

## **ADULTS COMMITTEE: MINUTES**

**Date:** Tuesday 9<sup>th</sup> September 2014

**Time:** 2.00 p.m. to 4.50 p.m.

**Present:** Councillors P Ashcroft, A Bailey (Vice-Chairwoman), K Bourke, P Clapp (Chairman), D Harty (substituting for Councillor K Reynolds) G Kenney, M Loynes, L Nethsingha, F Onasanya, T Orgee (substituting for Cllr F Yeulett), J Reynolds, M Smith, M Tew, G Wilson and J Wisson (substituting for Councillor M Curtis)

**Apologies:** Councillors M Curtis, S Crawford, D Giles, K Reynolds and F Yeulett

### **24. DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **25. MINUTES – 8th JULY 2014**

The minutes of the meeting held on 8<sup>th</sup> July 2014 were agreed as a correct record and signed by the Chairman.

### **26. PETITIONS**

No petitions were received.

### **27. REVIEW OF ADULT SOCIAL CARE SERVICES PROVIDED BY CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST**

The Committee received a report setting out details of the options for the future management and delivery of the following, remaining social care services provided under the current Section 75 Agreement with Cambridgeshire Community Services NHS Trust:

- Reablement services for older people and 18-64 year olds with physical disabilities;
- Occupational Therapy for adults;
- Assistive Technology and Telehealthcare;
- Administrative and management support to the above functions.

The rationale for the current review of the remaining services currently run under a Section 75 Agreement with CCS resulted from the decision of the Clinical Commissioning Group (CCG) to undertake a competitive tendering exercise for the future commissioning and delivery of older people's services and services for adults with long term conditions. This involved the transfer of all older people's community health services from CCS to a new provider. As a result, CCS would no longer be able to provide the above three services.

Discussing the report and examining the options, members commented / received replies including:

- One Member expressing concern regarding timescales and the timing of the transfer of the services, as he wished to ensure that clients were not adversely affected. In response, while it was acknowledged that timelines were challenging, assurance was given that arrangements were in place to ensure early discussions with the new provider. In addition, the key challenges were now better known as a result of the experience gained from previous transfers.
- In reply to a question on how many providers remained within the tendering process the answer given was three.
- There was discussion around the greater financial risks of the County Council taking on the services set out in Section 5.1 of the report. However these were balanced by the potential benefits and efficiencies to be gained in developing greater synergies with other services delivered by the Council as detailed in paragraph 5.4.
- There was discussion around the need to avoid duplication with NHS provision and bringing the Telehealth Service in-house, to have one IT system and retain staff expertise through a unified Telehealth Services run by the Council. While this was seen to have merit as a longer term aim, more information was required regarding the work practices currently in place, as it was important not to disrupt the service. Co-location with staff in the same building was seen as a way forward. It was highlighted that the CCG had stipulated that the expectation was that there would be no cross charging for property between organisations during the first 18 months of the contract.

It was unanimously resolved to agree that:

- a) Negotiations with Cambridgeshire Community Services, and subsequently with the new provider of services for older people and adults with long term conditions as commissioned by the Clinical Commissioning Group be conducted on the basis that:
  - 1) The Reablement service is transferred to the direct management by the Council.
  - 2) The Occupational Therapy services continue to be run and delivered as an integrated service, preferably managed by the successful new provider through a Section 75 Agreement (or contract) with the Council.
  - 3) The Assistive Technology and Telehealthcare service is transferred to the County Council.
- b) A further report on the outcome of negotiations on this basis with Cambridgeshire Community Services, and subsequently with the new provider of services for older people and adults with long term conditions as commissioned by the Clinical Commissioning Group be brought to the Committee for information and any further decision required.

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

The Committee received a report seeking the Committee's steer on a preferred option for controlling the Cambridgeshire Local Assistance Scheme (CLAS) expenditure for 2014/15 which had been set up with Government funding which was due to end in April 2015. The scheme provided crisis support for those suddenly finding themselves having to set up a new home or to re-establish themselves back into the community, as well as providing crisis support for those in need of food, clothing and heating.

