

# ADULTS COMMITTEE



**Date: Thursday, 09 March 2017**

**Democratic and Members' Services**

Quentin Baker

LGSS Director: Law and Governance

**14:00hr**

Shire Hall

Castle Hill

Cambridge

CB3 0AP

**Kreis Viersen Room**

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

## AGENDA

Open to Public and Press

### CONSTITUTIONAL MATTERS

**1 Apologies for Absence**

**2 Declarations of Interest**

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

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**3 Minutes & Action Log - 19th January 2017**

**5 - 14**

**4 Petitions**

### DECISIONS

<b>5</b>	<b>Finance &amp; Performance Report - January 2017</b>	<b>15 - 74</b>
<b>6</b>	<b>Transformation Fund Investment Proposals</b>	<b>75 - 94</b>
<b>7</b>	<b>Children, Families &amp; Adults Risk Register</b>	<b>95 - 106</b>
<b>8</b>	<b>Better Care Fund 2017-19</b>	<b>107 - 112</b>
<b>9</b>	<b>Neighbourhood Cares Pilot</b>	<b>113 - 118</b>
<b>10</b>	<b>Transforming Lives Update</b>	<b>119 - 130</b>
<b>11</b>	<b>Appointments to Outside Bodies, Partnership Liaison and Advisory Groups, and Internal Advisory Groups and Panels.</b>	
<b>12</b>	<b>Adults Committee Agenda Plan</b>	<b>131 - 134</b>

**13 Exclusion of Press and Public**

*To resolve that the press and public be excluded from the meeting on the grounds that the agenda contains exempt information under Paragraphs 1 & 2 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended, and that it would not be in the public interest for this information to be disclosed information relating to any individual, and/or information which is likely to reveal the identity of an individual.*

**14 Children, Families & Adults Leadership Review**

- Information relating to any individual;
- Information which is likely to reveal the identify of an individual;

The Adults Committee comprises the following members:

Councillor Adrian Dent (Chairman) Councillor Anna Bailey (Vice-Chairwoman)

Councillor Chris Boden Councillor Sir Peter Brown Councillor Sandra Crawford Councillor Lorna Dupre Councillor Derek Giles Councillor Lynda Harford Councillor Richard Mandley Councillor Lucy Nethsingha Councillor Michael Tew Councillor Graham Wilson and Councillor Fred Yeulett

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

Clerk Name: Daniel Snowdon

Clerk Telephone: 01223 699177

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

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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 <http://tinyurl.com/cambs-constitution>.

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**ADULTS COMMITTEE: MINUTES**

- Date:** Thursday 19th January 2017
- Time:** 2.00 p.m. to 4.00p.m.
- Present:** Councillors A Bailey (Vice-Chairwoman), P Brown, S Crawford, A Dent (Chairman), L Dupre, D Giles, R Mandley, T Orgee, M Smith, G Wilson and F Yeulett.
- Apologies:** Councillors C Boden, L Harford (Councillor Smith substituting) and Councillor M Tew (Councillor T Orgee substituting)

**223. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**224. MINUTES – 8<sup>TH</sup> DECEMBER 2016 AND ACTION LOG.**

The minutes of the meeting held on 8<sup>th</sup> December 2016 were agreed as a correct record and signed by the Chairman.

The Action Log was noted.

**225. PETITIONS**

No petitions were received.

**226. FINANCE AND PERFORMANCE REPORT – NOVEMBER 2016**

The Committee received the November 2016 iteration of the Finance and Performance report. Officers informed Members that the forecast overspend within Children, Families and Adults had improved slightly with improvements in the position of the Learning Disability Partnership (LDP). Members noted that both bed delay indicators were red, directly related to the increased number of hospital admissions.

During discussion Members:

- Drew attention to the number of Delayed Transfers of Care (DTOCs) and requested an update regarding the current position. Officers informed Members that over the last three years the number of hospital admissions of people aged 85 and over had increased considerably. The performance over the last three months had reduced in direct correlation to the increased numbers of people arriving at hospital and all Council services to prevent delays were currently working at maximum capacity, which made spikes in demand difficult to respond to. A business case was being developed for a Sustainability and Transformation Plan (STP) together with the NHS that would if agreed result in increased investment in Reablement services. The service would be part of an integrated pathway for the intermediate tier with the NHS

designed to facilitate the discharge of patients from hospital more effectively. Officers confirmed that the business case did not feature in the budget for 2017/18 as funding had not yet been agreed.

- Queried the measure of admissions to residential and nursing care homes (aged 65+), per 100,000 population as it appeared confusing to members of the public and the direction of travel arrow was misleading. Officers agreed to review the measure, improving its annotation and providing comparative data. **ACTION**
- Questioned whether there were any other schemes that promoted greater integration between health and social care. Officers agreed to provide a list of the current bids that were progressing through the Sustainability and Transformation Plan (STP) process. **ACTION**

It was resolved to review and comment on the report.

## **226. BUSINESS PLANNING**

The Committee received a verbal update from the Interim Executive Director: Children, Families and Adults regarding the Business Plan. Since the presentation of the proposals at the December meeting of the Adults Committee a tracker had been developed and presented to the Chairman and Vice-Chairwoman who had agreed for it to be presented at each meeting of the Committee.

It was resolved to note the update provided.

## **227. DRAFT EMPLOYMENT STRATEGY FOR PEOPLE WITH LEARNING DISABILITIES OR AUTISM**

Members received the Draft Employment Strategy for People with Learning Disabilities or Autism. The strategy was developed following discussion about providing additional support to secure employment following concerns raised by the Committee. The strategy was presented in draft form in order for a consultation to take place with service users and representative groups.

During the course of discussion Members:

- Drew attention to financial incentives that were used to encourage employers to employ people with learning disabilities and questioned whether they were still in existence. Officers explained that such schemes had been withdrawn. Apprenticeship schemes were now tailored to meet the needs of specific groups.
- Highlighted the important role of Parish and Town Councils and confirmed with officers that they would also be encouraged to employ people with disabilities.
- Emphasised the importance of providing support to companies that employed people with learning disabilities. Officers explained that it would form part of the role of the Adults Employment Coordinator to support employers.

- Expressed concern with regard to the ambition of the strategy, noting that further detail was required and whether the Total Transport initiative would be able to meet the needs of the cohort.
- Emphasised the importance of embedding the strategy within frontline social care staff, supported by the Councils Human Resources team which would negate the need for a specific Adults Employment Co-ordinator post.
- Drew attention to the need for timescales, with relatively low numbers of individuals that would benefit from the strategy the Council was able to have a great influence over their outcomes. Officers explained that an action plan would follow the consultation with service users and stakeholders. Further consultation was taking place with Peterborough City Council as they had greater success in achieving employment for people with disabilities. There was also a Green Paper produced by the Government on the subject that was currently being consulted on and it was anticipated that it could be modified to meet Cambridgeshire's needs. Officers agreed to provide an update with detail on the developing action plan. **ACTION**
- Confirmed that the strategy was primarily designed for people with learning disabilities or autism, but would be beneficial for the physical disability and mental health client groups.
- Questioned whether there was a staff group of disabled employees of the Council that met regularly. Officers confirmed that one existed and agreed to establish whether the group still met on a regular basis. **ACTION**
- Noted that it was important that the hours during which the Disabled Bus Pass could be used be altered in order to allow people to travel to work.
- Noted that diagnosis rates of autism in Cambridgeshire exceeded the national average but employment rates were lower than the national average. Cambridgeshire had a dedicated autism team and a post diagnostic service.
- Highlighted the importance of designing and modifying jobs to make them accessible to disabled people.
- Suggested that statistical information contained within the strategy would be better presented as graphs and charts together with comparative data in order to view trends and patterns. Officers agreed to review the presentation of the data. **ACTION**

It was resolved to note the work on the draft strategy to date, which will be further informed by engagement and consultation with stakeholders.

## **228. HOME CARE DEVELOPMENT**

The Committee was presented a report that set out the approach of adopting an integrated commissioning process that enabled the delivery of outcomes and increased capacity in the sector. Home care was one of the main ways through which the Council

supported people and promoted independence and the report highlighted the need to move away from the current delivery model that focussed on time and task toward a model focussed on the outcomes of those being cared for.

During discussion of the report Members:

- Questioned how the savings allocated to home care within the Business Plan would be achieved through what was being proposed in the report. Officers informed Members that the savings would be achieved through efficiencies in specialist areas of activity, through a different approach to contracting services and through opportunities to work with the NHS to rationalise mobile home care rounds.
- Expressed concern regarding the rates paid to home care providers as it was difficult to recruit staff with many providers employing staff from overseas which in the future would become more difficult to do. Officers explained that the rates paid to providers were competitive and it was not anticipated that there would be a large reduction in the rate paid to providers.
- Confirmed that the delivery of the new contract was on schedule to go to the market in March 2017. A small buffer had been built into the timescales in order to accommodate the transferring of services across to providers.
- Noted the desire to have flexible relationships with care providers through open contracts with break clauses that allows new providers to be brought in, in order to open up the market. This would enable the neighbourhood cares model to develop more effectively. Through the pilot schemes it was anticipated that people would start to emerge from the support network who will become more formal care providers.
- Sought clarity regarding the timescales of the delivery of the new contract. Officers confirmed that the process was complex and explained that there was a Programme Board and manager overseeing the delivery and the procurement process would last for 6 months.
- Questioned how privately funded individuals would be affected by the change. Officers explained that it would affect people who have their care arranged by the Council and/or the NHS. A list of approved providers would be developed that could be shared with privately funding individuals if they approach the Council for advice.
- Noted that the Buurtzorg model of care was a person centred approach that was based on small localities with services developed around individuals. Primarily it was a health based initiative but the principles such as devolving high levels of responsibility to staff were being incorporated into the Neighbourhood Cares pilots. Effectiveness data had demonstrated that by decentralising savings were achieved in management and better outcomes and services resulted for individuals.

It was resolved to endorse the approach set out in the report. Namely, the adoption of an integrated commissioning process to enable the delivery of outcomes and increase capacity in the sector.



## **229. ADULTS COMMITTEE AGENDA PLAN**

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

Added 9<sup>th</sup> March 2017: Children, Families and Adults Savings Proposals Tracker  
Draft Action Plan – Neighbourhood Carers  
Transforming Lives Update.

## **230. CARE HOME DEVELOPMENT**

Members received a report that requested they considered a proposal to intervene in the Care Home market in Cambridgeshire, involving an expansion of the current level of provision.

In order for the confidential appendix to the report to be discussed it was resolved:

To exclude the press and public from the meeting on the grounds the appendix to the report contains exempt information under Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended and it would not be in the public interest of this information to be disclosed: information relating to the financial or business affairs of any particular person (including the authority holding that information).

It was resolved unanimously:

- a) To support the principle of using Council assets to secure an expansion of affordable care home provision
- b) To commence a competitive dialogue with Service Providers to identify a strategic partner to develop a full business case.

