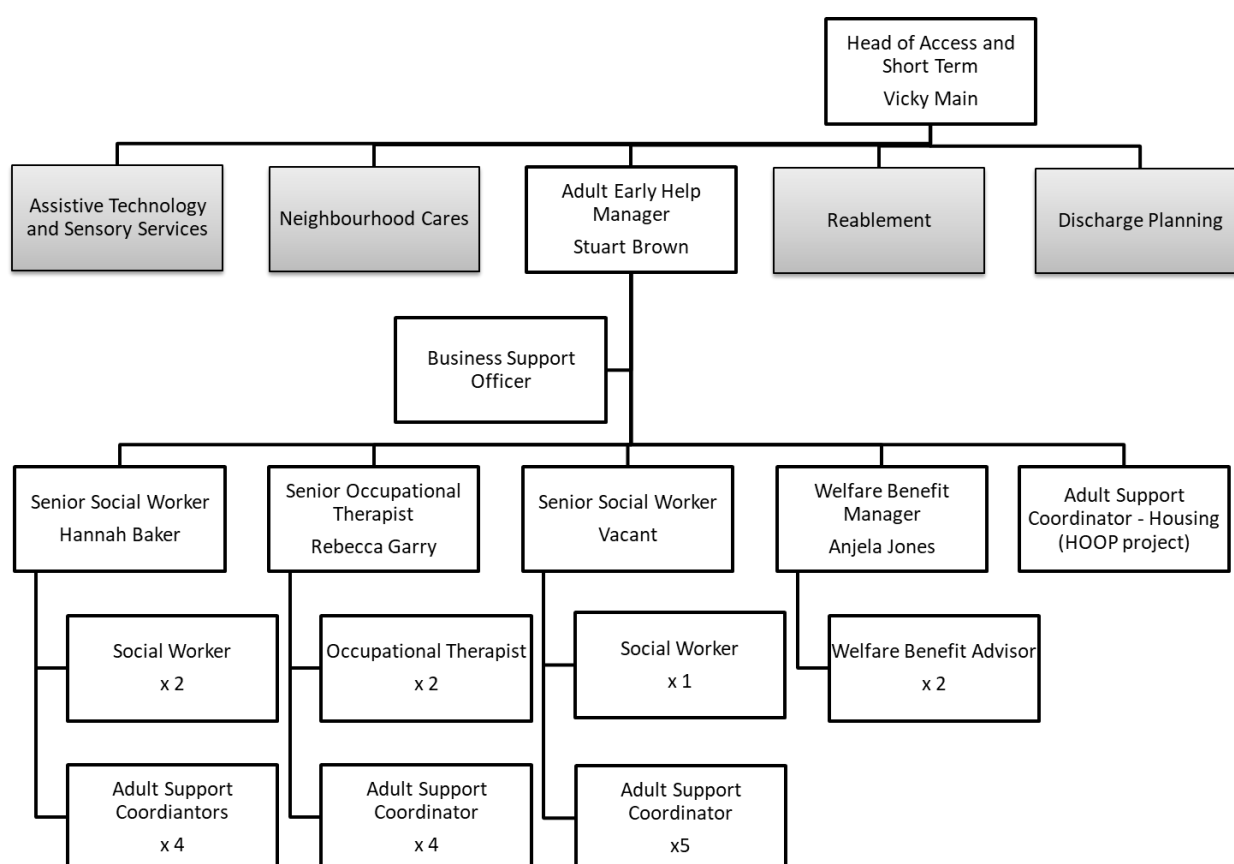
<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Vicky Main	Names:	Cllr Bailey/Cllr Howell
Post:	Head of Access and Short Term	Post:	Chair/Vice-Chair
Email:	vicky.main@cambridgeshire.gov.uk	Email:	annabailey@hotmail.co.uk/ mark.howell@cambridgeshire.gov.uk
Tel:	01223 714766	Tel:	01223 706398

1.0 BACKGROUND

1.1 The role of the Adult Early Help Team

1.1.1 The Adult Early Help team, established in April 2016, provide advice and support to anyone over the age 18 who is seeking support or social care. We are a team made up of Social Workers, Occupational Therapists, Welfare Benefit Advisors and Adult Support Coordinators from a variety of backgrounds. This breadth of training, knowledge and experience allows us to provide a holistic approach that creates sustainable solutions for individuals. We offer support to individuals and also to families and carers accept referrals from any source. The team structure and links to the wider preventative teams are shown in this structure chart:

1.1.2



1.1.3 The Adult Early Help team were introduced to deliver the County Council's response to requirements in the Care Act to work in a more person centred and preventative way, following the principals set out in our Transforming Lives programme and the tiered approach to support and care:

1.1.4

Help To Help Yourself

Accessible, friendly, quick, information, advice, advocacy, support to carers and families, universal services to the whole community, prevention, early identification and early intervention

Help When You Need It

Immediate short-term help, time limited, reablement, rehabilitation, intense support to help regain independence, minimal delays, no presumption about long term support, goal-focused, integrated support

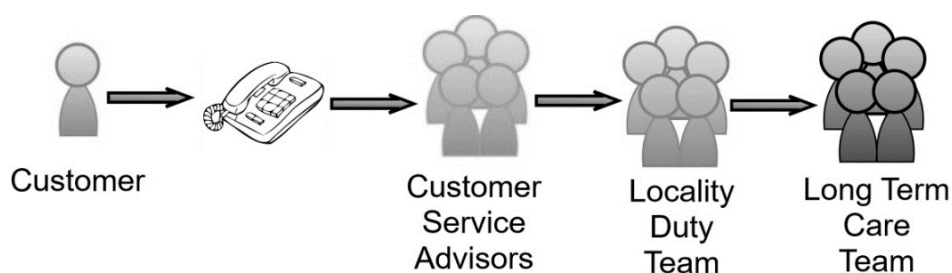
On-going Support for Those Who Need It

Self-directed, personal budget based, choice and control, highly individualised, integrated support, strengths based

1.1.5

Prior to the establishment of Adult Early Help requests for support and help had been passed from our Contact Centre to our long term teams where the focus was on need, eligibility for support and commissioned social care as an outcome. The journey can be summarised in the following diagram:

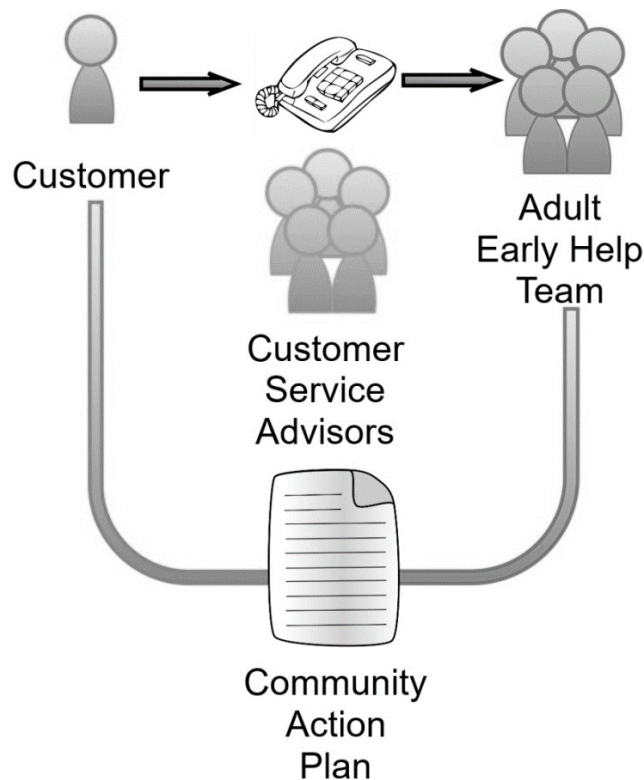
1.1.6



1.1.7

Adult Early Help introduced a significant yet simple change to this process. By focusing on the individual, asking them what is important to them, talking to them about their strengths and allowing them to take decisions about their support we are able to work in a much more preventive way. Our focus is on building and maintaining the independence of customers. We do so by working alongside the Contact Centre, supporting them to build their knowledge around early support, information, advice and signposting and then taking calls as a live transfer where the individual needs further help. We support the customer to build a Community Action Plan, something they can own and keep as a record of their conversation and solutions and that can also be used to make ongoing referrals. This is shown in the following diagram:

1.1.8



- 1.1.9 The team are based in St Ives placing us central to the county. We are co-located with the Contact Centre, Assistive Technology and Sensory teams. These provide strong links and allow us to work together to best support customers. Through telephone calls, or home visits (in about 17% of cases) where appropriate, a strengths based approach is used to understand and appreciate an individual's interests, aspirations, concerns and goals. Existing networks of family, friends and wider community support are explored. The Community Action Plan developed focuses on what the individual can do for themselves, what natural support they have or can be developed, the provision of information and advice, equipment (Occupational Therapy and Assistive Technology), short term reablement, voluntary sector support etc.
- 1.1.10 Where long term social care is required our conversation forms the start of the assessment process. This ensures the long term teams have a clear indication of the outcomes that the individual is seeking.
- 1.1.11 Our Plan on a Page can be seen in Appendix 1. This summarises our team's mission statement, values, aims and priorities.
- 1.1.12 The Adult Early Help team will:
- Support people and their carers throughout Cambridgeshire to improve wellbeing, maintain independence and create sustainable long term solutions.
 - Enable carers to continue to fulfil their caring role by focusing on their wellbeing and own support needs.
 - Help people to access local universal and voluntary sector services as well as a range of preventative expertise and equipment.
 - Develop a Community Action Plan (CAP) that will provide the customer with a record of

our conversations and agreed plan. With the agreement of the individual this is also used to refer to other support providers.

- Provide advice to professionals working with individuals to share knowledge and work together to provide coordinated support.
- Follow up after two to three weeks to establish whether the support has helped and outcomes have been met.

1.1.13 Through meeting these key objectives and working alongside Cambridgeshire's wider preventative services, we will contribute to the management of demand, allowing limited care resources to be used most appropriately and contributing to the overall business plan targets.

1.2 Team make up and funding arrangements

1.2.1 Currently there are 27 posts within the Adult Early Help team made up of:

- Team Manager
- Business Support Officer
- Senior Occupational Therapist
- 2 x Occupation Therapist (1.6FTE)
- 2 x Senior Social Worker (1 post vacant)
- 3 x Social Workers
- Welfare Benefit Manager
- 2 x Welfare Benefit Advisors (1.6FTE)
- 13 adult Support Coordinators (3 vacant posts – total 11.2FTE)
- Adult Support Coordinator Housing (0.2FTE fixed term to April 2018)

1.2.2 Funding for the initial team (Team Manager, Business Support, 1 each Senior Occupational Therapist and Social Worker, 2 Social Workers and 10 Adult Support Coordinators) was made up of a permanent allocation of £333,000 with remaining posts being established from the Adult Social Care Locality Teams. Our Occupational Therapists are employed by Cambridgeshire and Peterborough Foundation Team (CPFT) and funded through the section 75 arrangement.

1.2.3 During 2017/18, a further £109,000 was made available through the transformational fund to allow Adult Early Help to cope with increased contacts with the plan being to review and upstream further funding from the long term teams. This allowed us to bring in 3 additional Adult Support Coordinators and 1 social worker.

1.2.4 Our second Senior Social Worker position will be appointed from March 2018 and budget will be transferred from the Sensory Services budget. This will allow us to provide additional support around complex cases, Care Act knowledge, safeguarding and Mental Capacity support for the Adult Early Help team as well as across Assistive Technology and Sensory Services.

1.2.5 The Welfare Benefit Manager and Welfare Benefit advisors transferred to Adult Early Help this year along with funding for their permanent posts. The Adult Support Coordinator – Housing is a fixed term position until April 2018 to lead on our Housing Option project (see paragraph 4.11). Funding for this post has been agreed through the review of the Disabled

Facilities Grant. It is anticipated that this will become permanent funding for a full time post from April 2018 will come from the Disabled Facilities grant.

1.3 Data source and Outcome Focused Review

1.3.1 Over the next year, the Council has committed to reviewing its portfolio of services so that the organisation is clear about the outcomes it is aiming for, clear about every service's contribution to these outcomes and clear that they are delivering these outcomes in the most cost effective and commercially advantageous ways. An 'Outcome-Focused Review' will be carried out into the Adult Early Help service in the first quarter of 2018; the work completed for this Deep Dive will inform the review.

1.3.2 Throughout this report two sources of data will be used:

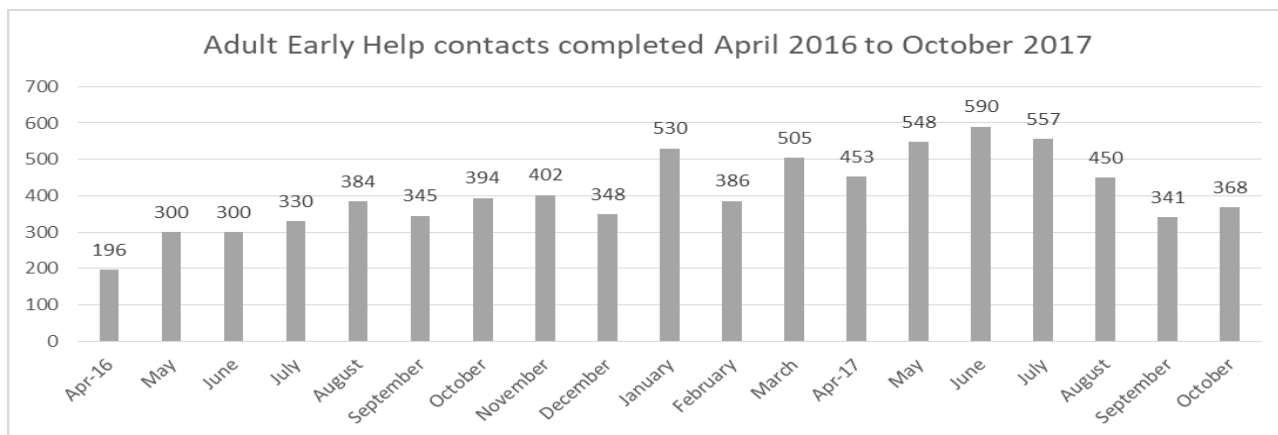
- AIS reporting – The strength of this data is that it is automatic and consistent. Recent comparison to local data has highlighted inaccuracies in reporting that we are working with the Business Intelligence team to resolve. Reporting from December onwards should resolve this.
- Local data – This provides more detail on the teams work however is reliant on individuals entering and updating, as well as ensuring accuracy of their data entry.

2.0 MAIN FINDINGS

2.1 The following graph shows the contacts that are completed each month. This shows the demand on the service as well as team throughput. There was a consistent rise in contacts resolved from April 2016 until August 2017 as the service became better known particularly amongst professionals but also as customers returned for further support. There are 2 points to note when reviewing this:

- 2.2
- Up to August 2017 the pathways for referrals for basic Occupational Therapy equipment requests made to Cambridgeshire's Customer Service team had been to send these to Adult Early Help. Since August and in agreement with CFPT these calls are being directly put through to the locality Occupational Therapy teams. This will allow the Adult Early Help Occupational Therapists to focus on joint requests for therapy and social care and upskilling the team (see 4.6). Subsequently there has been a fall of approximately 90 referrals a month to the team.
- 2.3
- The AIS reporting is not currently identifying contacts created by the Adult Early Help team themselves, occurring mainly when we receive a direct professional referral, conservatively there are around 30 per month. These numbers are increasing as professionals become aware of our contact details. We are working with business intelligence to adjust reporting to include these referrals and hope to be able to report on this way from December.