It was noted that there had been a sizable underspend in 2013-14 of £450,000 on the CLAS budget for awards and that this amount had not been carried forward into the 2014-15 budget. The report set out details of how the eligibility criteria had been relaxed following decisions made by Cabinet in April 2014 and pressures since, which now projected an overspend of £69,925. The report provided four options for consideration in order to bring the spend under control. In addition, the report looked ahead at the future of the scheme after April 2015, providing six broad future options for the Scheme with or without funding. Members were informed that officers from the County, the City Council and the other district councils were already in early discussions on possible future funding for the scheme.

Paragraph 2.9 set out options to bring spend under control for consideration with pros and cons provided in relation to each of the following:

- Option 1 do nothing – continue the current scheme until the money runs out
- Option 2 limit the amount of spend per award either by:
  - a) reducing the upper award limit from the current £1,000 per application to £530 per application (officer recommended option) or
  - b) reducing the number of items per award from 5 to 3.
- Option 3 was more prescriptive about what the money could be spent on, moving the focus of the scheme from re-settlement and to meeting basic requirements such as clothes, heating food and beds / bedding and restricting white goods to one or two items per application.

The CYP Committee Child Poverty Champion Councillor Simon Bywater spoke voicing his concerns about the withdrawal of CLAS and the long term impacts on the ability of partners and stakeholders to help those suffering from poverty. While he fully appreciated the financial position, from a child poverty perspective he found it difficult to judge the real impact on families without seeing the full figures and questioned how many awards had been made over £530. He also questioned whether a reduction to this lower figure would result in a family fleeing domestic violence having to choose between a cooker, a fridge, washing machine or to go without a bed. He believed axing the funding completely would have adverse effects / could potentially increase costs elsewhere within the Council.

In relation to the proposal for a £530 cap, he asked whether it would possible to build in an "exceptional circumstance" which could be triggered by key factors in individual cases, to be approved by a service director. Regarding option 3 of the report, he

believed that people in crisis with basic needs were unlikely to require more than £530 and assumed the higher awards were for resettlement. He also expressed concerns about the cons shown listed for option 3, highlighting that if people were not able to fully resettle, they might fall back into crisis and thereby negating efforts to maximise the efficiency of the grant. He advocated supporting Option 2a to address the pressure in the current financial year and part B of the officer report recommendations for collaborative work to consider the future of the scheme. He however asked that the officers and the Committee continue to do all they could to keep the pressure on Central Government to continue to fund this important provision, which he stated was not simply another grant, but a potential life saver for many in poverty within Cambridgeshire.

The Chief Executive of the CHS Group, Nigel Howlett, spoke in support of the importance of CLAS as being a good local, quick response measure that did not require repayment and which met the demand for white goods not provided by other charities. He also highlighted that this burden would fall on other charities if CLAS was no longer available. He provided a case study example of how CLAS helped people in crisis.

Also received and taken into account was a letter to the Committee circulated in advance of the meeting from Gary Lashko Community Services Director of CHS Group on behalf many local Charities (Appendix 1 to these Minutes).

In the following discussion Members of the Committee raised issues / received answers including:

- Confirmation that in the first five months of 2014-15 there had been an average of 111 successful applications per month, nearly double the number for 2013/14. The single greatest demand continued to be for white goods accounting for 59% of the budget while there had also been a steep rise in demand for beds and bedding.
- Noting in reply to a question, that a report would come back to the Committee in November. It was agreed this date should be added to the final resolution for clarity.
- Whether there was scope for funding the projected £70k overspend in the year, while looking ahead at other options to find the necessary funding. In response officers indicated that in the current financial climate there was need to stay within the budget set, as otherwise this would be an additional budget pressure on other budget heads who would then need to find additional savings.
- In reply to the question of what had happened to the previous years' underspend, it was explained it had been used to counter overspends in other budget headings.
- One Member in supporting a discretion being made available, asked whether if the new limit was £530 compared to £1000 and where previously the majority were given support at around £525, whether the proposed new policy would be to only offer 50% of the new lower figure. In reply it was stated that if a similar number applied at the new lower level, then the spend would still be within

budget and would allow for discretion allowing for a few cases considered to be exceptional to be paid at higher levels.