Chairman



**Adults Committee****Minutes - Action Log****Introduction:**

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

This is the updated action log as at 27 January 2017

Minute No.	Report Title	Action to be taken by	Action	Comments	Completed
<b>Minutes of 8<sup>th</sup> December 2016</b>					
220.	Adults Committee Review of Draft Revenue and Capital Business Planning Proposals for 2017/18 to 2021/22	WOW	Members requested they be involved in the Devolution 2 discussions regarding devolved powers for Health and Social Care. (ACTION)	This has been scheduled for the Adults Committee on 1 June 2017	Ongoing

## Minutes of 19<sup>th</sup> January 2017

226.	Finance & Performance Report – November 2016	T Kelly	Officers agreed to review the measure, number of admissions to residential and nursing care homes (aged 65+), per 100,000 population as it appeared confusing to members of the public and the direction of travel arrow was misleading. Officers agreed to review the measure, improving its annotation and providing comparative data.		Ongoing
226.	Finance & Performance Report – November 2016	WOW	Provide a list of the current bids that were progressing through the STP process		Ongoing

227.	Draft Employment Strategy for People With Learning Disabilities or Autism	L McManus	Officers agreed to provide an update containing detail on the developing action plan at a future Committee.	The final draft Employment Strategy and action plan will be presented to a future Committee for approval following consultation – expected to be 1 <sup>st</sup> June 2017	Ongoing
227.	Draft Employment Strategy for People With Learning Disabilities or Autism	C Bruin	Members questioned whether there was a staff group of disabled employees of the Council that met regularly. Officers confirmed that one existed and agreed to establish whether the group still met on a regular basis	There is a new Equality & Diversity Network which brings together the disability, BME and LGBT employee support groups. It's first meeting was planned for 22 <sup>nd</sup> February 2017 and regular meetings will be held in future.	Ongoing
227.	Draft Employment Strategy for People With Learning Disabilities or Autism	L McManus	Members suggested that statistical information contained within the strategy would be better presented as graphs and charts together with comparative data in order to view trends and patterns. Officers agreed to review the presentation of the data.	The final draft Employment strategy including the presentation of charts and comparative data will be presented at a future Adults Committee meeting- expected to be 1st June 2017	Ongoing

230.	Care Home Development	R O'Driscoll	Members requested that officers provide their views on the questions asked within Appendix 2 of the consultant's report.	<i>Circulated outside of the Committee</i>	Ongoing
230.	Care Home Development	R O'Driscoll	Members requested that the timeline and action plan be circulated to Members and that a report be presented to a future meeting of the Committee.		Completed

**FINANCE AND PERFORMANCE REPORT – JANUARY 2017**

**To:** Adults Committee

**Meeting Date:** 9 March 2017

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

**Electoral division(s):** All

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

**Purpose:** To provide the Committee with the January 2017 Finance and Performance report for Children's, Families and Adults Services (CFA).

The report is presented to provide the Committee with the opportunity to comment on the financial and performance position as at the end of January 2017.

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

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## **1.0 BACKGROUND**

- 1.1 A Finance & Performance Report for the Children, Families and Adults Directorates (CFA) is produced monthly and the most recent available report is presented to the Committee when it meets.
- 1.2 The report is presented to provide the Committee with the opportunity to comment on the financial and performance position of the services for which the Committee has responsibility.
- 1.3 This report is for the whole of the CFA Service, and not all of the budgets contained within it are the responsibility of this Committee. Members are requested to restrict their attention to the budget lines for which this Committee is responsible, which are detailed in Appendix 1.
- 1.4 **Financial context**  
The Council planned to save £38,294k in 2016/17, and is on course to achieve close to this with a Council-wide overspend forecast of £1.7m at the end of January.

Following agreement of the Business Plan at Full Council in February, the major savings agenda continues with £99.2m of savings required across the Council between 2017 and 2022.

## **2.0 MAIN ISSUES IN THE JANUARY 2017 CFA FINANCE & PERFORMANCE REPORT**

- 2.1 The January 2017 Finance and Performance report is attached at Appendix 3. At the end of January, CFA forecast an overspend of £3,273k. This is a significant deterioration from the previous month when the forecast overspend was £2,341k.
- 2.2 **Revenue changes since December**  
Although a substantial underspend continues to be forecast in sum across the budgets overseen by this Committee (-£2.6m), that estimate is £540k lower than in December. Due to this adverse change, the following sections contain additional detail to more fully brief the Committee.
- 2.3 The forecast for care spending across Older People's Services worsened by £606k this month. Of this £386k was a result of actual changes in income and expenditure for current care packages, with the remainder due to reducing the estimate for savings achievable in the rest of this year given that upturn in actual activity:
  - the pressures on Older People's care expenditure is from care home bed spending, especially for nursing care, with month-to-month reductions still apparent for community based services. This reflects the risk, continually signalled by the service since the Summer, of a trend towards a growing number of higher cost people needing more complex support.
  - placements made by hospital discharge planning teams are a significant factor.
  - given the market conditions, we are also seeing a pressure on price as well as volume. This month the new nursing beds commissioned in Fenland cost on average £110 more per week than equivalent beds that were ending, for example.
- 2.4 While progress is being made in reducing waiting lists for people to receive the most appropriate care, the adverse change in the forecast, at this point, partly also reflects that the administrative loading of new placements into the commitment system is currently slower than the loading of ended placements. This will be improved to aid timeliness of reporting.



- 2.5 Looking ahead, the remaining “savings to achieve” forecast for the rest of 2016-17 has been revised down to £60k given this context of system-wide demand is unlikely to abate before March. The full year impact of recent increases in spending will be greater than the part-year effect seen so far. This means Older People’s Services is likely to start the new year behind its business planned baseline for the first time in a number of years, and will need to overachieve on savings targets later in 2017 to recover the current position. The Committee will recognise that the interplay with hospital discharges, in particular, will always mean there is a degree of volatility in week-to-week demand facing this budget.
- 2.6 The County Council’s forecast overspend on the Learning Disability Partnership increased by £229k this month, reducing some of the progress made in the previous quarter. In contrast to the system wide situation in Older People’s services, this largely reflected specific circumstances occurring in January and December in a small number of cases. £119k of the adverse change is in the Young Adults team, the result of responding to two carer breakdowns and the legal settlement of an ordinary residence case with another local authority. East Cambs made a high cost inpatient placement in a private hospital in January. Fenland saw two significant carer breakdowns, although these date further back.
- 2.7 Offsetting these adverse changes, across both directorates, are further savings forecast from vacant staff posts.. There is continuous strategic recruitment activity progressing each month, however appointments made from this point are unlikely to impact before April.
- 2.8 **Overall revenue position**  
The table below identifies the key areas of over and underspends within Adults services alongside future risks or issues.

<p><b>Learning Disability Services (LD)</b></p> <p>Forecast year-end variance: <b>+£1,574k, +2.7%</b></p>	<p>The forecast overspend is primarily the result of:</p> <ul style="list-style-type: none"> <li>• Non-delivery to date of planned saving. Average cost-reduction is lower than anticipated, reflecting constraints of meeting needs for this client group in line with the legislative framework and market conditions.</li> <li>• The need to place a number of service-users out of county in high-cost, inpatient placements due to restricted local capacity.</li> </ul> <p>The total LDP savings target was £6.2m in 2016/17 and the mitigating actions taken to manage the overspend at the current level within the year include:</p> <ul style="list-style-type: none"> <li>• exceeding targeted restrictions on annual price uplifts through provider negotiation</li> <li>• underspending on staff costs where vacancies cannot be filled</li> <li>• securing a favourable NHS contribution to the pooled budget</li> <li>• targeting recall of unused direct payment amounts</li> </ul> <p>Looking further ahead to 2017/18:</p> <ul style="list-style-type: none"> <li>• Savings have been re-planned and reduced within the Business Plan (savings agreed by Full Council for 2017/18 are now £2.02m less than the number proposed in February 2016).</li> <li>• Investment and capacity dedicated to the savings plans (particularly re-assessment work) has been increased. GPC has agreed extra capacity in 2017/18 for social work, commissioning and procurement expertise, which is now in place.</li> </ul>
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<b>Disability Services (PD/Autism)</b>  Forecast year-end variance: <b>-£544k, -3.8%</b>	<p>The forecast underspend is due to:</p> <ul style="list-style-type: none"> <li>• The reassessment programme began early and remains on schedule</li> <li>• There has been progress on securing Continuing Healthcare funding where this is due, with further potential in the pipeline</li> <li>• Negotiations at the start of the year constrained annual price uplifts</li> <li>• Clawback of unused direct payment amounts is higher than budgeted</li> </ul> <p>There are risks in the future around:</p> <ul style="list-style-type: none"> <li>• Continuing to secure the full level of expected additional NHS funding</li> <li>• If the potential for reductions has mostly been secured by progress through the reassessment programme so far.</li> </ul>
<b>Older People's Services</b>  Forecast year-end variance: <b>-£407k, -0.8%</b>	<p>The key reason for the underspend in this area is:</p> <ul style="list-style-type: none"> <li>• Supporting fewer people overall especially in their own homes.</li> </ul> <p>The key financial risks are:</p> <ul style="list-style-type: none"> <li>• Numbers requiring support in a nursing homes have been rising this financial year</li> <li>• New block bed contract are close to fully utilised with a further risk around pricing once this is exhausted</li> <li>• Some people are waiting for their ongoing homecare to begin or social work assessment</li> <li>• Hospital admissions are seeing very significant year-on-year growth with an associated demand impact on social care, suggesting a perpetual decrease in numbers supported is unlikely</li> <li>• NHS contributions to older people's social care need to be appropriate requiring co-ordination and negotiation</li> </ul>
<b>Mental Health</b>  Forecast year-end variance: <b>-£1,415k, -7.2%</b>	<p>The key reasons for the underspends in this area are:</p> <ul style="list-style-type: none"> <li>• Additional financial control has been established within the placement agreement process by mental health social workers</li> <li>• It is anticipated that a cohort of clients currently funded fully by the Council will instead be part-funded by the NHS</li> <li>• Negotiations at the start of the year constrained annual price uplifts</li> </ul> <p>The key financial risks are:</p> <ul style="list-style-type: none"> <li>• Securing the due financial contribution from the NHS</li> <li>• Continuing the trend of reducing expenditure from the progress made this year.</li> </ul>
<b>Other areas within Adults Services</b>	<p>There are unplanned underspends in Mental Capacity Act –Deprivation of Liberty Safeguards, Carers Support and Shorter Term Support.</p> <p>Particularly because spending to support Carers and through Reablement helps manage the larger demand budgets, we are addressing these areas.</p>

## 2.9 Performance

Of the twenty-one CFA service performance indicators, nine are shown as green, five as amber and seven are red.

Three of the red performance indicators are within the Adults domain these are:

- average number of all bed-day delays

- average number of ASC attributable bed-day delays
- the proportion of adults with learning disabilities in paid employment

## 2.10 CFA Portfolio

The major change programmes and projects underway across CFA are detailed in Appendix 8 of the report – none of these was assessed as red at the end of January.

## 3.0 REPORTING

3.1 At the last meeting, Members requested additional clarity on the performance indicator “admissions to residential and nursing homes (aged 65+) per 100,000 population”. It can be clarified that:

- this indicator forms part of a national target collected through the annual statistical return
- ‘good’ performance on this measure is not breaching the “ceiling target” for the year (i.e. the fewer admissions the better)
- further explanation of direction of travel arrow is now provided with this indicator on page 46 of appendix 3.

3.2 In 2017-18, it is anticipated that on a quarterly basis the “**tracker**” report – a tool for summarising delivery of savings – will be made available for Members. As this methodology for monitoring is particularly central for Adults services, the tracker will also be included as an appendix at the appropriate meeting each quarter. Full forecasting of 2017-18 delivery (including RAG rating) has not yet begun at the time of writing, but the outline tracker format is included as Appendix 4 to this report.

## 4.0 ALIGNMENT WITH CORPORATE PRIORITIES

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

4.1.1 There are no significant implications for this priority.

### 4.2 Helping people live healthy and independent lives

4.2.1 There are no significant implications for this priority

### 4.3 Supporting and protecting vulnerable people

4.3.1 There are no significant implications for this priority

## 5.0 SIGNIFICANT IMPLICATIONS

### 5.1 Resource Implications

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

### 5.2 Statutory, Risk and Legal Implications

5.2.1 There are no significant implications within this category.

### 5.3 Equality and Diversity Implications

5.3.1 There are no significant implications within this category.

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

5.4.1 There are no significant implications within this category.

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

5.5.1 There are no significant implications within this category.

#### **5.6 Public Health Implications**

5.6.1 There are no significant implications within this category.

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

## Appendix 1

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

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

Strategic Management - ASC

Procurement

ASC Strategy and Transformation

ASC Practice & Safeguarding

#### Learning Disability Services

LD Head of Services

LD Young Adults

City, South and East Localities

Hunts and Fenland Localities

In House Provider Services

#### Disability Services

PD Head of Services

Physical Disabilities

Autism and Adult Support

Carers Services

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

Strategic Management – OP&MH

Central Commissioning

OP - City & South Locality

OP - East Cambs Locality

OP - Fenland Locality

OP - Hunts Locality

Discharge Planning Teams

Sensory Services

Shorter Term Support and Maximising Independence

Integrated Community Equipment Service

#### Mental Health

Mental Health Central

Adult Mental Health Localities

Older People Mental Health

Voluntary Organisations

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

Safer Communities Partnership

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

Local Assistance Scheme

## Appendix 2

### A Guide to the FPR Finance Tables

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

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

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

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

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

Forecast Variance Outturn (Apr) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of May £'000	Actual to end of May £'000	Current Variance £'000   %		Forecast Variance Outturn (May) £'000   %	
<b>Adult Social Care Directorate</b>									
0	1	Strategic Management – ASC	4,742	731	294	-437	-60 %	-1,200	-25 %
0	0	Procurement	577	103	298	195	189 %	0	0 %
0	0	ASC Strategy & Transformation	1,710	367	352	-15	-4 %	0	0 %
0	0	ASC Practice & Safeguarding	2,158	158	21	-138	-87 %	0	0 %
0	0	Local Assistance Scheme	386	67	79	13	19 %	0	0 %
<b><u>Learning Disability Services</u></b>									
0	2	LD Head of Services	250	22	860	838	3840 %	11	4 %
0	2	LD Young Adults	660	231	40	-191	-83 %	29	4 %
0	2	City, South and East Localities	30,991	5,806	5,381	-425	-7 %	1,378	4 %
0	2	Hunts & Fenland Localities	21,640	4,001	5,037	1,036	26 %	962	4 %
0	2	Littleport, Fenland Localities	554	4,042	294	-434	-78 %	6	0 %

This refers to the commentary in Appendix 2.