2.4



2.5

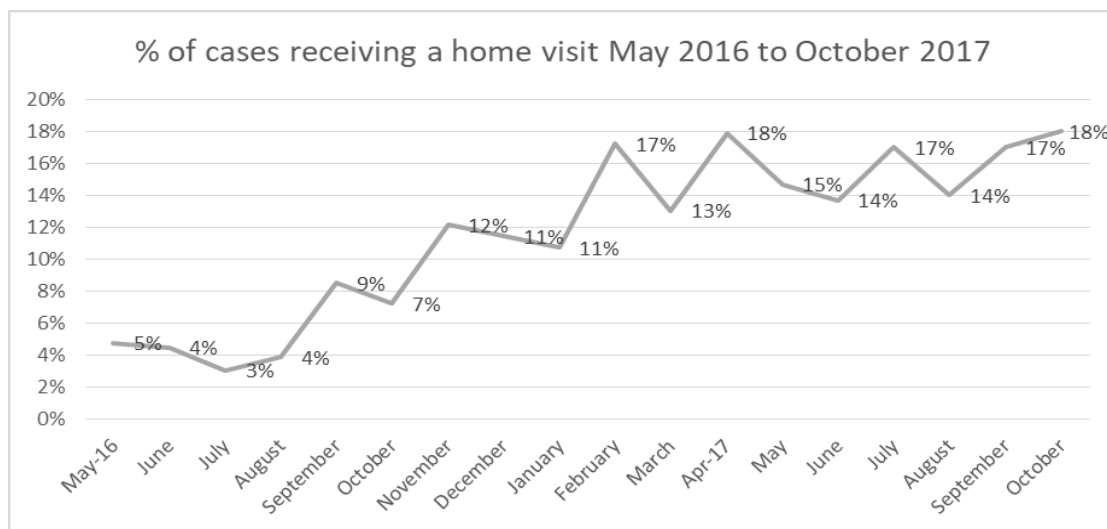
The Adult Early Help team is based in St Ives, placing us central to the county. Being co-located with the Assistive Technology and Sensory Services teams we are well placed to work together on cases and involve each other in our team's work. We carry out the majority of our work through telephone assessments. We also carry out home visits, as can be seen in our case studies Appendix 2, for a number of reasons including:

- Concerns over a customer's cognition or capacity.
- Difficulty in being heard over the phone.
- The need to take an objective look at the home environment.
- Providing peace of mind to be assessed in a natural setting.
- A number of people involved in the natural care and support of the individual so more effective to meet together.

2.6

The percentage of cases receiving a home visit compared to telephone assessment has remained relatively constant at around 17% since February 2017:

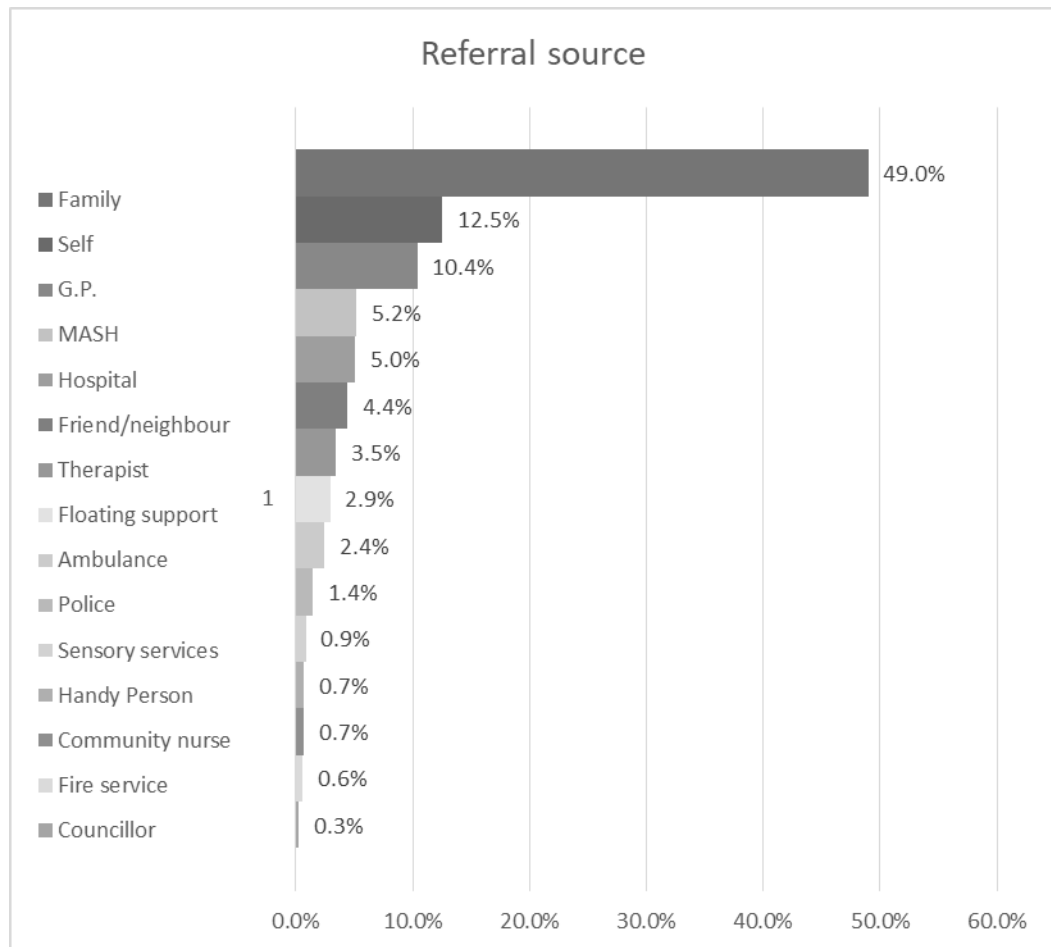
2.7



2.8

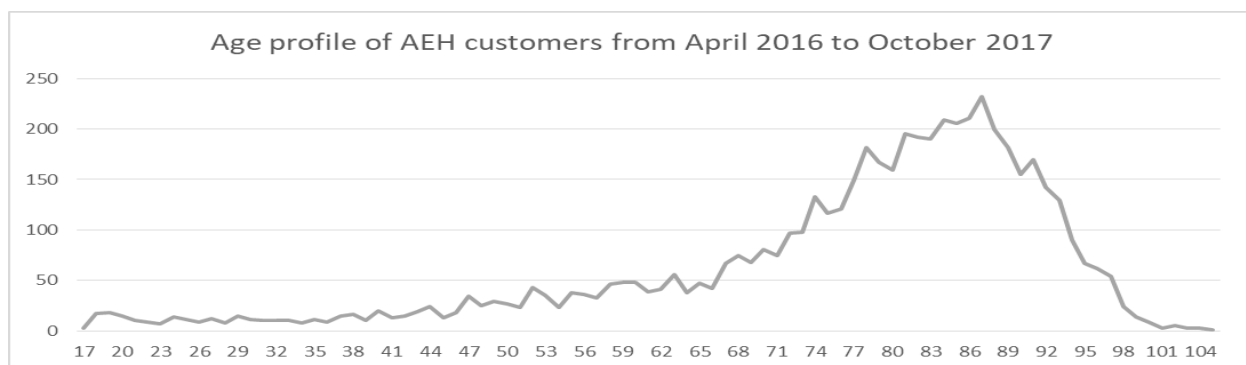
Referrals to the Adult Early Help team are generally made through the Customer Service team either by telephone, email or online form. Professionals can contact the team directly by telephone or email. The following chart shows the source of referrals:

2.9



- 2.10 The majority of referrals are from family members. Professional referrals do demonstrate awareness of the team amongst key partners like GP's and floating support services.
- 2.11 Self-referrals are comparatively low which suggests a need to better target marketing of the service to individuals as well as continuing to foster strong partnership working with professionals who work with people and can identify increasing need and either contact us for support or make referrals to us. Similarly it suggests outreach work, such as in community hubs, may be required to reach people at an earlier stage.
- 2.12 We are also currently working with the Customer Service team to review cases that they are supporting through signposting and advice and not passing through to Adult Early Help to identify cases that may benefit from a more detailed and preventative conversation. Early signs indicate several scenarios where our approach could benefit the customer and provide a more thorough support package that will prevent or delay the return of the customer at a point of crisis and better support independence.
- 2.13 The following graph shows the age profile of the 5492 unique customers who have contacted Adult Early Help identified through our AIS reports (there is likely to be some under reporting due to the previously mentioned reporting limitations):

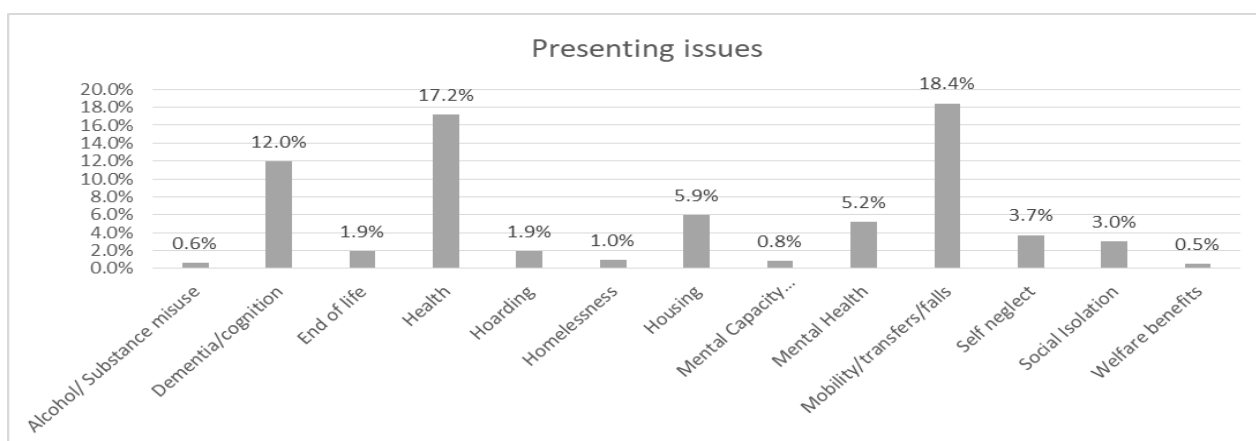
2.14



2.15 The average age of our customers is 76 with the most frequent age being 87 years old. By comparing first year to second year data (from April 2017) we can see that the number of people under the age of 65 contacting us has grown. In our first year they made up 18.32% of all of our contact but since April 2017 they have made up 20.37%.