- A request for officers to examine how the money could be made to go further, through utilising white goods handed in to recycling centres which were still in good working order.
- There was request for a letter to be sent to Government on behalf of the Committee requesting the funding should be continued which was fully supported by the Committee. **Action: Adrian Loades.**

An amendment to the recommendations was moved by Councillor Wilson and seconded by Councillor Nethsinga to delete the current report recommendation a) and replace it with the following wording:

“Note the likely overspend of £70k on the CLAS budget. This follows an underspend of £450k on the budget given by the government in 2013/14”.

On being put to the vote the amendment was lost.

A further amendment was proposed to recommendation a) by Councillor Onasanya and seconded by Councillor Reynolds to add in the recommendation, additional wording after “2014/15” and before the words “to be implemented” reading:

“by reducing the upper award limit from the current £1,000 per application to £530 per application but with the scope to allow discretion to award a greater sum in exceptional circumstances” which on putting to the vote, was agreed.

It was resolved:

- a) to agree the preferred option (namely Option 2a) for controlling spend for the remainder of 2014-15 by reducing the upper award limit from the current £1,000 per application to £530 per application but with the scope to allow discretion to award a greater sum in exceptional circumstances to be implemented from 1 October 2014.
- b) Agree that officers begin discussions with key partners and stakeholders about how, collectively, Cambridgeshire might respond to a withdrawal of Government funding for local welfare schemes with a view to bringing a further paper to the Committee in November setting out future options for discussion and approval.

## **29. BETTER CARE FUND**

The Committee received a report providing an update on progress with planning for use of the Better Care Fund (BCF) in the light of the new guidance recently issued by Central Government, which requested that the Council provide a re-submission of its plans by 19<sup>th</sup> September 2014. As background information appendices to the submission were e-mailed to Members the day before the Committee titled ‘Cambridgeshire BCF Submission Working Draft on the planning template’ and the ‘Better Care Fund National Assistance Assurance Review Process’ Hard copies of the document were provided at the meeting.

The main change highlighted in the guidance was confirmation of a major shift in the performance-related element of the BCF, as detailed in the report. It was highlighted that the expected minimum target reduction in total emergency admissions would be 3.5% for all Health and Wellbeing Board areas, which was seen as being very challenging, especially as it did not take account of demographic pressures. The national metrics and conditions (residential and nursing home admissions; patient and service user experience; avoidable emergency admissions; reablement; and delayed transfers of care) would still apply but would have no performance mechanism attached. The report detailed the aims of the new planning template with details provided of current progress, challenges and the next proposed steps.

It was explained that the amount allocated to the fund was £37.7m but it was stressed that this was not new money. Instead, it would require the re-organisation of existing funding with a fundamental shift in emphasis in the health and care system to taking action to prevent or reduce the need for costly specialist services and to find ways to effectively reduce the reliance on statutory support. Also highlighted was the £2.5 million of BCF funding which was close to being agreed with the Clinical Commissioning Group allocated to protect social care to provide a bridging mechanism in the transition from current to future working practices, as detailed in one of the appendices.