This column shows actual expenditure and income to date.

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

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

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

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

From: Tom Kelly and Martin Wade  
 Tel.: 01223 703599, 01223 699733  
 Date: 9<sup>th</sup> February 2017

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

### **Finance and Performance Report – January 2017**

## **1. SUMMARY**

### **1.1 Finance**

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

### **1.2. Performance and Portfolio Indicators – Dec'16 & Jan'17 Data (see sections 4&5)**

<b>Monthly Indicators</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>Total</b>
Dec Performance (No. of indicators)	7	5	9	21
Jan Portfolio (No. of indicators)	0	5	3	8

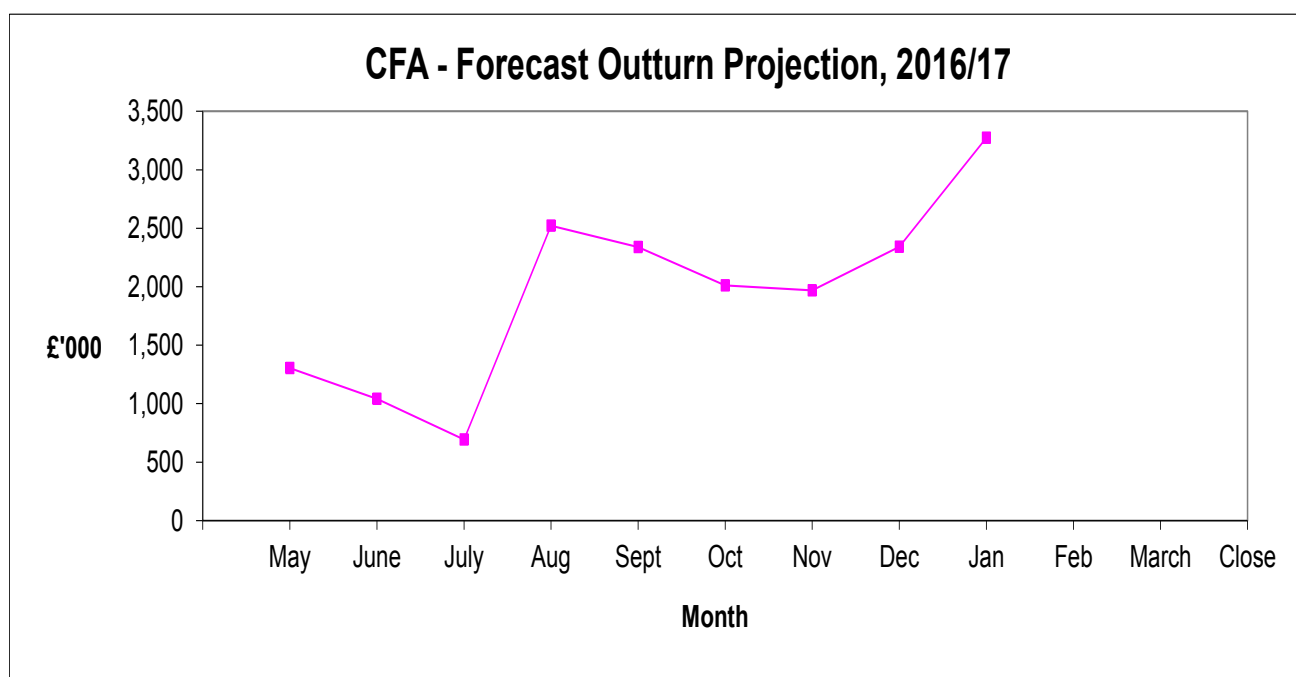
## **2. INCOME AND EXPENDITURE**

### **2.1 Overall Position**

<b>Forecast Variance Outturn (Dec) £000</b>	<b>Directorate</b>	<b>Original Budget 2016/17 £000</b>	<b>Current Budget 2016/17 £000</b>	<b>Current Variance £000</b>	<b>Forecast Variance Outturn (Jan) £000</b>	<b>Forecast Variance - Outturn (Jan) %</b>
44	Adult Social Care	81,325	81,491	142	112	0.1%
-3,046	Older People & Mental Health	82,450	82,976	-1,984	-2,574	-3.1%
6,303	Children's Social Care	50,217	51,699	4,689	6,483	12.5%
404	Strategy & Commissioning	28,696	25,584	198	479	1.9%
-212	Children's Enhanced and Preventative	31,678	31,477	-160	-218	-0.7%
-204	Learning	19,865	20,200	-64	-63	-0.3%
<b>3,290</b>	<b>Total Expenditure</b>	<b>294,231</b>	<b>293,427</b>	<b>2,821</b>	<b>4,221</b>	<b>1.4%</b>
-949	Grant Funding	-51,668	-51,782	-790	-948	-1.8%
<b>2,341</b>	<b>Total</b>	<b>242,563</b>	<b>241,645</b>	<b>2,031</b>	<b>3,273</b>	<b>1.4%</b>

The service level finance & performance report for January 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 January 2017, CFA is forecasting a year end overspend of £3,273k. Significant issues are detailed below:

- In Adult Social Care, the forecast overspend on the Learning Disability Partnership has increased by £229k. Reflecting client need and numbers predominantly, the Young Adults & Fenland teams report costs related to new service users, and the East Cambs locality has made a short-term inpatient placement.
- Both the Adult Social Care and Older People & Mental Health directorates report increasing underspends from staff vacancies following the quarterly assessment of payroll expenditure (-£353k). There is continuous recruitment activity progressing strategically each month however appointments made from this point are unlikely to impact before April.
- In Older People and Mental Health, the City and South Locality forecast underspend has decreased by £174k. The locality has seen an increased commitment for nursing care and has reduced its estimate of savings achievable in the remainder of the year.
- In Older People and Mental Health, the Fenland Locality now reports a forecast overspend, an adverse change of £227k since last month. In January, the district committed to rising numbers of higher cost placements. Ended packages at care homes were fully replaced, at increased prices, by new clients on-top of citizens needing further support where previous provision at home or



in settings without nursing care is no longer sufficient. A downwards adjustment on likely savings for the rest of this season has also been needed given this context.

- In Older People and Mental Health, the Huntingdonshire Locality forecast underspend has decreased by £194k, all forms of care are showing an increased commitment this month, except domiciliary support, and savings expectations by year-end have also been revised.
- In Children's Social Care, the Looked After Children's reported forecast overspend has increased by £100k due to increased numbers of Looked After Children (LAC) with complex needs who require purchased placements until the end of the year.
- In Learning, the Catering and Cleaning Service is reporting a shortfall on the budgeted contribution of £269k, up £149k since December. The additional pressure is a result of the redundancy costs associated with the closure of the B4 Distribution Centre and the mothballing of the C3 Cook Freeze Centre following the end of the contract with Northamptonshire County Council.

### **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](#).

The reserves funding agreed (as outlined in Appendix 5) for Child Sexual Exploitation (CSE) work has not been utilised during 2016/17. CFA are **requesting a virement**, requiring the approval of General Purposes Committee, to make available the £250k from the earmarked reserve during 2017-18. Plans are in place to spend next financial year, subject to GPC approval.

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

	BUDGET				ACTUAL (Jan)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Jan 16/17	Yearly Average	Actual Spend	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost
Residential - disability	3	£306k	52	1,960.18	1	2.24	£260k	2,733.71	-0.76	-£45k	773.53
Residential - secure accommodation	0	£k	52	0.00	0	0.00	£k	0.00	0	£k	0.00
Residential schools	8	£675k	52	1,622.80	17	14.45	£1,121k	1,537.19	6.45	£445k	-85.61
Residential homes	23	£3,138k	52	2,623.52	27	25.52	£3,869k	2,930.33	2.52	£731k	306.81
Independent Fostering	180	£7,173k	52	766.31	250	233.00	£9,559k	790.53	53	£2,387k	24.22
Supported Accommodation	19	£1,135k	52	1,149.07	16	19.14	£1,357k	1,231.52	0.14	£222k	82.45
16+	6	£85k	52	272.60	21	18.98	£452k	483.51	12.98	£367k	210.91
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Pressure funded within directorate	-	£k	-	-	-	-	-£257k	-	-	-£257k	-
<b>TOTAL</b>	<b>239</b>	<b>£12,512k</b>			<b>332</b>	<b>313.33</b>	<b>£16,362k</b>		<b>74.33</b>	<b>£3,850k</b>	
In-house fostering	187	£3,674k	55	357.74	179	165.58	£3,260k	352.13	-21.14	-£414k	-5.61
Kinship	35	£375k	55	193.23	37	42.49	£516k	192.90	7.2	£141k	-0.33
In-house residential	14	£1,586k	52	2,259.72	8	8.79	£1,476k	3,230.07	-4.71	-£110k	970.35
Concurrent Adoption	6	£100k	52	349.86	2	4.52	£91k	350.00	-0.98	-£9k	0.14
Growth/Replacement	0	£k	-	0.00	0	0.00	£k	0.00	-	£176k	-
<b>TOTAL</b>	<b>241</b>	<b>£5,735k</b>			<b>226</b>	<b>221.38</b>	<b>£5,343k</b>		<b>-19.63</b>	<b>-£216k</b>	
Adoption	325	£3,000k	52	177.52	376	360.42	£3,323k	165.36	35.42	£323k	-12.16
Savings Requirement	0	£k	0	0.00	0	0.00	£k	0.00	0	£k	0.00
<b>TOTAL</b>	<b>325</b>	<b>£3,000k</b>			<b>376</b>	<b>360.42</b>	<b>£3,323k</b>		<b>35.42</b>	<b>£323k</b>	
<b>OVERALL TOTAL</b>	<b>805</b>	<b>£21,247k</b>			<b>934</b>	<b>895.13</b>	<b>£25,028k</b>		<b>90.12</b>	<b>£3,957k</b>	

NOTE: In house fostering and Kinship fund 55 weeks as carers receive two additional weeks payment during the Summer holidays and one additional week payment at Christmas

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

	BUDGET			ACTUAL (JAN 17)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements Jan 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)	92	£5,831k	£63,377	109	105.11	£6,709k	£63,830	17	13.11	£879k	£454
Hearing Impairment (HI)	4	£110k	£27k	2	2.34	£76k	£32,552	-2	-1.66	-£33k	£5,145
Moderate Learning Difficulty (MLD)	3	£112k	£37k	3	2.92	£106k	£36,391	0	-0.08	-£6k	-£1,052
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	-£75k	£0
Physical Disability (PD)	1	£17k	£17k	2	1.76	£33k	£18,969	1	0.76	£17k	£2,105
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41k	0	0.00	£k	-	-1	-1.00	-£41k	£0
Social Emotional and Mental Health (SEMH)	35	£1,432k	£41k	31	38.58	£1,617k	£41,907	-4	3.58	£185k	£996
Speech, Language and Communication Needs (SLCN)	3	£170k	£57k	2	2.26	£123k	£54,485	-1	-0.74	-£47k	-£2,199
Severe Learning Difficulty (SLD)	2	£163k	£82k	1	1.00	£90k	£90,237	-1	-1.00	-£73k	£8,705
Specific Learning Difficulty (SPLD)	10	£179k	£18k	4	5.02	£103k	£20,500	-6	-4.98	-£76k	£2,637
Visual Impairment (VI)	2	£55k	£27k	1	1.34	£43k	£32,126	-1	-0.66	-£12k	£4,650
Recoupment	-	-	-	-	-	-£16k	-	-	-	-£16k	-
<b>TOTAL</b>	<b>154</b>	<b>£8,185k</b>	<b>£53,148</b>	<b>155</b>	<b>160.33</b>	<b>£8,885k</b>	<b>£55,518</b>	<b>1</b>	<b>6.33</b>	<b>£700k</b>	<b>£2,370</b>