2.16 We ask the team to record when they identify specific needs while working cases. This shows the wide variety of areas the team can and do offer support in and gives an indication of the complexity and variety of the team as well as the need for constant training and awareness raising of services. We have developed strong links with key partners and encourage the team to champion different areas to give strong links to partners and experts that the team can turn to. Additionally the data supports our drive to bring in key expertise in areas such as Housing Options, see paragraph 4.11 and Mental Health support, see paragraph 4.13:

2.17



2.18 We measure case outcomes in Adult Early Help by their concluding tier to give an indication of the success of our interventions. These tiers correspond to the Transforming Lives model (see 1.1.2) where Tier 1 is information, advice, signposting and support to another professional on a case etc. Tier 2 are short term interventions such as reablement, referrals to visiting support, community navigators, voluntary services, equipment provision etc. Tier 3 is a referral to a long term team for assessment.

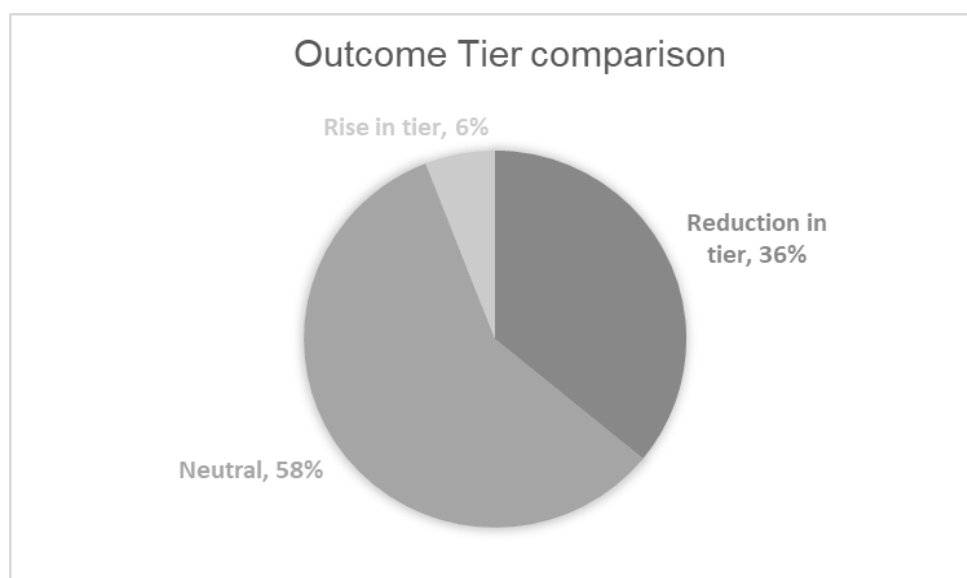
2.19 In the period from July 2017 to October 2017 our local data shows that 75% of cases concluded in a Tier 1 or 2 outcome or needed no further action. Only 25% of cases were passed to a long term team, either our older persons or physical disabilities teams or secondary mental health services.

2.20 Some of our Tier 1 and 2 outcomes over this period included cases where:

- Advice to professional was given 204 times.
- 800 examples where information and advice was given to individuals, family or friends.
- Use of Occupational Therapy outcomes on 378 occasions including equipment provision, housing assessments and referrals for physiotherapy, speech and language therapy, community therapy support etc. 2/3 of which were provided by our Adult Early Help Occupational Therapists.
- 120 referrals to the community navigator service and care network.
- 54 referrals for short and medium term support including visiting support services, homelessness trailblazers and to support workers from the National Autistic Society.
- 65 direct referrals to assistive technology (not including joint working).
- 246 individuals referred to our reablement teams.

2.21 By comparing the initial reason for referral with case outcome we can report on reductions in the level of support and provide an approximation of the success of our interventions. This shows that we are seeing a reduction in 36% of our cases (and where the initial request is for Tier 3 support around 50%). This may occur when someone requesting social care (Tier 3) is supported through reablement and Occupational Therapy equipment (Tier 2):

2.22



2.23 The benefit of this level of diversion from long term support meets 2 key objectives of the Adult Early Help team. We are supporting the ongoing independence of individuals, giving them choice over their support options to meet individual outcomes and aspirations. In doing so we are also containing the demand on long term teams, allowing them to focus support on people that most need it and ensuring on the whole that only appropriate cases are passed through for assessment.

- 2.24 A further key aim of the Adult Early Help service is to contribute towards the saving targets of the Adult Social Care Business Plan and support the overall management of demand on the teams. The 2017/18 Business Plan included a savings target of £384k to be achieved from Adult Early Help activities. The business case assumed the dual effect that:
- 2.25
- Significant proportions of people at lower levels of need would be completely diverted and not require a care package. Currently around 75% of people contacting the team are being supported in this way to remain independent with short term support, equipment and onward referring/signposting.
- 2.26
- People at somewhat higher levels of need would not be diverted altogether but would require a smaller care package because of the work done in the Adult Early Help team. A clear example of this can be seen in the third case study in Appendix 2.
- 2.27 Savings achieved by the Adult Early Help Team are delivered through cost avoidance rather than being 'cashable' savings. This means that performance against the target is difficult to monitor, but in order to achieve the savings, an approximate diversion rate of 35% of full time equivalent (or new) Tier 3 packages is required. Data collected by the service has recorded 1,982 cases in the period July – November, and of these 1,009 have presented as Tier 3 cases. Approximately 20% of contacts are repeat callers, and so taking this into account a diversion rate of 40% has been achieved on Tier 3 cases. Therefore, it is reasonable to assume that Adult Early Help savings are on track to be delivered.
- 2.28 Customer satisfaction with the service is monitored through a postal satisfaction survey. The results of this show that:
- 92% would recommend us to friends and family.
 - 99% feel that they were treated with dignity and respect.
 - 92% that they were offered the right support.
 - 95% felt involved in decisions about their support.
 - 97% rated our overall service as okay or better.
- 2.29 As part of the upcoming Outcome Focused review (see 1.3.1) we will gather more detailed feedback from customers that will be used to further shape and develop the Adult Early Help service.

3.0 **Key challenges**

- 3.1 The key challenge to Adult Early Help has and will continue to be one of team resources. This is seen both in our ability to respond to peaks in demand and respond in a timely way, and also in terms of meeting the general demand on the service.
- 3.2 This has been met in 2017/18 with £109,000 fixed term funding from the transformational fund that has allowed us to bring in additional team members and increase the working hours within the existing team to provide essential flexibility.
- 3.3 It has been agreed that £130,000 fixed term funding will be vired from reablement budget on a fixed term basis for the 2018/19 financial year. Work will continue to review the resources within long term teams with a focus on upstreaming resources to the prevention teams.