In the course of discussion, Members:

- Questioned whether officers considered the proposals were achievable. The response was that the 3.5% minimum target reduction in total emergency admissions was not achievable in the short term (in the longer term preventative social care policies would aim to reduce the figures further). In reply to another question, it was confirmed it related to numbers admitted, as opposed to length of stay / attendance at Accident and Emergency wards. It was unanimously agreed that if practicable, officers should consider looking to reducing this figure to one that was achievable. Officers highlighted that the difficulty in the target was reflected across authorities in the eastern region.
- Linked to the above, a question was raised on what the outcome would be of failing to meet the above set target. It was indicated that the Council and many others who would be in the same position and were likely to receive additional help in the form of recommended guidance.
- Linked to the above there was a debate on whether the introduction of the 111 Service was encouraging more referrals. In response, the Chairman of the Health Committee indicated that his Committee had reviewed the Service and that locally the Service was performing better than nationally and was not seen as responsible for unduly increasing the number of admissions.
- Another member, having expressed concerns on whether the reduction target entailed any system of rationing referrals, was re-assured that this was not the case, the long term aim was for this to be achieved through longer term service transformation in preventative services.

- Making reference to section 4.1 of the report for the minutes, there was a request to clarify for the public that while the submission had to be signed off by the Council, (which was why it was on the current agenda) and the CCG, as well as the Health and Wellbeing Board, it was the Board that had overall responsibility for signing off the final submission.
- Disappointment was expressed by some Members regarding the amount of money that would be reallocated to protecting social care. In response it was indicated that while modest, this Authority was in a better position than many other authorities.
- One Member expressed her disappointment at the final submission, in terms of the number of organisations bids put forward which were unable to be progressed or had as yet not received a reply. Officers in response indicated that they would be keeping a library of the bids and would contact them to consider how best they could now be taken forward.
- Clarification was received that in terms of the new Capital Programme, the allocations would only show from 2015/16.

It was unanimously resolved to agree to:

- a) Note the report;
- b) Delegate authorisation of the Better Care Fund submission to the Executive Director: Children, Families and Adults Services in association with the Chairman and Vice-Chairwoman of the Committee and members of the Better Care Fund Working Party; and
- c) Agree to receive further reports on the Better Care Fund including the sign-off of the anticipated Section 75 agreement for the County Council.

### **30. SUPPORT FOR ADULT CARERS**

A report was received in order to enable the Committee to consider the draft Carers Strategy and the future approach to support for adult carers living in Cambridgeshire in response to the Care Act. The finalised model was to be used to inform the tendering for carer support through an outcomes based specification, with bidders invited to describe how they would achieve the outcomes within the framework of the three tier model.

The Vice Chairman highlighted issues including:

- In relation to information and guidance advice, she believed the Council should be looking at the vast number of organisations that already provided such services e.g. Healthwatch, Age Concern etc. as opposed to spending money to procure such services. In response it was indicated that there was an expectation that a bidder would tap into other organisations' expertise, but would lead on specific information relating to the role of carers and the support they could access to maintain them in the role.

- In response to the query in relation to a potential conflict of interest with reference to the proposals in paragraph 2.7 of the cover report this would it was explained that this would need to be addressed in the Contract. There would need to be suitable checks in place to ensure that carers who were assessed as having eligible needs did have a choice of how to spend the personal budget allocated to meet those needs and were not just directed to a provider arm of the assessing organisation.
- Querying the timespan of the Strategy to 2017 as currently many delivery decisions had yet to be made, there was a suggestion that the timeframe should be changed to only go up to 2016 and that a further, later document could provide greater detail of the services the carers could expect once this was confirmed through the tendering process. The officers agreed to look at this further.
- Currently the document appeared to be internally facing and lacked information in relation to measuring success. In terms of the local context (page 4) there was no explanation of how the Strategy would support the extra need identified in Fenland.
- She suggested that the last line in paragraph 3 on Page 5 of the Strategy should explicitly explain why it was not possible to measure whether the status of carers was being recorded in the multi-disciplinary team record at discharge across Cambridgeshire.

Other Members comments / issues answered included:

- There was a request, which was welcomed and agreed by officers, that Members should be involved in the remaining part of the procurement process.
- Confirming that the new procurement process would lead to the ending of existing contracts, except where there was a case for a very specialist area of work to continue with the current provider. In such a scenario the bidders for the new contract would be expected to demonstrate how they would work in collaboration with any other specialist provider.