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

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

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

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

		BUDGET			ACTUAL (Jan 17)		Forecast	
Service Type		Budgeted No. of Service Users 2016/17	Budgeted Average Unit Cost (per week) £	Annual Budget £000	No. of Service Users at End of Jan 17	Current Average Unit Cost (per week) £	Forecast Actual £000	Forecast Variance £000
Adult Disability Services	Residential	42	1,000	2,185	32	1,043	1,745	-440
	Nursing	25	734	954	19	967	960	6
	Community	687	304	10,846	639	327	10,779	-67
<b>Total expenditure</b>		<b>754</b>		<b>13,985</b>	<b>690</b>		<b>13,484</b>	<b>-501</b>
<b>Income</b>				-1,941			-1,765	176
<b>Further savings assumed within forecast</b>								-158
<b>Net Total</b>				<b>12,044</b>			<b>11,719</b>	<b>-483</b>
Learning Disability Services	Residential	275	1,349	19,284	280	1,340	20,201	917
	Nursing	16	1,939	1,613	14	2,184	1,528	-85
	Community	1,297	611	41,219	1,278	640	43,444	2,049
<b>Learning Disability Service Total</b>		<b>1,588</b>		<b>62,116</b>	<b>1,572</b>		<b>65,173</b>	<b>2,881</b>
<b>Income</b>				-2,348			-2,242	106
<b>Further savings assumed within forecast as shown in Appendix 1</b>								-120
<b>Net Total</b>								<b>2,867</b>

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

		BUDGET			ACTUAL (Jan 17)		FORECAST	
Service Type		Budgeted No. of Clients 2016/17	Budgeted Average Unit Cost (per week)	Annual Budget	Snapshot of No. of Clients at End of Jan 17	Current Average Unit Cost (per week)	Forecast Actual	Forecast Variance
Adult Mental Health	Community based support	24	£115	£143k	26	£91	£115k	-£28k
	Home & Community support	211	£93	£1,023k	211	£84	£901k	-£122k
	Nursing Placement	19	£507	£502k	16	£730	£370k	-£132k
	Residential Placement	66	£691	£2,379k	64	£806	£2,203k	-£176k
	Supported Accommodation	138	£93	£671k	144	£101	£677k	£6k
	Direct Payments	21	£198	£217k	23	£228	£207k	-£10k
	Income			-£383k			-£284k	£99k
<b>Adult Mental Health Total</b>		<b>479</b>		<b>£4,552k</b>	<b>484</b>		<b>£4,189k</b>	<b>-£363k</b>
<b>Further savings assumed within forecast as shown in Appendix 1</b>								<b>-£299k</b>

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

OP Total	BUDGET			ACTUAL (Jan 17)		Forecast	
Service Type	Expected No. of Service Users 2016/17	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	Current Average Cost (per week) £	Forecast Actual £000	Forecast Variance £000
Residential	530	£456	£12,610k	451	£460	£12,556k	-£53k
Residential Dementia	368	£527	£10,111k	357	£520	£10,068k	-£43k
Nursing	306	£585	£9,845k	285	£674	£10,656k	£811k
Nursing Dementia	20	£639	£702k	56	£719	£760k	£58k
Respite			£932k			£674k	-£258k
Community based							
~ Direct payments	277	£210	£3,028k	228	£256	£3,057k	£30k
~ Day Care			£1,577k			£1,610k	£33k
~ Other Care			£5,851k			£5,691k	-£161k
~ Homecare arranged	1,745	per hour £15.97	£15,267k	1,545	per hour £15.99	£13,813k	-£1,454k
~ Homecare Block			£3,161k			£3,161k	£k
Total Expenditure	3,246		£63,083k	2,922		£62,046k	-£1,037k
Residential Income			-£8,611k			-£8,580k	£31k
Community Income			-£8,308k			-£7,559k	£749k
Total Income			-£16,918k			-£16,139k	£779k
Further Savings Assumed Within Forecast as shown within Appendix 1							-£56k

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

OPMH Total	BUDGET			ACTUAL (Jan 17)		Forecast	
Service Type	Expected No. of Service Users 2016/17	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	Current Average Cost (per week) £	Forecast Actual £000	Forecast Variance £000
Residential	33	£585	£1,082k	29	£625	£1,256k	£174k
Residential Dementia	27	£467	£707k	29	£531	£821k	£113k
Nursing	32	£695	£1,225k	25	£792	£1,128k	-£97k
Nursing Dementia	140	£658	£5,077k	112	£728	£4,674k	-£403k
Respite			£34k			£10k	-£23k
Community based							
~ Direct payments	17	£200	£177k	17	£196	£181k	£4k
~ Day Care			£5k			£2k	-£3k
~ Other Care			£80k			£78k	-£2k
~ Homecare arranged	69	per hour £17.34	£549k	48	per hour £15.67	£567k	£19k
Total Expenditure	318		£8,937k	260		£8,717k	-£219k
Residential Income			-£1,140k			-£1,172k	-£32k
Community Income			-£352k			-£292k	£61k
Total Income			-£1,492k			-£1,464k	£29k
Further Savings Assumed Within Forecast as shown in Appendix 1							-£246k

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

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

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

### **3. BALANCE SHEET**

#### **3.1 Reserves**

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

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

##### 2016/17 Funding

In January 17 there has been a reduction of £700k for Cambourne Secondary School Section 106 contribution due to a revised forecast scheme spend that has been advised by contractors.

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

As at the end of January the capital programme forecast underspend continues to be zero, despite slippage on schemes totaling £1,375k during the course of the month. The reason being that the level of slippage has not exceeded the Capital Variation adjustment made in May of £10,282k. A forecast outturn will only be reported should slippage exceed this level. The significant changes in schemes are detailed below;

- Hatton Park Primary, Longstanton; £400k accelerated spend. Works progressing ahead of original contractor schedule.
- Littleport Secondary & Special; -£1,000k slippage as contractor has provided an updated forecast which reflects the impact of the identified a 6 week delay due to design changes, completion on site will now be January 2018.
- Cambourne Secondary School; -£700k slippage. Original cash flow has been amended by the contractors and provides revised estimated of works to be completed by the end of March 17.

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

### **4. PERFORMANCE**

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

The performance measures included in this report are the new set of Key Performance Indicators (KPIs) for 2016/17 agreed by Committees in January. A new development for last year was the inclusion of deprivation indicators. These continue to be included in the new set of KPIs for 2016/17 and are those shown in italics in appendix 7. Please note, following a request at the last CYP Committee that

measures in appendix 7 are now ordered by Directorate. We also now include the latest benchmarking information in the performance table.

Seven indicators are currently showing as RED:

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

During December, we saw the numbers of children with a Child Protection plan increase from 480 to 528.

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 increased to 646 in December. This includes 65 UASC, around 10.1% 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 CFA, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.

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

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

The Cambridgeshire health and social care system is experiencing a monthly average of 3,029 bed-day delays, which is 37% above the current BCF target ceiling of 2,206. In November there were 3,267 bed-day delays, up 90 compared to the previous month.

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. Between December '15 and November '16 there were 34,275 bed-day delays across the whole of the Cambridgeshire system - representing a 14% increase on the preceding 12 months.

Across this period NHS bed-day delays have increased by 12% from 21,412 (Dec 14 - Nov 15) to 23,920 (Dec 15 - Nov 16), while bed-day delays attributed to Adult Social Care have increased from 7,116 in Dec 14 - Nov 15 to 8,803 in Dec 15 - Nov 16 an increase of 24%.

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

In Nov '16 there were 991 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 145 delays per 100,000 of 18+ population. For the same period the national rate was 143 delays per 100,000. During this period we invested considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.

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

Performance remains very 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 dependent on the review/assessment performance of LD teams.

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

Provisional data for 2016 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.

Provisional data for 2016 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.

## **5. CFA PORTFOLIO**

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

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

## APPENDIX 1 – CFA Service Level Budgetary Control Report

Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance £'000   %		Forecast Variance Outturn (Jan) £'000   %	
Adult Social Care Directorate								
61	1 Strategic Management – ASC	1,280	876	851	-25	-3%	-107	-8%
11	Procurement	579	477	499	22	5%	11	2%
-125	2 ASC Strategy & Transformation	2,098	1,542	1,374	-168	-11%	-140	-7%
-253	3 ASC Practice & Safeguarding	1,814	1,510	1,316	-194	-13%	-229	-13%
Learning Disability Services								
-1,284	4 LD Head of Services	1,417	212	-805	-1,017	-480%	-1,378	-97%
513	5 LD Young Adults	2,106	1,804	2,066	262	15%	625	30%
717	6 City, South and East Localities	30,221	25,367	26,306	939	4%	870	3%
1,405	7 Hunts & Fenland Localities	20,326	17,064	18,306	1,242	7%	1,474	7%
-5	In House Provider Services	5,237	4,509	4,501	-9	0%	-17	0%
Physical Disability Services								
-66	PD Head of Services	1,135	1,009	987	-22	-2%	-63	-6%
-366	8 Physical Disabilities	12,381	10,430	10,194	-236	-2%	-317	-3%
-116	9 Autism and Adult Support	800	676	441	-235	-35%	-164	-20%
-450	10 Carers Services	2,097	1,905	1,487	-418	-22%	-454	-22%
44	Director of Adult Social Care Directorate Total	81,491	67,380	67,522	142	0%	112	0%
Older People & Mental Health Directorate								
-367	11 Strategic Management - OP&MH	1,722	2,593	2,147	-446	-17%	-532	-31%
191	12 Central Commissioning	11,154	10,140	10,190	50	0%	123	1%
-255	13 OP - City & South Locality	13,075	11,417	11,311	-106	-1%	-81	-1%
3	OP - East Cambs Locality	6,078	4,966	4,997	31	1%	82	1%
-156	14 OP - Fenland Locality	8,666	6,686	6,797	110	2%	71	1%
-796	15 OP - Hunts Locality	11,138	9,346	8,811	-535	-6%	-602	-5%
80	Discharge Planning Teams	2,064	1,651	1,665	14	1%	36	2%
-246	16 Shorter Term Support and Maximising Independence	8,273	6,404	6,135	-269	-4%	-223	-3%
6	Sensory Services	415	343	343	-0	0%	6	1%
-86	Integrated Community Equipment Service	779	-923	-1,023	-100	11%	-38	-5%
Mental Health								
-40	Mental Health Central	693	551	552	1	0%	-57	-8%
-717	17 Adult Mental Health Localities	6,526	4,940	4,379	-560	-11%	-685	-10%
-513	18 Older People Mental Health	8,211	6,854	6,722	-133	-2%	-519	-6%
-150	19 Voluntary Organisations	4,182	3,719	3,678	-41	-1%	-154	-4%
-3,046	Older People & Adult Mental Health Directorate Total	82,976	68,686	66,703	-1,984	-3%	-2,574	-3%



Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance		Forecast Variance Outturn (Jan)	
					£'000	%	£'000	%
Children's Social Care Directorate								
553	20 Strategic Management - Children's Social Care	5,672	4,535	4,941	406	9%	534	9%
300	21 Adoption Allowances	3,076	2,595	2,860	265	10%	325	11%
300	22 Legal Proceedings	1,540	1,155	1,383	228	20%	300	19%
274	23 Safeguarding & Standards	1,767	1,154	1,420	266	23%	335	19%
677	24 CSC Units Hunts and Fenland	3,923	3,262	3,805	542	17%	706	18%
0	Children Looked After	13,007	11,808	11,902	94	1%	0	0%
380	25 CSC Units East & South Cambs and Cambridge	3,654	3,041	3,294	253	8%	363	10%
70	Disabled Services	6,548	6,039	6,100	61	1%	70	1%
3,750	26 Looked After Children Placements	12,512	9,384	11,958	2,574	27%	3,850	31%
6,303	Children's Social Care Directorate Total	51,699	42,973	47,663	4,689	11%	6,483	13%
Strategy & Commissioning Directorate								
71	Strategic Management – Strategy & Commissioning	280	477	388	-88	-18%	71	25%
-10	Information Management & Information Technology	1,600	1,323	1,327	4	0%	-10	-1%
-21	Strategy, Performance & Partnerships	2,492	1,325	1,346	21	2%	-21	-1%
-179	27 Local Assistance Scheme	484	420	273	-146	-35%	-179	-37%
Commissioning Enhanced Services								
700	28 Special Educational Needs Placements	8,563	8,356	8,861	504	6%	700	8%
241	29 Commissioning Services	4,527	3,810	3,909	99	3%	266	6%
0	Early Years Specialist Support	1,323	808	796	-12	-2%	-50	-4%
-180	30 Home to School Transport – Special	7,973	5,590	5,544	-46	-1%	-180	-2%
80	31 LAC Transport	1,107	830	935	104	13%	140	13%
Executive Director								
0	Executive Director	443	495	461	-33	-7%	0	0%
-299	32 Central Financing	-3,208	-3,124	-3,332	-209	-7%	-259	-8%
404	Strategy & Commissioning Directorate Total	25,584	20,310	20,508	198	1%	479	2%
Children's Enhanced & Preventative Directorate								
-40	Strategic Management – Enhanced & Preventative	1,234	1,280	1,233	-47	-4%	-40	-3%
0	Children's Centre Strategy	509	437	421	-16	-4%	0	0%
-5	Support to Parents	3,530	2,502	2,476	-26	-1%	-5	0%
-16	SEND Specialist Services	6,207	5,608	5,669	62	1%	-16	0%
26	Safer Communities Partnership	7,057	6,469	6,526	57	1%	26	0%
Youth Support Services								
-93	Youth Offending Service	3,154	1,800	1,693	-107	-6%	-99	-3%
-27	Central Integrated Youth Support Services	542	414	426	12	3%	-27	-5%
Locality Teams								
-8	East Cambs & Fenland Localities	3,248	2,688	2,671	-17	-1%	-8	0%
-14	South Cambs & City Localities	3,598	3,010	2,967	-43	-1%	-17	0%
-36	Huntingdonshire Localities	2,397	2,011	1,976	-35	-2%	-33	-1%
-212	Children's Enhanced & Preventative Directorate Total	31,477	26,219	26,058	-160	-1%	-218	-1%

Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance		Forecast Variance Outturn (Jan)		
					£'000	%	£'000	%	
Learning Directorate									
140	33 Strategic Management - Learning	896	814	931	116	14%	119	13%	
-5	Early Years Service	1,331	907	831	-76	-8%	-18	-1%	
0	Schools Intervention Service	1,227	983	1,025	43	4%	0	0%	
-326	34 Schools Partnership Service	983	777	582	-195	-25%	-326	-33%	
82	Children's' Innovation & Development Service	36	-550	-233	317	-58%	97	269%	
30	Integrated Workforce Development Service	1,403	923	938	15	2%	30	2%	
98	35 Catering & Cleaning Services	-400	-132	88	220	166%	269	67%	
0	Teachers' Pensions & Redundancy	2,936	2,947	2,919	-28	-1%	0	0%	
Infrastructure									
3	0-19 Organisation & Planning	1,769	1,328	1,124	-204	-15%	-7	0%	
0	Early Years Policy, Funding & Operations	81	49	-14	-64	-129%	0	0%	
0	Education Capital	172	401	397	-4	-1%	0	0%	
-225	36 Home to School/College Transport – Mainstream	9,767	6,837	6,633	-205	-3%	-225	-2%	
-204	Learning Directorate Total	20,200	15,285	15,220	-64	0%	-63	0%	
3,290	Total	293,427	240,854	243,674	2,821	1%	4,221	1%	
Grant Funding									
-949	37 Financing DSG	-23,326	-18,648	-19,438	-790	-4%	-948	-4%	
0	Non Baselined Grants	-28,456	-23,822	-23,822	0	0%	0	0%	
-949	Grant Funding Total	-51,782	-42,470	-43,260	-790	-2%	-948	-2%	
2,341	Net Total	241,645	198,383	200,414	2,031	1%	3,273	1%	

## APPENDIX 2 – Commentary on Forecast Outturn Position

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

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>1) Strategic Management ASC</b>	<b>1,280</b>	<b>-25</b>	<b>-3%</b>	<b>-107</b>	<b>-8%</b>
At the end of the third quarter, the level of staffing vacancies has been higher than planned in both the Disability and Adult Safeguarding & Social Work services and an underspend is now reported against this policy line. Recruitment for vacant posts is in progress.					
<b>2) ASC Strategy &amp; Transformation</b>	<b>2,098</b>	<b>-168</b>	<b>-11%</b>	<b>-140</b>	<b>-7%</b>
The underspend of -£140k is mainly due to an underspend on Housing Related Support contracts. Efficiencies have been made by rationalising contracts in 2016/17, and it is now clear that the new arrangements are sustainable.					
<b>3) ASC Practice &amp; Safeguarding</b>	<b>1,814</b>	<b>-194</b>	<b>-13%</b>	<b>-229</b>	<b>-13%</b>
The MCA/DoLS budget is forecast to underspend by -£229k principally due to a shortage of available Best Interest Assessors, and the resulting lower level of activity to date. This is a decrease of £24k compared to December, reflecting the impact of additional BIAs that have been contracted to undertake work in the last quarter of the year.					
<b>4) LD Head of Services</b>	<b>1,417</b>	<b>-1,017</b>	<b>-480%</b>	<b>-1,378</b>	<b>-97%</b>
<p><u>Overall LDP Position</u></p> <p>At the end of January, the Learning Disability Partnership is forecasting an overspend of £1,998k, which is an increase of £289k since December. The County Council's share of the pooled budget is 79%, and so the overall forecast pressure for the Council from the LDP is £1,575 – an increase of £229k.</p> <p>The overall level of overspend is principally due to lower than expected delivery of savings throughout the year. The planned reassessment of each service-user and the negotiation of placement costs with providers have shown an average cost reduction per client that is much lower than planned.</p> <p>Additionally, the need to place a number of complex, high-cost in-patients out-of-county due to restricted local availability continues to be a significant pressure.</p> <p>This overspend has been mitigated through a number of actions, principally:</p> <ul style="list-style-type: none"> <li>• Exceeding targeted restrictions on price uplifts.</li> <li>• Underspending on staff costs where vacancies have been difficult to fill or a decision has been made to delay recruitment.</li> <li>• Reviewing the utilisation of staff to reduce reliance on agency and overtime working in the in-house provider services.</li> <li>• Costs with a large provider have been reduced through renegotiation.</li> </ul>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>LD Head of Services, continued:</b>  A number of actions to further mitigate the in-year overspend and to ensure a sustainable position in 2017/18 are underway: <ul style="list-style-type: none"> <li>• Locality teams will be continuing with reassessing service-users and applying agreed policy lines.</li> <li>• A new, dedicated team is currently undertaking targeted reassessment, provider negotiation and service-redesign activity, having started in December 2016.</li> <li>• Expectations of savings have been significantly remodelled and updated based on experience to date and fed into the proposed Business Plan.</li> <li>• Further support and challenge is being utilised by the LDP to enhance practice, appropriately address risk and improve savings delivery.</li> <li>• There are ongoing negotiations with the NHS regarding contract arrangements for in-patient provision to ensure that some of these costs can be offset against the block contract.</li> </ul> <u>Changes since last month</u> The increase in the pool's forecast spend of £289k since December consists of: <ul style="list-style-type: none"> <li>• Changes in the cost of providing care, including new service-users: £278k</li> <li>• Revised forecast of savings to be delivered in the remainder of the year: £55k</li> <li>• A reduction on the Head of Services policy line following changes in expected costs for services provided by the NHS: -£32k</li> <li>• Improvements in In-House Provider Services: -£12k</li> </ul> The CCG's contribution to the higher forecast overspend will be £60k, resulting in the £229k net increase in the Council's forecast overspend across the LDP policy lines.					
<b>5) LD Young Adults</b>	<b>2,106</b>	<b>262</b>	<b>15%</b>	<b>625</b>	<b>30%</b>
The forecasted pressure for the Young Adults team has increased by £112k. This is mainly due to a new high-cost service user for who the Council has become responsible, and several breakdowns of care requiring higher-cost interventions.					
<b>6) Learning Disability – City, South and East Localities</b>	<b>30,221</b>	<b>939</b>	<b>4%</b>	<b>870</b>	<b>3%</b>
The forecast overspend in the South area has increased by £153k since the previous month, mainly due to changes in care costs: <ul style="list-style-type: none"> <li>• <b>City and South</b> – Changes in service-users' needs, including a large cost resulting from an education placement ending and being replaced by full-time care, have resulted in an increase in costs, the total net increase is £47k.</li> <li>• <b>East</b> – Costs have increased by £68k as a result of changing needs, in particular large costs resulting from short-term in-patient provision.</li> </ul> In addition, the expectation of savings to be delivered in the remainder of the year across the South area has been reduced by £31k, and estimates of staff costs have increased by £7k.					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>7) Learning Disability – Hunts &amp; Fenland Localities</b>	<b>20,326</b>	<b>1,242</b>	<b>7%</b>	<b>1,474</b>	<b>7%</b>
<p>Costs across the North area have increased overall by £69k since the previous forecast, mainly due to changes in care costs:</p> <ul style="list-style-type: none"> <li>• <b>Huntingdonshire</b> – Service-users' need changes have resulted in a decrease in cost in January of -£19k</li> <li>• <b>Fenland</b> – Changes in the needs of existing service-users, as well as a new service-user becoming the responsibility of the service, have resulted in an increase in costs of £63k.</li> </ul> <p>The forecast of savings to be delivered in the remainder of the year for the North area have been revised down, resulting in an increase in the forecast overspend of £25k.</p>					
<b>8) Physical Disabilities</b>	<b>12,381</b>	<b>-236</b>	<b>-2%</b>	<b>-317</b>	<b>-3%</b>
<p>The underspend in the Physical Disability Service is predicted to be -£317k underspent, which is a decrease in the underspend of £49k compared to December.</p> <p>This change is partly due to increased care commitments in January, including a number of high-cost short-term care packages, and partly due to a revised forecast of savings to be achieved in the remainder of the year.</p> <p>In order to deliver savings in 2016/17, the Disabilities Service has been engaged in reassessing all service-users and reviewing full- or joint-funding arrangements with the Clinical Commissioning Group. Actual cost-reductions from reassessments have been in-line with expectations. Analysis of health funding achieved to date shows that income is likely to be lower than expected in recent months (though in line with expectations that underpin the budget), and a number of adverse changes in health funding have become apparent. A large proportion of the forecast health funding remains dependent on the outcomes of joint assessment process with the CCG, which can delay funding agreement and can result in funding reducing.</p>					
<b>9) Autism and Adult Support</b>	<b>800</b>	<b>-235</b>	<b>-35%</b>	<b>-164</b>	<b>-20%</b>
<p>The Autism and Adult Support Team is forecast to be -£164k underspent at year-end, which is an increase of -£48k since December. The forecast 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. Key changes this month have resulted from service-users leaving the service.</p>					
<b>10) Carers Services</b>	<b>2,097</b>	<b>-418</b>	<b>-22%</b>	<b>-454</b>	<b>-22%</b>
<p>The number of carer assessments carried out and personal budgets awarded to date continues to be much lower than anticipated, and so an underspend of -£454k is being forecast on the basis that the current trend continues throughout the remainder of the year. This is an increase of -£4k compared to December. This figure continues to be closely monitored as information is received about how many personal budgets are awarded, &amp; work is being undertaken with social work staff to ensure that more carer assessments are carried out which will lead to more personal budget being agreed in the future.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>11) Strategic Management – OP&amp;MH</b>	<b>1,722</b>	<b>-446</b>	<b>-17%</b>	<b>-532</b>	<b>-31%</b>
<p>An underspend of £532k is now being reported for Strategic Management – OP&amp;MH; this is an increase of £165k from last month's figure. Difficulties experienced in recruiting to posts across the directorate are expected to continue for the rest of the year and so the underspend on vacancy savings has been increased by £213k to reflect this. This favourable change to the forecast has been partially offset by small pressures amounting to £48k across the budget.</p> <p>Previously reported minor underspends and pressures still apply.</p>					
<b>12) Central Commissioning</b>	<b>11,154</b>	<b>50</b>	<b>0%</b>	<b>123</b>	<b>1%</b>
<p>Central Commissioning is forecasting an overspend of £123k, which is a reduction in overspend of £68k from the figure reported last month.</p> <p>Work continues to monitor the rate of block bed utilisation, and the pressure has been reduced by £56k to £543k in relation to long term beds for Older People. Some corresponding savings on spot purchasing of beds related to block utilisation have been factored in to the forecasts for the older peoples' locality teams and older people mental health. This has been helping to manage the increase in demand in the last few months.</p> <p>Other minor changes have amounted to an improvement of £12k in the overall position.</p> <p>Previously reported variances on respite block beds, the transitions service and deferred payments income continue unchanged since last month.</p>					
<b>13) OP - City &amp; South Locality</b>	<b>13,075</b>	<b>-106</b>	<b>-1%</b>	<b>-81</b>	<b>-1%</b>
<p>This month City and South are reporting a year-end underspend of £81k; this is an adverse change of £174k since last month.</p> <p>The expected saving this month was £98k whereas there was actually an increase of £61k. Within this there was a significant pressure on nursing of £113k with savings being made in most other areas. There was a further £11k reduction in other areas including client contributions.</p> <p>Savings within the remainder of the year are expected from utilising block placements in order to reduce spot purchased costs, it is expected that this could save another £23k this year. There is also an expectation that a further amount will be saved due to Continuing Healthcare funding for cases this year.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>14) OP - Fenland Locality</b>	<b>8,666</b>	<b>110</b>	<b>2%</b>	<b>71</b>	<b>1%</b>
<p>This month Fenland are reporting a year-end overspend of £71k, an adverse movement of £227k from last month.</p> <p>The underlying cost of care forecast is showing a current position of £92k overspend based on existing commitments.</p> <ul style="list-style-type: none"> <li>Residential care increased by £150k <ul style="list-style-type: none"> <li>12 ended placements offset by 12 new placements</li> <li>New placements averaged almost £100 per week more expensive than the ended placements</li> <li>New placements backdated by an additional 50 days.</li> <li>Additional 7 placements converting from community care.</li> </ul> </li> <li>Nursing care increased by £41k <ul style="list-style-type: none"> <li>5 ended placements offset by 4 new placements</li> <li>New placements averaged £110 per week more expensive than the ended placements.</li> <li>Additional 3 placements converted from community or residential</li> </ul> </li> <li>Income from client contributions increased by £33k</li> <li>The previous projection that Fenland OP team would save a further £97k to year end has reduced by £74k to £23k due to a diminishing timeframe for making the savings.</li> </ul>					
<b>15) OP - Hunts Locality</b>	<b>11,138</b>	<b>-535</b>	<b>-6%</b>	<b>-602</b>	<b>-5%</b>
<p>The forecast underspend for Hunts OP Locality team this month has decreased to £602k, a change of £194k since last month.</p> <p>The underlying cost of care position is a £579k underspend based on existing commitments. This is a worsening of £55k on last month due mainly to increased costs on direct payments, nursing, residential and short term/emergency care although there continue to be savings this month on domiciliary care. The forecast for client contributions has fallen by £33k since last month and there has also been a decrease in the expected clawback of unspent direct payment monies.</p> <p>The forecast includes £23k of savings still to be made by year end. The savings forecast on the use of block beds rather than spot has decreased this month because of the number of placements made and further savings are also expected from continuing healthcare cases.</p>					
<b>16) Shorter term Support and Maximising Independence</b>	<b>8,273</b>	<b>-269</b>	<b>-4%</b>	<b>-223</b>	<b>-3%</b>
<p>An underspend of £223k is forecast against Shorter Term Support and Maximising Independence, a reduction of £23k resulting from a number of minor adjustments across the service.</p> <p>The following previously reported underspends still apply:</p> <ul style="list-style-type: none"> <li>Vacancy hours within the Reablement Service have remained high throughout the year to date although recent successful recruitment drives will increase staffing levels in the final part of the year</li> <li>Across the service there are other underspends totalling £97k, a reduction of £23k since the last report.</li> </ul>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>17) Adult Mental Health Localities</b>	<b>6,526</b>	<b>-560</b>	<b>-11%</b>	<b>-685</b>	<b>-10%</b>
<p>Adult Mental Health Localities is forecasting an underspend of £685k, a small decrease of £32k from the figure reported last month. Significant progress has been made to reduce cost of care; it is expected that savings will exceed Business Planning targets and an underspend of £343k is included in the forecast to reflect this. However, the Council is in dispute with another County Council regarding a high cost, backdated package. There is currently no allowance for this in the reported position, but this represents a six figure risk to the forecast.</p> <p>The previously reported underspend from price negotiations still applies, as does an expectation of additional funding for placements made through Section 41 of the Mental Health Act. Discussions with the NHS on this matter are ongoing.</p>					
<b>18) Older People Mental Health</b>	<b>8,211</b>	<b>-133</b>	<b>-2%</b>	<b>-519</b>	<b>-6%</b>
<p>Older People Mental Health is forecasting an underspend of £519k.</p> <p>The underlying cost of care commitment has continued to improve, however, further savings are expected to be achieved before year-end and so an underspend of £400k has been included in the forecast to reflect this.</p> <p>As with adult mental health, the previously reported underspends from price negotiation and an expectation of section 41 funding remain within the forecast.</p>					
<b>19) Voluntary Organisations</b>	<b>4,182</b>	<b>-41</b>	<b>-1%</b>	<b>-154</b>	<b>-4%</b>
<p>As previously reported an underspend of £154k is forecast in mental health Voluntary Organisations. There are less than full year costs against funding earmarked for a new 24 hour supported living project.</p>					



Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>20) Strategic Management - Children's Social Care</b>	<b>5,672</b>	<b>406</b>	<b>9%</b>	<b>534</b>	<b>9%</b>
<p>The Children's Social Care (CSC) Director budget is forecasting an over spend of £534k This is £19k less than end of December 2016 position.</p> <p>The First Response Emergency Duty Team is forecasting a £42k overspend due to use of agency staffing. This is because, due to service need, posts are required to be filled as quickly as possible, with essential posts covered by agency staff in a planned way until new staff has taken up post. Without the use of agency staff to back fill our vacant posts we would not be able to complete our statutory function and the delay to children and families would be significant, jeopardising our ability to offer children/young people a proportionate response to significant risk of harm they may be suffering. Agency cover is only used where circumstances dictate and no other options are available.</p> <p>A further £296k of planned agency budget savings is not able to be met due to the continued need for use of agency staff across Children's Social Care due to increasing caseloads, with an additional £196k of costs associated with managing the Children's Change Programme.</p> <p><u>Actions being taken:</u></p> <p>We continue to make concerted efforts to minimise the dependency on agency despite high levels of demand. The implementation of our recruitment and retention strategy for social work staff is designed to decrease the reliance on agency staffing. However, it does remain a challenge to attract appropriately experienced social workers to this front line practice.</p>					
<b>21) Adoption Allowances</b>	<b>3,076</b>	<b>265</b>	<b>10%</b>	<b>325</b>	<b>11%</b>
<p>The Adoption Allowances budget is currently forecasting an over spend of £325k. This is an increase £25k since last month.</p> <p>The forecast review of Special Guardianship Orders (SGO) is taking longer to implement than planned and as a result we are unable to account for full year savings. It is anticipated that this work will now complete in January 2017 with an estimated £50k of the £350k savings target being met this year.</p> <p><u>Actions being taken:</u></p> <p>A strategic review of adoption allowances is planned which, with the full year effect of the SGO reviews, should return the budget to balance in 2017/18.</p>					
<b>22) Legal Proceedings</b>	<b>1,540</b>	<b>228</b>	<b>20%</b>	<b>300</b>	<b>19%</b>
<p>The legal proceedings budget is forecasting an overspend of £300k.</p> <p>The number of care proceedings increased from 108 in 2014/15 to 139 in 2015/16 and demonstrates a gradual but significant increase in activity which is in line with national trends, based on figures provided by CAFCASS. Care proceedings continue to increase through 2016/17.</p> <p>There has been a decrease in care applications over the last few months but they are still showing a rise of 18.7% since 2015/16 against a national average of 15%. 112 care applications so far in 2016/17 (Q1:44 Q2:36 Q3:32). This is recognised by the Family Division as a national issue. There has been no additional investment to meet the increasing need to take action to safeguard children and demand on the legal budget will exceed 2015/16 figures.</p> <p><u>Actions being taken:</u></p> <p>Implementation of the Children's Change Programme will seek to improve performance and by targeting the right families at the right time is expected to reduce our exposure to legal costs. Focus is also being put on our use of expert witnesses and how we access legal advice in order to better manage expenditure.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>23) Safeguarding &amp; Standards</b>	<b>1,767</b>	<b>266</b>	<b>23%</b>	<b>335</b>	<b>19%</b>
<p>The Safeguarding and Standards (SAS) budget is forecasting an over spend of £335k. This is an increase of £61k on the end December position.</p> <p>This is due to the use of agency staff to cover the increased number of initial and review child protection (CP) conferences and initial and review Looked After Children (LAC) Reviews. The SAS team currently operates with a staff group that was predicated for CP numbers of 192-230 (in 2013) and LAC numbers of 480 (in 2013), these numbers continue to rise steadily and now stand at 528 CP and 654 LAC (end January 17). Independent Reviewing Officer caseloads are defined by statutory legislation so extra staff are required to manage that obligation. In the last 6months two extra full time permanent staff have been agreed to support the workload but this continues to leave a gap which is being filled by agency staff.</p> <p>One IRO has been on sick leave which has been extended now for over six months and the post continues to be covered by agency staff.</p> <p>We have recruited a full time IRO prior to the funding being available on 1<sup>st</sup> April to retain a good social worker in the County and also the release some for the agency spend. We have appointed a consultant to undertake deep dive audits and to support performance, this is forecast into the spend and is a pressure. Interpreter's costs have risen by 5k in this period.</p> <p><u>Actions being taken:</u></p> <p>We have already analysed, and are now implementing new procedures on better use of staff time to free up capacity. Despite this workloads remain stretched and we are exploring other avenues to secure resource to better manage the current caseloads.</p>					
<b>24) CSC Units Hunts and Fenland</b>	<b>3,923</b>	<b>542</b>	<b>17%</b>	<b>706</b>	<b>18%</b>
<p>The CSC Units Hunts and Fenland budget is forecasting an over spend of £706k due to the use of agency staffing. This is an increase of £29k on the end of December position following a review of agency requirements for the rest of the year.</p> <p>A policy decision was taken to ensure we fulfil our safeguarding responsibilities by ensuring that posts should be filled as quickly as possible, with essential posts within the Unit model covered by agency staff in a planned way until new staff have taken up post. If vacant posts are not filled we run the risk of not being able to carry out our statutory duties, and the unit becomes under increased pressure and unlikely to meet statutory requirements and there is then a potential that children could be left at risk.</p> <p>The unit model is very vulnerable when posts are left vacant and whilst this can be managed for a very short period of time (staff on leave/period of absence) vacancies will require agency staff to backfill.</p> <p><u>Actions being taken:</u></p> <p>We continue to make concerted efforts to minimise the dependency on agency despite high levels of demand. The implementation of our recruitment and retention strategy for social work staff should decrease the reliance on agency staffing. This would be more cost effective than using agency staff. The establishment budget would have to be re-balanced to meet this cost. Further work is also underway as part of the CCP to review the Unit Model design and how best to manage the Child's journey. This has involved staffing structures being altered in preparation for, the implementation of the Children's Change Programme towards the end of the current financial year.</p>					
<b>25) CSC Units East &amp; South Cambs &amp; Cambridge</b>	<b>3,654</b>	<b>253</b>	<b>8%</b>	<b>363</b>	<b>10%</b>
<p>The CSC Units East &amp; South Cambs and Cambridge budget is forecasting an over spend of £363k due to the use of agency staffing. This is a decrease of £17k on the end of December position following a review of agency requirements for the rest of the year. See CSC Hunts and Fenland (note 24) for narrative.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>26) Looked After Children Placements</b>	<b>12,512</b>	<b>2,574</b>	<b>27%</b>	<b>3,850</b>	<b>31%</b>

The forecast overspend has increased by £100k this month, to £3.85m. The overall pressure is a combination of the underlying pressure from 2015/16 (£1.4m), as a result of having more LAC than budgeted, and the number of children in care and in placements not reducing as originally budgeted. Whilst new admissions to care have shown a trend below that of the national and statistical neighbour picture, the numbers of children leaving care has not reduced at a similar rate. Some of the optimism around the LAC savings for both the current year and future years has been given a deep dive review. The outcome of this work revealed that there is inadequate budget to service the number of LAC in the care system currently and the anticipated LAC numbers going forward. This has therefore been reflected within the forecast outturn. In-house fostering has shown an increase in numbers of households and placements, which has absorbed a large number of new admissions to care. Purchased IFA provision has not decreased as forecast within the previous LAC strategy. The impact to future year savings is being dealt with as part of the Children's Change Programme and feeds into the current Business Planning process.