- 3.4 It has not been possible to do this during the current financial year. Whilst the work of the Adult Early Help team has reduced the number of referrals to the long term team's challenges in the recruitment of qualified staff needed to complete assessments and reviews have led to a need to maintain existing resources. The Adult Early Help Manager will be running a workshop at the Social Worker Recruitment event being held on 20 January 2018, demonstrating the benefits of the Transforming Lives approach and how a focus on the individual during assessments can promote independence, delay the need for formal care and result in better outcomes for the person seeking help and support.
- 3.5 A further challenge can be seen in the resourcing within our reablement services. The service's Deep Dive report highlighted challenges in terms of Homecare Capacity (5.1) and Workforce Pressures (5.2) that limit their capacity and ability to respond to cases identified within Adult Early Help. The following extracts from the Reablement Deep Dive have direct relevance to the work of Adult Early Help and our links to the current strategies to reduce Delayed Transfers of Care:
- 3.6 **Early Intervention and Prevention:** Enabling more people to benefit from Reablement is crucial to Cambridgeshire County Council in providing preventative interventions to prevent and/or delay the need for ongoing support, and for the individual to remain in their own home. The Reablement Service needs to work towards realising capacity to support more preventative interventions, balancing demand between the community and hospital discharge. Currently, the South Team receive 93% of referrals from Addenbrookes, whilst North Team receive approximately 55-60% of their referrals from acute trusts.
- 3.7 **Investment from the Improved Better Care Fund:** Building on current work and plans to enable older people to stay living at home and in the community successfully through the provision of assistive technology, early help, community equipment and housing related support. Work will be undertaken to increase effectiveness of Reablement in collaboration with partners. As part of this, the service will receive additional funding in 2017/18 through the Improved Better Care Fund, with the specific aim of reducing Delayed Transfers of Care (DTC) from hospital to 3.5%.
- 4.0 **Key opportunities and developments**
- 4.1 The current review of Adult Social Care being carried out by Capgemini and iMpower is producing key findings on how all services, including Adult Early Help, can be improved. Adult Early Help have been engaged throughout the process and will continue to do so. This will include sharing the strengths of our team's learning and development with other prevention and long term services. Some key learning to date includes:
- 4.2
- The current strength of our preventative offer has been recognised.
- 4.3
- There are concerns arising from case study reviews that signposting and Tier 1 information and advice can sometimes not be followed particularly by individuals. This raises a concern that people will represent later with more serious concerns or in crisis. In Adult Early Help we often receive very positive feedback on our Tier 1 outcomes but will review these to ensure we are using them effectively and also be asking the team to reflect, learn and share when supporting people who contact us a second time after Tier 1 outcome. We are also working with the Contact Centre team as set out in 2.11 to review their support particularly of self-referrers to ensure people are passed through

where appropriate to Adult Early Help rather than signposted away with information and advice.

- 4.4
- There is a need for all teams to maximise the use of assistive technologies and think beyond the more obvious solutions the Assistive Technology and Telehealthcare team can provide. We have been and will continue to focus on increasing the joint working between our 2 teams and raise the team's awareness of emerging solutions such as the use of Amazon's Alexa device as a support solution.
- 4.5
- The Adult Early Help team provides good help and support to carers however we want to strengthen our offer and ensure we are as focused on the wellbeing of carers as we are for the cared for. This will come both from the team's developing understanding of the various local support networks that are available for carers and also by focusing on how assistive technologies can support carers including the use of the Jointly app. This helps informal carers link together to easily plan support and help for the person they are caring for. We will also be exploring with The Carers Trust in January to see how we can make use of The Carers Support Needs Assessment Tool in Adult Early Help. This evidenced based assessment has been demonstrated to have great benefits in supporting carers to focus on their own wellbeing as they are often dedicated to the support of the person they are caring for to the detriment of their own needs.
- 4.6
- Adult Early Help Occupational Therapists** - The refocus of our Occupational Therapists mentioned in 2.1.1 will allow us to bring a greater focus on therapy as a support option. Our therapists will be jointly working more cases with the team as well as delivering bespoke training both of which will continue to develop the knowledge and awareness of the team to make better use of therapy outcomes. Examples of this can be seen in 2 of the case studies shown in Appendix 2. We are similarly reviewing the use of our Social Workers and looking to greater distinguish their role with a focus on areas such as Safeguarding and Mental Capacity.
- 4.7
- Reablement and discharge planning** - We are exploring opportunities for Adult Early Help to support the development and knowledge of the reablement team and will be building in work shadowing opportunities, case reflection and professional supervision from our seniors for their qualified staff. In turn it is anticipated that the reablement service will see benefits in term of throughput and successful sign off of individuals which will increase their overall capacity and ability, not only to respond to requests from our team, but also support the drive to reduce Delayed Transfers of Care from hospital. We are also beginning to explore what support our team can offer the Discharge Planning teams to better support this area.
- 4.8
- Neighbourhood Cares** - Adult Early Help have been supporting the launch of Neighbourhood Cares. This new pilot service has been established to explore the benefits of providing a localised response to requests for care and support. Two teams cover Soham and Saint Ives and are present in the heart of the community. They are already building strong networks and their aim is to help develop services that are person-centred, preventative and flexible.
- 4.9
- Adult Early Help have been actively involved in the development and launch of the service including sharing our knowledge and experience and advice, helping set up contacts with partners and supporting the induction of the team. Moving forwards we will be identifying

and handing over appropriate cases, sharing knowledge and good practice examples, seeking joint opportunities to build up partnership and community links. As two distinct approaches, albeit with strong synergies, providing preventative help, support and advice we are committed to supporting each other's success and development.

- 4.10 As learning emerges from the Neighbourhood Cares pilot Adult Early Help will be flexible to developing ideas and ways of supporting our customers. Critical to this will be the long term integration of a county wide and very localised prevention offer.
- 4.11 **Learning Disabilities pathway review** - The Adult Early Help team have been supporting a growing number of adults with learning disabilities over recent months who would traditionally have been referred to the Learning Disability Partnership teams or Adult Autism team. This highlights the difficulties faced by the Contact Centre team sometimes in identifying diagnosed conditions and distinguishing the correct pathway for referrals. The person centred, Transforming Lives approach of the Adult Early Help team lends itself well to supporting any adult. A case study in Appendix 2 shows how we have recently supported a couple, one of who had autism, to avoid a breakdown of informal care and achieve an immediate improvement in quality of life and relationship through some simple person centred work.
- 4.12 We are working with the Learning Disability Partnership team to make the Adult Early Help team the first point of contact for adults with Learning Disabilities. This will bring equality to our initial prevention offer for individuals. We are working towards a potential start date of April 2018 for this.
- 4.13 **Further developments** - In order to maximise the preventative offer of the team we are actively seeking opportunities for strong partnership working and to explore new areas. Examples include:
- 4.14
- Extra care assessments being carried out within the team – successfully trialled in Huntingdonshire and currently rolling out to the City and South area. This allows us to improve the customer journey by reducing waiting time and focusing on strengths, exploring all relevant areas of support as well as housing options.
- 4.15
- Community Hubs – We have been supporting the Carers Trust by attending their hub sessions for carers. Early indications show this is a very beneficial way of allowing us to provide low level support and advice, and raise awareness of our service with carers who would not normally have contacted us unless in crisis. The challenge here will be balancing this type of work and the regular demand on the service.
- 4.16
- Housing Options for Older People (HOOP) trial – as part of the review of Disabled Facility Grants and the need to provide a more preventative approach to housing options advice amongst older people, we are trialling a partnership approach with South Cambridgeshire District Council and First Stop, part of Elderly Accommodation Council. The latter provide an online tool known as [HOOP](#) and a telephone advisory centre that supports people to consider their current housing, what options are available and then provide advice on local services as well as written guides and resources. We are working together to build their knowledge of local services, take direct referrals where they feel someone would benefit from a wider conversation about their support and wellbeing and also providing a home visit service. To this end we are bringing in a Housing Options officer who will also support the wider Adult Early Help team with cases involving housing issues. A key aim of the approach is that over time we will see

a realignment of advice that will increase moves to better suited accommodation and reduce the need for expensive home adaptations. We anticipate rolling this approach out across the county from April when we employ a full time Housing Options worker within Adult Early Help using funding from the Disabled Facility Grant. Future developments of the role could be in supporting other teams in cases where housing options advice needs to be explored alongside wider care, support and wellbeing needs.

- 4.17 • Developing links with the Primary Care Mental Health Service (PRISM) service – we are supporting both the induction and training of PRISM staff. These Community Mental Health Nurses will provide a primary support service linked to GP surgeries for people with low and moderate mental health needs. They will work in a similar way to Adult Early Help carrying out proportionate strength based assessments. This example of joint working is one area where we are developing strong ongoing links and clear pathways with mental health services. In turn this will greatly benefit our customers who have both joint mental health and social care needs by improving access to appropriate and timely support and advice and reducing needs escalating to a point of crisis where more costly and limited secondary mental health support is required.
- 4.18 • Alongside this we have worked with CPFT and Peterborough Adult Early Help colleagues to develop a business to bring mental health Social Workers into both Adult Early Help teams and the PRISM service through the section 75 arrangement. If approved we feel the current advantages that we see of embedding professionally qualified staff (Social Workers and Occupational Therapists) in the Adult Early Help team both in terms of direct support to our customers and also supporting the wider team will be replicated and effective prevention support can be provided as well as appropriate and timely referrals to secondary assessment and support.