It was unanimously resolved to:

- a) Note the draft Cambridgeshire Adult Carers Strategy with particular focus on the new model of support for carers.
- b) Delegate responsibility for finalising the draft strategy and model to the Executive Director: Children, Families and Adults in consultation with the Chairman and Vice-Chairwoman of the Committee.
- c) Note the potential Transfer of Undertakings - Protection of employment (TUPE) implications for Cambridgeshire County Council staff as a result of the tendering process to establish the new model.



### **31. DOMESTIC ABUSE STRATEGY 2014-18**

The Committee received a report presenting the draft Domestic Abuse Strategy 2014-2018. It was highlighted in the introduction that there was an omission in the covering report, as the former only listed three of the four objectives set out on the first page of the Strategy itself.

In the course of discussion, Members commented, sought additional information, and received replies including:

- Welcoming the Strategy.
- Having asked how the success of the Strategy would be measured, the response explained that there would be indicators established which would expand on reported crimes as these only covered a proportion of cases, with officers seeking to gather more intelligence on victims.
- Confirming that while there was no expectation of additional resources being available, it was not intended that there should be a reduction in funding in any of the activities in the Strategy.
- The Strategy was requested to come back to Committee at the time the performance measures and the Action Plan were being developed.
- One Member was surprised that there was not much reference to alcohol which was often a significant factor in domestic violence. In response it was explained that there was recognition that alcohol could be a factor and this sat alongside the separate Drug and Alcohol Team Strategy.
- On page 7 which made reference to gaps and specifically “a lack of availability of programmes for men who use violence in their relationships to support men who want to stop committing domestic abuse” there was a request that future reports should provide information on successes in this area, as this was seen as having the potential for quick wins.
- In reply to a question on what would prevent the delivery of the objectives, this was highlighted as involving resources constraints, but the intention would be to work closer with partners as a basis for future success, which might also require re-focussing some areas of work.
- As the strategy involved several partners, it was suggested the logos should be displayed on the front page.
- One Member expressed concerns that the strategy only referred to adults and did not highlight father / children abuse and asked how this was being addressed. It was explained this would be dealt with by the appropriate child protection arrangements. Adding to the above, another Member suggested that to illustrate the different types of abuse required additional photos, for example those associated with looking after elderly parents etc.

It was unanimously resolved to:

- a) To approve Cambridgeshire County Council's ongoing role in supporting the delivery of the Domestic Abuse Strategy alongside partners.
- b) To agree that the Committee should receive regular reports back on outcomes.

### **32. SERVICE COMMITTEE REVIEW OF THE DRAFT 2015-16 CAPITAL PROGRAMME**

This report provides the Committee with an overview of the draft Business Plan Capital Programme for the Adult Social Care and Older People & Mental Health Service Directorates.

Issues discussed included:

- A question was raised on how the Service ensured changes in Capital financing were not having an adverse effect on partners. In response it was explained that work was being undertaken with multi-disciplinary teams to maximise resource utilisation, which included measures such as co-location and assistive technology. It was confirmed that there was nothing in the Capital Programme which disadvantaged partners.
- There was a query regarding whether the care home had been built, as there was no reference to it in the Programme. It was explained that it would not be included until the business case could be signed off and it could be shown to pay for itself. There was an expectation of a report back on this in the new year.

It was unanimously resolved:

- a) To note the overview and context provided for the 2015-16 Capital Programme.
- b) To note the draft proposals for Adult Social Care and Older People & Mental Health Service Directorates' 2015-16 capital programmes and to endorse their development.

### **33. SUPREME COURT'S RULING ON DEPRIVATION OF LIBERTY SAFEGUARDS**

The Committee received a report briefing it in relation to the significant adverse impact of the recent Supreme Court ruling. It outlined the impact of the ruling on practice, (which included that there was not likely to be any legislative change for 3-4 years), the capacity of the service to meet the requirements of the ruling and the cost implications.