It should be noted that a significant amount of work has been undertaken focussing on procurement savings. To date, c.£1.4m of savings have successfully been delivered around this work, against an annual savings target of £1.5m. Similarly, in-house fostering placements have increased from below budgeted numbers to be on-target, with 12 further households being approved over the next 3 months.

Overall LAC numbers at the end of January 2017, including placements with in-house foster carers, residential homes and kinship, are 656, 10 more than December 2016. This includes 61 unaccompanied asylum seeking children (UASC).

External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of January are 332.

External Placements Client Group	Budgeted Packages	31 Dec 2016 Packages	31 Jan 2017 Packages	Variance from Budget
Residential Disability – Children	3	1	1	-2
Child Homes – Secure Accommodation	0	0	0	-
Child Homes – Educational	8	17	17	+9
Child Homes – General	23	28	27	+4
Supported Accommodation	19	18	16	-3
Supported living 16+	6	23	21	+15
Independent Fostering	180	244	250	+70
<b>TOTAL</b>	<b>239</b>	<b>331</b>	<b>332</b>	<b>+93</b>

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

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>Looked After Children Placements, continued:</b>					
Actions being taken to address the forecast overspend include:					
<ul style="list-style-type: none"> <li>A fortnightly panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs.</li> <li>A weekly LAC monitoring meeting chaired by the Executive Director of CFA, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.</li> <li>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 a holistic, creative team of support for young people with the most complex needs, improving outcomes for young people and preventing use of expensive externally-commissioned services. This will begin to have impact in 2017-18 and delivers a sustainable model to increase savings in future years.</li> </ul>					
<b>27) Local Assistance Scheme</b>	<b>484</b>	<b>-146</b>	<b>-35%</b>	<b>-179</b>	<b>-37%</b>
<p>In May 2016, Adults Committee considered spending plans for the scheme at the "core funding" level of £321k.</p> <p>As previously reported, this means the contingency budget of £163k is no longer required.</p> <p>In addition a further £16k of savings have currently been identified, and this is in relation to an anticipated underspend in relation to the Direct Payment Provision.</p>					
<b>28) SEN Placements</b>	<b>8,563</b>	<b>504</b>	<b>6%</b>	<b>700</b>	<b>8%</b>
<p>The Special Educational Needs (SEN) Placements budget is forecasting a £700k overspend in 16/17. This budget has seen an increase in pressure from a rise in the number 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. Their local schools may have been able to meet their needs, but may also have been concerned about progress and meeting educational needs. In these cases the SEN Placement budget has to fund the ISEP element of the 52 week residential placement; often these are schools given the level of learning disability of the young children. 4 additional such cases have recently placed further pressure on this budget.</p> <p>The SEN Placement budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant (DSG) and, as such, this overspend will be met from DSG carry-forward to be applied in-year.</p> <p><u>Actions going forward:-</u></p> <ul style="list-style-type: none"> <li>Actions in the Placements Strategy are aimed at returning children to within County borders and reducing Education Placement costs.</li> <li>Previous discussions for 3 new special schools to accommodate the rising demand over the next 10 years needs to be revisited as there is a pressure on capital funding. One school is underway and with two more planned. Alternatives such as additional facilities in the existing schools, looking at collaboration between the schools in supporting post 16, and working with FE to provide appropriate post 16 course is also being explored.</li> </ul>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>SEN Placements, continued:</b> <ul style="list-style-type: none"> <li>• Business case presented to health commissioners to improve the input of school nursing in area special schools to support increasingly complex medical/health needs.</li> <li>• Deliver SEND Commissioning Strategy and action plan to maintain children with SEND in mainstream education.</li> <li>• Schools Forum have requested further information on all pressures within the High Needs Block to be presented at their December meeting for scrutiny. Subject to approval there is likely to be a transfer of funding required within the DSG to address the pressures in future years.</li> </ul>					
<b>29) Commissioning Services</b>	<b>4,527</b>	<b>99</b>	<b>3%</b>	<b>266</b>	<b>6%</b>
<p>The Out of School Tuition budget is forecasting to overspend by £300k. There are a number of children with a Statement of Special Educational Needs / Education, Health and Care Plans (EHCP) out of school in receipt of alternative education (tuition) packages. When moving a child with a Statement of Special Educational Needs / EHCP from one school to another the LA has to adhere to the placement consultation process (with specified timescales) outlined in the DfE SEN Code of Practice. Due to the need for the timescales to be followed, and an increasing number of negative responses being received, the process of moving a child with a Statement / EHCP from one school to another can take longer. Until the process is complete the LA has a duty to provide interim full-time education provision, which is now a mandatory 25 hours per week.</p> <p>The Educational Equipment budget is forecast to overspend by £20k, the Special Equipment budget is forecast to underspend by £10k, Supported Lodgings is forecast to underspend by £35k, and Supporting People contract is forecasting a saving of £9k</p> <p>This brings the total Commissioning Services forecast overspend down to £266k.</p>					
<b>30) Home to School Transport (Special)</b>	<b>7,973</b>	<b>-46</b>	<b>-1%</b>	<b>-180</b>	<b>-2%</b>
<p>The Home to School Special transport budget is forecasting an overall underspend of £180k. This underspend is as a result of savings on the retendering of contracts under the Council's Dynamic Purchasing System and also a result of fewer mid-year route additions than originally budgeted due to an overall reduction in the number of children and young people receiving transport from 1,121 last year to 1,010 at present.</p>					
<b>31) LAC Transport</b>	<b>1,107</b>	<b>104</b>	<b>13%</b>	<b>140</b>	<b>13%</b>
<p>There is a £140k overspend forecast against the LAC transport budget as a result of the overall increase in Looked after Children meaning more children are requiring Home to School Transport with over 450 additional journeys than at the same point last year.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>32) Central Financing</b>	<b>-3,208</b>	<b>-209</b>	<b>-7%</b>	<b>-259</b>	<b>-8%</b>
<p>Central Financing is forecasting a £259k underspend at the year end.</p> <p>This has arisen following approval at July GPC, that £200k of SEND Reform Grant to be received during the 2016/17 financial year will be applied to support additional associated costs within CFA. Additionally, we expect underspends of £299k within the Better Care Fund. There are off setting pressures from a delay in planned senior management restructure (£200k), which has been addressed through Business Planning for 2017/18, and also from the re-baselining of 2016/17 in-year pressures (£40k).</p>					
<b>33) Strategic Management – Learning</b>	<b>896</b>	<b>116</b>	<b>14%</b>	<b>119</b>	<b>13%</b>
<p>Learning are currently forecasting a £103k under-recovery against the vacancy savings target against an overall target of £316k. As many parts of Learning generate income, when an income generating post falls vacant, some of the salary saving is used to offset the reduction in income. Furthermore, due to previous restructures, there is a limited pool of Learning staff from which vacancy savings can be made and therefore this is a challenging target. In addition to this there is a £16k pressure due to the agency staff being recruited to cover posts within Business Support.</p>					
<b>34) Schools Partnership Service</b>	<b>983</b>	<b>-195</b>	<b>-25%</b>	<b>-326</b>	<b>-33%</b>
<p>There is a £326k underspend forecast in the Schools Partnership Service. This is due to an increase in grant funding that supports activity previously funded from net LA budget.</p>					
<b>35) Catering &amp; Cleaning Services</b>	<b>-400</b>	<b>220</b>	<b>166%</b>	<b>269</b>	<b>67%</b>
<p>The Catering and Cleaning service (CCS) is budgeted to achieve a £400k contribution to the overall CFA bottom line. However as at the end of January the forecast indicates a shortfall of £269k.</p> <p>Although day to day trading is achieving budgeted targets, for income and provisions costs, there are pressures relating to staff costs resulting from maintaining service provision whilst covering staff absence and recruiting to vacancies. Additional staff cost pressures are due to higher than budgeted salary rates as the national living wage increase impacted on a large % of catering and cleaning staff.</p> <p>Throughout the year a number of service level agreements (SLAs) have been terminated with a resulting loss of income, and in some areas the take-up of school meals is below expectations.</p> <p>The main pressure however is a result of Northamptonshire County Councils closure of their school meals service and the subsequent loss of 3.1million meal orders on an annual basis. This necessitated the closure of the B4 Distribution Centre (Oct 16), and the mothballing of the C3 Cook Freeze Centre (Dec 16). Following redeployment of staff where possible, the cost of the redundancies is forecast to be £149k in 2016/17.</p> <p>A plan of savings and restrictions of expenditure is in place to minimise the forecast trading shortfall.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>36) Home to School Transport – Mainstream</b>	<b>9,779</b>	<b>-205</b>	<b>-3%</b>	<b>-225</b>	<b>-2%</b>
<p>The Mainstream Home to School/College forecast outturn is an underspend of £225k.</p> <p>This position has been achieved as a result of:</p> <ul style="list-style-type: none"> <li>• The implementation of policy changes to the financial support provided by the Council to post-16 which came into effect on 1 September 2016. The only students who now qualify for support are those who meet low-income criteria and attend their nearest appropriate post-16 centre as designated by the Council and those post-16 students who were part-way through a course of study which commenced before 1 September 2016. All students make a contribution to their transport costs.</li> <li>• The re-tendering of contracts under the Council's Dynamic Purchasing System.</li> <li>• On-going scrutiny and challenge over use of single-occupancy taxis, with alternatives offered to parents including two bus passes, one for the child and one for an accompanying parent.</li> <li>• On-going scrutiny and challenge of requests for transport assistance in cases where the child or young person does not meet the Council's qualifying criteria.</li> <li>• Analysis of data and subsequent review of contract arrangements to match the size of the vehicle as closely as possible to the number of entitled children/young people requiring seats.</li> </ul>					
<b>37) Financing DSG</b>	<b>-23,326</b>	<b>-790</b>	<b>-4%</b>	<b>-948</b>	<b>-4%</b>
<p>Within CFA, spend of £23.3m is funded by the ring fenced Dedicated Schools Grant. The DSG pressure of £948k is made up from Education Placements (£700k); Commissioning Services (£310k); Early Years Specialist Support (-£50k); Support to Parents (-£5k); 0-19 Place Planning &amp; Organisation Service (-£7k) and for this financial year will be met by DSG reserve carry forwards.</p>					

## APPENDIX 3 – Grant Income Analysis

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

<b>Grant</b>	<b>Awarding Body</b>	<b>Expected Amount £'000</b>
<b>Grants as per Business Plan</b>		
Public Health	Department of Health	6,422
Better Care Fund	Cambs & P'Boro CCG	15,457
Social Care in Prisons Grant	DCLG	318
Unaccompanied Asylum Seekers	Home Office	1,500
Youth Offending Good Practice Grant	Youth Justice Board	528
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	2,194
Children's Social Care Innovation Grant (MST innovation grant)	DfE	576
MST Standard & CAN	DoH	201
Music Education HUB	Arts Council	782
Non-material grants (+/- £160k)	Various	351
<b>Total Non Baselined Grants 2016/17</b>		<b>28,456</b>