5.0 ALIGNMENT WITH CORPORATE PRIORITIES

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

5.1 Developing the local economy for the benefit of all

- 5.1.1 The following points set out details of implications identified by officers:
- 5.1.2 A key role for the Adult Early Help team is to contain demand on our long term teams social care budgets through preventative support and advice. We set out case examples in Appendix 2 that show how our interventions have helped people to maintain independence, improve quality of life and avoid the need for full Social Care Assessments and potential funded care.
- 5.1.3 The team are well placed to offer support and advice to people to access welfare benefits that they are entitled to. This not only benefits them in terms of being able to fund support and assistance but also supports the local economy.
- 5.1.4 The team work alongside partners such as The Richmond Fellowship in identifying people who wish to access employment and need support. This in turn helps people gain employment, contribute to their local economy and improve their own health and long-term wellbeing.

5.2 Helping people live healthy and independent lives

5.2.1 The report above sets out the implications for this priority throughout. It is the main focus of the team and of our strength based approach.

5.3 Supporting and protecting vulnerable people

5.3.1 The report above sets out the implications for this priority throughout. The Adult Early Help team are in place to support vulnerable people and meet their support needs. We work alongside the Multi Agency Safeguarding Hub (MASH) service to not only identify safeguarding concerns but also support customers referred to them who have wellbeing needs.

6.0 SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

6.1.1 The report above sets out details of significant implications in section 3.1.

6.2 Procurement/Contractual/Council Contract Procedure Rules Implications

6.2.1 There are no significant implications within this category.

6.3 Statutory, Legal and Risk Implications

6.3.1 Adult Early Help provide part of the Council's preventive services which enable us to meet the requirements set out in the Care Act 2014.

6.4 Equality and Diversity Implications

6.4.1 There are no significant implications but the following are areas to highlight:

- 6.4.2 • The Adult Early Help team work with all adults and across traditional client group boundaries including mental health and physical disabilities.
- 6.4.3 • Our individual, person centred approach starting from a question of what the customer wants to achieve lends itself well to a wide and diverse range of needs, preferences and views.
- 6.4.4 • We are starting to explore the possibility of Adult Early Help taking referrals from people with learning disabilities not known to the Learning Disability teams. This would remove our only access criteria that we have in place and ensure equality of access to the service.

6.5 Engagement and Communications Implications

6.5.1 The report above sets out the implications for this priority in 2.11 – self referrals and 4.15 Community hubs.

6.6 Localism and Local Member Involvement

6.6.1 There are no significant implications within this category.

6.7 Public Health Implications

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

6.7.2 • Adult Early Help are well placed to deliver public health messages.

6.7.3 • The team manager is a member of the Ageing Well Strategy Board. Through this we are able to contribute to development of key documents and approaches such as the dementia strategy.

6.7.4 • Our Senior Occupational Therapist attends regular meetings with NHS colleagues and contributes to strategic developments. An example would be the role out the new falls prevention pathway by including a simple falls assessment in our conversations with customers.

6.7.5 • Our work with individuals can highlight emerging and unmet health needs. An example of this is lack of support with the application of surgical stockings. We have experienced a high volume of regular calls from community nurses on about this and will be exploring what opportunities there are to work with health colleagues to meet need.

If any Member wishes to learn more about Adult Early Help or visit the team they are more than welcome to contact the team manager Stuart Brown whose contact details are: stuart.brown@cambridgeshire.gov.uk, 01480 373251.

Source Documents	Location
None	

Appendix 1 Adult Early Help plan on a page.

Adult Early Help

Supporting people throughout Cambridgeshire by agreeing a joint plan to improve wellbeing, maintain independence and create sustainable long term solutions that reduce the need for long term care.

One phone call
and assessment

Joint plan
I will, you will...

Information and advice

Natural support

Reablement

Assistive technology

Occupational therapy

Voluntary organisations

Our values

Quick response,
Tell us once,
Proportional,
Speak to others
involved in support,
Safeguarding.

Person centred,
Agreed goals,
Outcome focused,
Empowering,
Focus on strengths,
Creative solutions.

Our Priorities

Ensure our customers are at the
centre of our work.

Deliver and champion the
Transforming Lives approach,

Establish a skilled and effective
multi-disciplinary team,

Establish good communication with
other professionals and partners,

Reduce handoffs and improve the
customer journey,

Reduce overall costs to the social
care budget.

Reducing
Dependency
Long term care
Hospital admissions
Waiting times

Increasing
Independence
Choice
Control
Wellbeing

Adult Early Help Team 01480 373440

Appendix 2 Adult Early Help case studies.

Case study 1 - Taking a personalised approach to requests for social care

A daughter contacted our Adult Early Help team. She was caring for father and was beginning to struggle. Both are from Poland and speak very little English. Her father had a bellow knee amputation shortly after his wife died and moved in with his daughter. He is left alone during the day and gets lonely. He had applied for pension credit but after 2 years and various issues including language difficulties and not having a National Insurance number this remained unresolved. He was struggling with his personal care and they wanted to find social care to help with this and keep him company in the day. They did not have the money to afford this themselves.

Our Polish speaking Adult Support Coordinator spoke to the family and arranged a home visit with one of the Welfare Benefit Advisors on the team. On the visit they supported an application for Pension Credit and Attendance Allowance. Issues around mobility were identified including accessing the small bathroom and a poorly adjusted walking frame. The daughter explained that her father was unable to leave the property due to steps to the front door and also could not access any upstairs rooms due to steep stairs. They wanted support to apply for a social housing move. The father really enjoys gardening but he cannot access this in the current property.

A second visit was set up with our Adult Support Coordinator and an Occupational Therapist on the team. They supported to translate some benefit letters that had been received in response to the claim. They also took some information on local Polish community groups for the family to contact to help with social isolation. Our Occupational Therapist adjusted the walking frame and the father was able to use it better. They also carried out a bathing assessment for bathroom equipment and a home assessment to support their housing application.

The father now has attendance allowance and pension credit. He and his daughter have been in touch with a local Polish community group who will be sending a befriender to visit. Bathing equipment has now been delivered and the father is able to manage his own personal care with minimal support from his daughter. The family have been prioritised for ground floor housing and they hope to move to a more accessible property with a garden soon.

The benefits of the person centred approach taken by the Adult Early Help team for requests for social care support can be seen in this case. Rather than carrying out an assessment based on need our team took a holistic approach, looking at the wider situation and listening to the customer and daughter about what was important to them. We were able to break down the language barriers and ensure they received individualised help. Issues they had been struggling with on their own for 2 years were resolved and they now have an opportunity to move to much better suited accommodation that will further reduce the likelihood of their needs escalating, thus preventing the need for further interventions.

By providing information on local community groups the risk from social isolation can be avoided. We are not only linking communities through steps like this but also raising the quality of support the individual receives and giving them choice over their support options.

A direct cost saving can be seen in the use of bathing equipment instead of commissioning care and clearly demonstrates the advantage of the use of Occupational Therapists in supporting assessments where there is a request for social care.

Case Study 2 - Taking a personalised approach to potential carer breakdown

Our Adult Early Help team received a call from a GP concerned about carer breakdown for a patient who cares for her husband with autism. We called the wife and she explained how she was “At the end of her tether” coping with her husband’s hoarding, refusal to engage with support and debts. She had been drinking heavily to cope and had a fall which was when she realised that she needed help.

We carried out a home visit and it became evident that the husband was collecting and storing magazines. He would regularly subscribe to part works and was building up considerable debts. He and his wife agreed they needed support and would like to free up some disposable income. They also explained that they could not afford their Direct Debit from their energy provider so were not heating their home or water. The wife was concerned about her husband’s health, he was not engaging with community nurses who were trying to treat his ulcerated legs. She was also concerned about the fire risk from all of the collected magazines. These issues were all causing her distress and she wanted to feel more in control of her life with a more positive relationship with her husband.