The judgement clarified what constituted a deprivation of liberty. It was highlighted that potentially the judgement could affect thousands of people across the country who did not have the mental capacity to give valid consent to their placements in hospitals or care homes. This would include many older people with dementia or people with severe learning disabilities or acquired brain injuries, living in supported accommodation or in their own homes.

It was highlighted that there had been a 100 cases since March, resulting in increasing pressures on the relevant MCA / DOLS team to complete assessments within the legal timescale. Highlighted was also the added burden of the assessments only being valid for a year.

Issues raised by Members included whether:

- The assessments made would highlight a need for more resources / services to be spent on cases. In response it was explained this was not seen as an issue, the issue was more the extra layers of bureaucracy created by the additional processes which had the risk of doing more harm than good, as a result of the potential for delay.
- The Vice Chairman asked if the additional funding included a contingency fund to pay for any increase in the number of free social care packages awarded on discharge, arising if the number of mental health sections increased due to DOLS assessments not being readily available. In response it was indicated that no contingency funding for this had been included.
- A question was raised on the lack of people qualified to undertake the assessments and how this was to be addressed and what would happen if the necessary assessments were not made. It was indicated for the latter that this might result in challenge. In terms of increasing capacity, two independent assessors were being recruited and talks were being undertaken with Anglia Ruskin University to suggest that they consider running a specific 'Best Interest Assessors' course which could be utilised by existing social workers. Another measure highlighted was that the number of Section 12 doctors had been increased.
- There was a request to continue to press Government for earlier change. It was explained that there had already been considerable lobbying Countrywide and the Government was aware of the issues and they recognised that the DOLS legislation was broken.

It was unanimously resolved:

To note and endorse the contents of the report.

#### **34. FINANCE AND PERFORMANCE REPORT JULY 2014**

This report provided the Committee with the July 2014 Finance and Performance report for Children's, Families and Adults (CFA) to enable the Committee the opportunity to provide comments on the financial and performance outturn for the end of July 2014.

The previous report presented to Committee (the May Finance & Performance Report) identified a forecast overspend at year end of £603k. The latest position was a forecast overspend of £873K as a result of the new pressure following the Supreme Court ruling on Local Authority practice relating to deprivation of liberty under the Mental Capacity Act (see Minute 33 above). Further clarification on the detail was being sought by all Local Authorities and the cost which was still an early estimate, was assumed to be in

the region of £400K (and significantly more in a full year). An oral update indicated that General Purposes Committee had approved a transfer from CFA Reserves of £400K to fund this pressure. The aforementioned Committee had also approved a transfer of £398K from CFA reserves to fund the Ordinary Residence pressure previously reported to Adults Committee.

The Committee noted that:

- Older People Services were forecasting an underspend of £1.5m, on the assumption that further savings of £540K were achieved through demand management, £300K through double-up care reductions, and £150K by only paying for the social care element of placements for people discharged from hospital during assessment. There remained significant risk around the achievement of these savings and a view will be taken in the August Finance & Performance Report on the likelihood of meeting these savings and this will be reflected in the updated forecast outturn position.
- Of the nine CFA service performance indicators six were shown as green, two as amber and one as red. Of the four Adult Services performance indicators, three were green and one amber.

Issues raised by Members / clarifications received included:

- That reference to a sum of £3m for Adult Social Care was in relation to this being a service pressure for 2015/16.
- In response to a question of whether there would be movements of funds from different budget heads to deal with pressures during the year, it was explained that it was not the policy to ask other sections / directorates to underspend to balance overspends in other areas. The expectation was that budget holders would look at measures to reduce overspends identified for their budget. The challenge was to reduce overspends further.
- Councillor Kenney asked why in relation to the Physical Disability Service the average unit cost of residential placements for people with a physical disability was higher than the average unit cost for nursing placements. **Action:** Sarah Heywood to provide this information outside of the meeting.

It was resolved:

To note the report.