We supported the couple to contact and cancel 12 magazine subscriptions saving over £100 a month. We then contacted their energy company who found a mistake on the account that had set the Direct Debit to high. This was reduced freeing up a further £175 a month and a £2000 rebate was agreed. We supported the couple to speak to their bank and they arranged for their account to need both to sign to set up any further payment agreements.

We made a referral to the fire service who visited and installed new smoke detectors and gave advice on clearing the house.

Through 4 follow on calls we encouraged both to communicate positively with each other. The husband accepted advice to take the support of his community nurse and he is now getting treatment for his ulcerated legs. They were using their energy rebate to hire a skip and were beginning to clear their property. They have also booked a holiday and the wife now feels as though she is in a much better place to carry on supporting her husband.

This case was very motivating for the member of staff involved and the team as a whole. By taking the approach we did and focusing on enabling the couple to continue to live independently without support from others we were able to deal with what was important to the couple rather than the immediate presenting needs.

For the couple it provided a timely intervention that enabled them to focus on each other rather than the chaotic lifestyle that they found themselves in. By freeing up income and putting some checks in place to avoid repetitions of the issue the couple are better placed to help themselves and take time to enjoy themselves and what is important to them.

Case study 3 - A proportionate and timely assessment with Occupational Therapy support

Our Adult Early Help team was contacted by the daughter of a gentleman, Mr P, who needed emergency care. Her mother and father live in annex to her property and over the past year his health has been deteriorating. She explained that her father was unable to talk due to vascular dementia and that he also has Parkinson’s disease. She and her mother shared lasting power of attorney for her father’s finances and wellbeing.

She explained that her father was very unstable on his feet, he falls regularly, at least once a month and that as her mother has been with him on her own she has found it very difficult to lift

him. Following the last fall they set up a door bell to call through to the main house if help was needed.

She went on to explain that her family have been supporting with her father's personal care with her mother leading on this. He was totally incontinent, and it often needed two people to change him and always needed two to shower him. Her mother would use the bell to call for help as she does not feel she can leave Mr P alone to come to the house to ask for help. When helping him to the toilet it took two people to stop him slipping into the bowl.

Both her father and mother enjoy spending time with her and her husband. Her husband will stay with her father so that she can take her mother out shopping and for a break. Her father is usually able to move around with a walking stick but recently he has had to borrow a wheelchair from a friend to get to the doctors.

Our senior Occupational Therapist and the Adult Support Coordinator who took the initial contact carried out a joint visit. At this time Mr P was unwell and had been diagnosed with a chest infection and high blood pressure. He was unable to get out of bed or sit up unaided. This was making personal care and managing continence very hard for the family.

They found that his dementia was causing difficulties communicating. He was able to communicate using single word answers and by pointing and through this agree to things his family were saying and support options offered.

They assessed the home environment and advised the family not to use their shower as it was not suited to two people supporting someone. It did not lend itself to equipment so they discussed strip washing using a perching stool as a safer alternative. They discussed a profiling bed that would be beneficial supporting with personal care particularly when Mr P was unwell.

From our assessment it was clear that a joint social care and carer's assessment was needed. The family were asking for care in the morning and also respite care so that they could take their mother on holiday. With their agreement we made a referral to our older person's team.

We suggested that we make a series of immediate referrals that were agreed and included:

- Our Occupational Therapist agreed to:
 - Make a referral for physiotherapy assessment to look at current lack of mobility and wider general mobility.
 - Order a combined toilet seat and frame to help with toileting.
 - Order a perching stool to help when strip washing.
 - Through the community therapy teams order a profiling bed.
- That we would speak to the GP and ask for:
 - A review to be arranged from the Parkinson's nurse.
 - A referral for Speech and Language therapy.
 - A referral to wheelchair services to source own wheelchair.
- We provided information on the services provided by Parkinson's UK including local support networks. The family agreed to make contact and seek further advice and support.
- Through our Assistive Technology team a bed sensor linked to a pager were put in place to allow the wife to spend time in the main house and return if Mr P got out of bed.

Based on detail of our initial assessment and the immediate referrals made for equipment our social care team were able to directly commission care. They will complete a full social care

assessment once care is in place and they are able to assess long term needs following recovery from current illness.

Key outcomes and benefits of our intervention include:

- It is likely that this initial assessment with a focus on support, advice and Occupational Therapy input will provide a long term benefit both in terms of quality of life and also allowing for an appropriately commissioned and focused care package to be set up.
- The support and reassurance provided to the wife and family will enable them to spend more quality time together and reduce the risk of carer breakdown and more costly interventions. Additionally the equipment provided will allow them to retain independence throughout the day and safely support Mr P.
- There was a communication barrier caused by the father's vascular dementia that initially provided difficulty in assessing over the phone. By using a home visit and taking the time to speak to and engage the father he was able to contribute to decisions about his support.
- This type of joint visit not only allows us to make full use of the knowledge and skills of our Occupational Therapists in requests for social care but also allows our wider team to build their understanding of therapy solutions that will benefit future cases.
- For the family they received a timely, wide ranging and holistic assessment and although a therapy assessment may have been requested if this had proceeded directly to the long term teams without our intervention this would likely have taken time to arrange potentially resulting in a less joined up approach.
- The benefit of the combined approach was clear in the ability of our social care teams to commission care directly from our assessment reducing handovers, delay and ultimately allowing us to get care put in place quickly to support the family and avoid a carer breakdown and crisis.

**CONSULTATION PROCESS FOR PROPOSED CHANGES TO THE FAIRER
CONTRIBUTIONS POLICY**

To: **Adults Committee**

Meeting Date: **11 January 2018**

From: **Executive Director, People & Communities**

Electoral division(s): **All**

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

Purpose: **The report sets out consultation process that is underway to gather views on the proposals agreed for consultation at the Adults Committee on 9 November 2017.**

Recommendation: **The Committee is asked to:**

Note the consultation process that will run until 23 February 2018.

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Claire Bruin	Names:	Cllr Bailey/Cllr Howell
Post:	Assistant Director, Adults & Safeguarding	Post:	Chair/Vice-Chair
Email:	Claire.bruin@cambridgeshire.gov.uk	Email:	annabailey@hotmail.co.uk / mark.howell@cambridgeshire.gov.uk
Tel:	01223 715665	Tel:	01223 706398

1. BACKGROUND

- 1.1 At the Adults Committee meeting on 9 November 2017, Members considered four proposals for changes to the Fairer Contributions Policy. Options for potential changes were discussed and the Committee confirmed the options that should be consulted on in line with Government requirements for changes to contribution/charging policies.
- 1.2 Care and support provided under the Care Act 2014 is subject to means testing to determine how much each service user should contribute to the cost of their care and support. The process of financial assessment used to determine this contribution is carried out in line with Department of Health guidance. This income is used within the Adults budget to offset the cost of the care and support provided to people in Cambridgeshire and contributes to the Council's ability to support the people in most need of care and support.

2.0 Options included in the Consultation

- 2.1 The following proposals have been included in the consultation, as agreed by the Committee.
 - 2.1.1 Amend the CCC Contributions Policy to allow the Financial Assessment Team to take into account the Enhanced Rate of Personal Independence Payment. Currently the enhanced rate is not taken into account.
 - 2.1.2 Amend the CCC Contributions Policy to enable the Financial Assessment Team to assess individuals who receive short term respite accommodation under residential rules. Currently the community or non-residential rules are used.
 - 2.1.3 Apply a charge for the appointee function for all service users who have capital above £1,000. Currently there is no charge for this non-statutory function.
 - 2.1.4 Make direct debit the default payment method for Adult Social Care invoices issued in respect of contributions towards the cost of care and support.

3.0 Consultation Process

- 3.1 To consult on the four proposals, a questionnaire has been placed on the Council's website with supporting information to help to explain the possible impact of the changes on the contributions that people would make to their care and support. These are only examples, because each person's contribution is based on their individual circumstances and a financial assessment. The link to the website is:
<https://www.cambridgeshire.gov.uk/residents/adults-&-older-people/care-and-support/paying-for-care/fairer-contributions-policy-consultation/>
- 3.2 To ensure that the people most likely to be affected by these changes are aware of the consultation, over 1000 individual letters have been sent to service users and/or their appointees or the person identified for correspondence on their case file. These letters also offer three face to face meetings during January where people can find out more about the proposals, ask questions and share their views.

- 3.3 The website and the letters also provide a contact email and a telephone number. The telephone number is being covered by a colleague from the Financial Assessment Team who has the technical knowledge to answer questions about the proposed changes.
- 3.4 Officers are also working with Cambridgeshire Alliance for Independent Living who support the service user Partnership Boards to ensure that people are aware of the consultation and have the opportunity to contribute their views.
- 3.5 The consultation runs until 23 February 2018. The results and comments from responses to the questionnaire, views gathered from face to face meetings and other contact through the channels provided will be presented to Members of the Adults Committee at their meeting on 8 March 2018, when Members will be asked to consider whether or not to agree the proposed changes to the Fairer Contributions Policy. The report will also try to demonstrate the potential impact that the changes could have on the lives of service users who may be affected by the changes.

4.0 ALIGNMENT WITH CORPORATE PRIORITIES

Report authors should evaluate the proposal(s) in light of their alignment with the following three 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

The proposals above have been considered alongside the need to support people to live healthy and independent lives and continue to meet the requirements of government guidance on financial assessments for service user contributions to care and support packages.

4.3 Supporting and protecting vulnerable people

The proposals above have been considered alongside the need to support and protect vulnerable people and continue to meet the requirements of government guidance on financial assessments for service user contributions to care and support packages.

5.0 SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

The proposed changes would increase the level of income collected as contributions to care and support, and reduce the level of debt accruing where contributions are not paid.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

5.3 Statutory, Legal and Risk Implications

The options set out above detail where there may be vulnerability to legal challenge and alternative options are offered to mitigate this risk.

5.4 Equality and Diversity Implications

The proposals only impact on those people assessed as having eligible needs for social care support which is a means tested service, and requires the Council to undertake financial assessments to determine the contribution that each individual should make towards their care and support.

5.5 Engagement and Communications Implications

The report describes a 12 week consultation, in line with the COMPACT, with feedback to the Adults Committee in March.

5.6 Localism and Local Member Involvement

There are no significant implications within this category.

5.7 Public Health Implications

There are no significant implications within this category.

Source Documents	Location
The Care Act 2014	http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
Factsheet 5: Charging and Financial Assessments	https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets#factsheet-5-charging-and-financial-assessments
Fairer Contributions Policy, Cambridgeshire County Council	https://ccc-live.storage.googleapis.com/upload/www.cambridgeshire.gov.uk/residents/adults-&-older-people/Fairer%20contributions%20policy.pdf?inline=true

ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN



Cambridgeshire
County Council

Agenda Item No: 9

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	Deadline for reports	Agenda despatch date
[1/02/18] <i>Provisional Meeting.</i>				22/01/18	24/01/18
8/03/18	Minutes – 11 January 2018 and Action Log	R Yule	Not applicable	26/02/18	28/02/18
	Finance & Performance Report	M Wade	Not applicable		
	Proposed Changes to the Fairer Contributions Policy (including feedback from consultation)	C Bruin			
	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) six-monthly report	D Cohen / F Davies	Not applicable		
	Deep dive: Domiciliary Care	S Torrance	Not applicable		
	Annual Adults Social Care Survey Feedback	C Bruin / A Mailer	Not applicable		
	Adults Positive Challenge Programme	G Hinkins	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Adults Committee Agenda Plan and Appointments to Outside Bodies	R Yule	Not applicable		
<i>[12/04/18] Provisional Meeting</i>				22/03/18	04/04/18
24/05/18	Minutes – 8 March 2018 and Action Log	R Yule	Not applicable	14/05/18	16/05/18
	Finance & Performance Report	M Wade	Not applicable		
	Dementia Strategic Plan (provisional)	F Davies	Not applicable		
	Home Improvement Agency (HIA) Update	A Chapman / W Patten / T Reed	Not applicable		
	Transformation Programme/Deep dive to be agreed with Committee	W Ogle-Welbourn/ W Patten	Not applicable		
	Neighbourhood Cares Team Update	L Tranham			
	Adults Committee Agenda Plan and Appointments to Outside Bodies	R Yule	Not applicable		
<i>07/06/18 Provisional Meeting</i>				24/05/18	29/05/18
19/07/18	Minutes – 25 May 2018 and Action Log	R Yule	Not applicable	06/07/18	10/07/18
	Finance & Performance Report	M Wade	Not applicable		
	Annual Complaints Report	C Bruin / J Collinson	Not applicable		
	Annual CPFT Report	F Davies	Not applicable		
	Adults Committee Agenda Plan and Appointments to Outside Bodies	R Yule	Not applicable		
<i>16/08/18 Provisional Meeting</i>				03/08/18	07/08/18

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
06/09/18	Minutes – 19 July 2018 and Action Log	R Yule	Not applicable	23/08/18	28/08/18
	Finance & Performance Report	M Wade	Not applicable		
	Business Planning	W Ogle-Welbourn	Not applicable		
	Neighbourhood Cares Update	L Tranham	Not applicable		
	Adults Committee Agenda Plan and Appointments to Outside Bodies	R Yule	Not applicable		
18/10/18	Minutes – 6 September 2018 and Action Log	R Yule	Not applicable	05/10/18	09/10/18
	Finance & Performance Report	M Wade	Not applicable		
	Business Planning	W Ogle-Welbourn	Not applicable		
	Adults Committee Agenda Plan and Appointments to Outside Bodies	R Yule	Not applicable		
15/11/18	Minutes – 18 October 2018 and Action Log	R Yule	Not applicable	02/11/18	06/11/18
	Finance & Performance Report	M Wade	Not applicable		
	Business Planning	W Ogle-Welbourn	Not applicable		
	Adults Committee Agenda Plan and Appointments to Outside Bodies	R Yule	Not applicable		
13/12/18	Minutes – 15 November 2018 and Action Log	R Yule	Not applicable	30/11/18	04/12/18
	Finance & Performance Report	M Wade	Not applicable		
	Business Planning	W Ogle-Welbourn	Not applicable		
	CPFT six-monthly report	F Davies	Not applicable		
	Adults Committee Agenda Plan and Appointments to Outside Bodies	R Yule	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
10/01/19	Minutes – 13 December 2018 and Action Log	R Yule	Not applicable	21/12/18	31/12/18
	Finance & Performance Report	M Wade	Not applicable		
	Adults Committee Agenda Plan and Appointments to Outside Bodies	R Yule	Not applicable		
<i>14/02/19 Provisional meeting</i>				<i>01/02/19</i>	<i>05/02/19</i>
21/03/19	Minutes – 10 January 2019 and Action Log	R Yule	Not applicable	08/03/19	12/03/19
	Finance & Performance Report	M Wade	Not applicable		
	Adults Committee Agenda Plan and Appointments to Outside Bodies	R Yule	Not applicable		
<i>18/04/19 Provisional meeting</i>				<i>05/04/19</i>	<i>09/04/19</i>
16/05/19	Minutes – 21 March 2019 and Action Log	R Yule	Not applicable	02/05/19	07/05/19
	Finance & Performance Report	M Wade	Not applicable		
	Adults Committee Agenda Plan and Appointments to Outside Bodies	R Yule	Not applicable		

To be programmed:
Care Quality Commission Findings report

Notice made under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 in compliance with Regulation 5(7)

1. At least 28 clear days before a private meeting of a decision-making body, public notice must be given which must include a statement of reasons for the meeting to be held in private.
2. At least 5 clear days before a private meeting of a decision-making body, further public notice must be given which must include a statement of reasons for the meeting to be held in private, details of any representations received by the decision-making body about why the meeting should be open to the public and a statement of the Council's response to such representations.

Forward plan reference	Intended date of decision	Matter in respect of which the decision is to be made	Decision maker	List of documents to be submitted to the decision maker	Reason for the meeting to be held in private

Decisions to be made in private as a matter of urgency in compliance with Regulation 5(6)

3. Where the date by which a meeting must be held makes compliance with the above requirements impracticable, the meeting may only be held in private where the decision-making body has obtained agreement from the Chairman of the Council.
4. Compliance with the requirements for the giving of public notice has been impracticable in relation to the business detailed below.
5. The Chairman of the Council has agreed that the Committee may hold a private meeting to consider the business referred to in paragraph 4 above because the meeting is urgent and cannot reasonably be deferred for the reasons stated below.

Date of Chairman's agreement	Matter in respect of which the decision is to be made	Reasons why meeting urgent and cannot reasonably be deferred

For further information, please contact Quentin Baker on 01223 727961 or Quentin.Baker@cambridgeshire.gov.uk