## **35. IMPLICATIONS OF THE CARE ACT 2014**

This report provides the Committee with further information on the implications of the Care Act 2014, most of which the Council was required to implement in April 2015, with changes to the funding of adult social care being introduced in April 2016. The Council were awaiting final guidance and regulations to be received later in September. A key piece of work would be around financial modelling and details would be provided at the next meeting when considering the Revenue Budget.

It was resolved:

To note the developing understanding of the implications of the 'Care Act 2014'.

**36. APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS, AND PARTNERSHIPS LIAISON AND ADVISORY GROUPS**

The Committee was asked to consider four further partnership group appointments which have been identified since the Committee's last meeting.

It was resolved to agree appointments to four Partnership Boards as set out below:

1. Carers Partnership Board - Councillor Gail Kenney
2. Physical Disability and Sensory Impairment Partnership Board – Cllr Mandy Smith Smith
3. Older People Partnership Board – Councillor Sandra Crawford
4. Learning Disability Partnership Board – Councillor Mike Tew

**37. ADULTS COMMITTEE AGENDA PLAN**

It was resolved:

- a) To note the agenda plan.
- b) To agree to the officers utilising the 2<sup>nd</sup> December reserve date to enable it to take some of the reports from the currently overloaded November Committee meeting and to ask that an updated Service Committee Agenda Plan is sent to spokes.
- c) To agree not to utilise the other reserve dates at the current time, but to keep them as an option should later meetings appear to have too many items.

**CHAIRMAN'S LAST MEETING**

The Chairman indicated that this would be his last meeting as Chairman and that as a new Chairman could not be appointed until the October Full Council meeting, the Vice Chairman Councillor Bailey would be the Chairwoman for the next meeting.

Members of the Committee applauded Councillor Clapp.

Chairman / woman

**Email to Chairman 5<sup>th</sup> September**

Dear Cllr Clapp,

Cambridgeshire Local Assistance Scheme (CLAS)

Whilst we appreciate that the Council, like many of other public sector organisations, is facing significant financial challenges, we are concerned that the Council is making proposals to once again reduce the budget available for Local Welfare Assistance. We believe this would be short sighted. Last financial year, the County did not recognise the latent demand for the Scheme and chose instead to divert funds ear-marked for CLAS to other budgets within the County.

It is unsurprising therefore that demand is outstripping supply this financial year. The annual review of CLAS clearly showed how the scheme has benefited people finding themselves in crisis situations. Reducing the capacity to respond to these situations will reduce the chances of these people returning to more stable and sustainable lives as well as increasing costs to public services in the long run.

We also share the Council's concern about the future funding of the scheme and understand that in the current financial climate, it might prove difficult for the Council to fund this service from its own budgets if the Government decided to withdraw funding for local welfare assistance schemes. To this end, we are writing to our local MPs to raise our concerns about the future funding of Local Welfare Assistance provision.

In the event of Government withdrawing funding, we would like to add our support to working with partners locally to try and develop an alternative funding stream for this provision and would be happy to contribute to any developments in this area.

Yours sincerely,



Gary Lashko  
Community Services Director of CHS Group on behalf of:

Accent Nene  
Axiom Housing  
Richard Bridgeman  
Cambridge Central Aid  
Cambridge Cyrenians  
Cambridge and District Citizens Advice Bureau  
Cambridgeshire Community Foundation  
Cambridge Homelessness Providers Group  
Cambridge Re-Use  
Cambridgeshire Floating Support Service (Centra Support)  
Cambridge Money Advice Centre  
Cambridge Women's Resources Centre  
CHS Group  
Circle Housing Roddons  
GET Group, which represents 40+ voluntary and community sector organisations in Cambridgeshire  
John Huntingdon's Charity  
Hundred Houses Society  
King Street Housing  
Red2Green  
Riverside ECHG  
Rural Cambs Citizens Advice Bureau  
Sanctuary Group  
South Cambridgeshire District Council  
WEA (Worker's Education Association) Eastern Region  
Wintercomfort

cc. Rob Sanderson, Member Services Cambridgeshire County Council