Financing DSG	Education Funding Agency	23,326
<b>Total Grant Funding 2016/17</b>		<b>51,782</b>

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

<b>Directorate</b>	<b>Grant Total £'000</b>
Adult Social Care	2,299
Older People	12,166
Children's Social Care	1,571
Strategy & Commissioning	1,557
Enhanced & Preventative Services	9,802
Learning	1,061
<b>TOTAL</b>	<b>28,456</b>



## APPENDIX 4 – Virements and Budget Reconciliation

### Virements between CFA and other service blocks:

	Effective Period	£'000	Notes
<b>Budget as per Business Plan</b>		<b>242,563</b>	
Strategic Management - Children's Social Care	May	-77	Contact Centre Funding
Shorter Term Support and Maximising Independence	May	-10	Accommodation costs have been agreed with the NHS for buildings which are shared. This amount has been transferred to LGSS Property who handles the NHS recharge.
Shorter Term Support and Maximising Independence	May	-113	Budget has been transferred to LGSS for professional services support to Reablement teams. This amount was recharged in 2015/16 and is now transferred permanently.
Information Management & Information Technology	June	-53	SLA for Pupil Forecasting/Demography to Research Group within Corporate services.
Schools Partnership Service	Sept	6	Correction to Centralised mobile telephones.
Adult Social Care	Nov	45	Corporate Funding - Advocacy Contract
Multiple Policy Lines	Dec	-716	Corporate Capacity Review Budgets
<b>Current Budget 2016/17</b>		<b>241,645</b>	

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

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

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

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

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

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

## APPENDIX 5 – Reserve Schedule

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

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 Jan 17		
	£'000	£'000	£'000	£'000	
<b>General Reserve</b>					
CFA carry-forward	1,623	-1,062	561	-2,711	Forecast overspend of £3,273k applied against reserves.
<b>subtotal</b>	<b>1,623</b>	<b>-1,062</b>	<b>561</b>	<b>-2,711</b>	
<b>Equipment Reserves</b>					
ICT Equipment Replacement Reserve	604	0	604	604	The reserve is fully committed but the replacement cannot be implemented before school summer holiday so costs will be incurred Autumn Term 2017
IT for Looked After Children	178	-80	98	98	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend).
<b>subtotal</b>	<b>782</b>	<b>-80</b>	<b>702</b>	<b>702</b>	
<b>Other Earmarked Reserves</b>					
<b>Adult Social Care</b>					
Capacity in ASC procurement & contracts	225	-63	162	162	Continuing to support route rationalisation for domiciliary care car rounds
Specialist Assistive technology input to the LDP	186	-186	0	0	External support to promote use of technology to reduce costs of supporting LD clients
Autism & Adult Support Workers (trial)	60	-30	30	30	Trialling support work with Autism clients to investigate a new service model, 12 month period but only starting in September 2016
Direct Payments - Centralised support (trial)	174	-44	130	130	By centralising and boosting support to direct payment setup we hope to increase uptake & monitoring of this support option
Care Plan Reviews & associated impact - Learning Disability	346	-346	0	0	Additional social work, complaints handling, business support and negotiation capacity in support of the major reassessment work in these services
Care Plan Reviews & associated impact - Disabilities	109	-109	0	0	
<b>Older People &amp; Mental Health</b>					
Continuing Healthcare project	118	-59	59	59	CHC team has been formed to deliver the BP savings
Homecare Development	62	-40	22	22	Post taking forward proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work.
Falls prevention	44	-44	0	-44	To upscale the falls prevention programme
Dementia Co-ordinator	35	-22	13	13	£35k needed.
Shared Lives (Older People)	49	-49	0	0	Trialling the Adult Placement Scheme within OP&MH
Mindful / Resilient Together	321	-133	188	188	Programme of community mental health resilience work (spend over 3 years)

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 Jan 17		
	£'000	£'000	£'000	£'000	
Increasing client contributions and the frequency of Financial Re-assessments	120	-70	50	50	Hiring of fixed term financial assessment officers to increase client contributions. Staff in post.
Brokerage function - extending to domiciliary care	50	-15	35	35	Trialling homecare care purchasing post located in Fenland
Specialist Capacity: home care transformation / and extending affordable care home capacity	70	-45	25	25	External specialist support to help the analysis and decision making requirements of these projects and upcoming tender processes
Care Plan Reviews & associated impact - Older People	452	-452	0	0	Options being explored with overtime to complement agency worker reviews
<b>Childrens Social Care</b>					
Independent Reviewing Officers (IRO) and Care Planning (CP) Chairperson	28	-28	0	0	2 x Fixed Term Posts across 2015/16 and 2016/17. Increase in Independent Reviewing Officers (IRO) capacity to provide effective assessment which will safeguard the YP as per statutory guidance under the Care Planning Regulations Children Act 1989 – (Remaining balance will support for 1 post for 6 month period in 2016/17)
Adaptations to respite carer homes	14	-14	0	0	Reserve for adaptations to Foster carer Homes
Child Sexual Exploitation (CSE) Service	250	-250	0	0	Child Sexual Exploitation Funding - Project to work with children in relation to child sexual exploitation. Delivery of this service is being reviewed - to be considered by the General Purposes Committee in March
<b>Strategy &amp; Commissioning</b>					
Building Schools for the Future (BSF)	141	0	141	0	Funding allocated to cover full ICT programme and associated risks. In 2016/17 also cover costs associated with transition from Dell ICT contract.
Statutory Assessment and Resources Team (START)	10	-10	0	0	Funding capacity pressures as a result of EHCPs.
Home to School Transport Equalisation reserve	253	0	253	-240	16/17 is a "long year" with no Easter and so has extra travel days. The equalisation reserve acts as a cushion to the fluctuations in travel days. Oct 16 - have amended the expected draw down by 197k as have corrected the draw down by 2 days.
Time Credits	74	-74	0	0	Funding for 2 year Time Credits programme from 2015/16 to 2016/17 for the development of connected and supportive communities.
Reduce the cost of home to school transport (Independent travel training)	60	-60	0	0	Draw down of funds to pay for independent travel training
Prevent children and young people becoming Looked After	57	-57	0	0	£32k to extend the SPACE programme pilot to enable a full year of direct work to be evaluated for impact and £25k Re-tendering of Supporting People contracts (ART)

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 Jan 17		
	£'000	£'000	£'000	£'000	
<b>Strategy &amp; Commissioning</b>					
Disabled Facilities	127	0	127	63	Funding for grants for disabled children for adaptations to family homes.
Commissioning Services – Children's Placements	13	-13	0	0	Funding to increase capacity. Two additional Resource Officers are in post.
<b>Enhanced &amp; Preventative</b>					
Information Advice and Guidance	20	-40	-20	0	£20k will be used in 16/17 to cover the salaries of 6 remaining post holders who will leave by redundancy on 11th May 2016 as a result of Phase II Early Help Review
Changing the cycle (SPACE/repeat referrals)	67	-67	0	0	Project working with mothers who have children taken in to care - to ensure that the remaining personal or family needs or issues are resolved before the mother becomes pregnant again. Funding for this project ends March '17.
Multi-Systemic Therapy (MST) Standard	182	0	182	0	2-year investment in the MST service (£182k in 2015/16 & 2016/17) to support a transition period whilst the service moves to an external model, offering services to CCC and other organisations on a traded basis.
MST Child Abuse & Neglect	78	-78	0	0	Whilst the MST CAN project ended in 2015/16, the posts of MST Program Manager and Business Support Manager who support all of the MST teams have been retained and will transfer to the MST Mutual CIC. Funding is required until the MST Mutual commences.
Youth Offending Team (YOT) Remand (Equalisation Reserve)	250	0	250	250	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
All Age Lead Professional	40	-40	0	0	Trialling an all age locality lead professionals. Ongoing trial into 16/17.
Maximise resources through joint commissioning with partners	14	-14	0	0	Funding for Area Partnership Manager, ensuring that local needs are identified and met in relation to children's services by bringing together senior managers of local organisations in order to identify and develop priorities and commission local services. Work to be undertaken during 2016/17 to seek sustainable solution to the shortfall in funding on a permanent basis.
Independent Domestic Violence Advisors	24	-24	0	0	To continue to provide a high level of support to partner agencies via the Multi-agency safeguarding hub, and through the multi-agency risk assessment conference process, by supporting high-risk victims of domestic abuse.
<b>Learning</b>					
Cambridgeshire Culture/Art Collection	87	0	87	47	Providing cultural experiences for children and young people in Cambs
Discretionary support for LAC education	182	-182	0	0	Required to fund CIN post spanning financial years
Reduce the risk of deterioration in school inspection outcomes	60	-60	0	0	Draw down of funding to pay for fixed term Vulnerable Groups post

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 Jan 17		
	£'000	£'000	£'000	£'000	
ESLAC Support for children on edge of care	50	-14	36	36	Funding for 2 year post re CIN
CCS (Cambridgeshire Catering and Cleaning Services)	119	-119	0	0	CCS Reserve to make additional investment in branding, marketing, serveries and dining areas to increase sales and maintain contracts. Also includes bad debt provision following closure of Groomfields Grounds Maintenance Service.
<b><u>Cross Service</u></b>					
Develop 'traded' services	57	-57	0	0	£27k is funding for 2 x 0.5 FTE Youth Development Coordinators until March 17 £30k is for Early Years and Childcare Provider Staff Development
Improve the recruitment and retention of Social Workers (these bids are cross-cutting for adults, older people and children and young people)	188	-110	78	74	This will fund 2-3 staff across 2016/17 focused on recruitment and retention of social work staff
Reduce the cost of placements for Looked After Children	184	-184	0	0	Repairs & refurbish to council properties: £5k Linton; £25k March; £20k Norwich Rd; £10k Russell St; Alterations: £50k Havilland Way Support the implementation of the in-house fostering action plan: £74k
Re-deployment of CFA Continuing and New Earmarked Reserves	-953	953	0	0	New 16/17 CFA Earmarked Reserves (£1.451m) funded from those 15/16 earmarked reserves no longer required (£0.498m) and CFA carry forward (£0.953m), following approval from Committee.
<b>subtotal</b>	<b>4,097</b>	<b>-2,249</b>	<b>1,848</b>	<b>900</b>	
<b>TOTAL REVENUE RESERVE</b>	<b>6,502</b>	<b>-3,391</b>	<b>3,111</b>	<b>-1,110</b>	
<b><u>Capital Reserves</u></b>					
Building Schools for the Future	61	0	61	0	Building Schools for Future - c/fwd to be used to spent on ICT capital programme as per Business Planning 16/17.
Basic Need	0	3,781	3,781	0	The Basic Need allocation received in 2016/17 is fully committed against the approved capital plan.
Capital Maintenance	0	4,708	4,708	0	The School Condition allocation received in 2016/17 is fully committed against the approved capital plan.
Other Children Capital Reserves	110	0	110	0	£10k Universal Infant Free School Meal Grant c/f and the Public Health Grant re Alcohol recovery hub £100k rolled forward to 2016/17.
Other Adult Capital Reserves	2,257	3,479	5,736	425	Adult Social Care Grant to fund 2016/17 capital programme spend.
<b>TOTAL CAPITAL RESERVE</b>	<b>2,428</b>	<b>11,968</b>	<b>14,396</b>	<b>425</b>	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

## APPENDIX 6 – Capital Expenditure and Funding

### 6.1 Capital Expenditure

2016/17						TOTAL SCHEME	
Original 2016/17 Budget as per BP £'000	Scheme	Revised Budget for 2016/17 £'000	Actual Spend (Jan) £'000	Forecast Spend - Outturn (Jan) £'000	Forecast Variance - Outturn (Jan) £'000	Total Scheme Revised Budget £'000	Total Scheme Forecast Variance £'000
	<b>Schools</b>						
41,711	Basic Need - Primary	42,782	24,719	37,352	-5,430	224,944	28,047
39,689	Basic Need - Secondary	41,662	25,428	37,649	-4,013	214,351	2,844
321	Basic Need - Early Years	613	55	613	0	2,203	0
770	Adaptations	654	347	491	-163	6,541	0
2,935	Specialist Provision	3,225	2,997	3,225	0	5,060	-175
3,250	Condition & Maintenance	3,250	2,962	3,250	0	25,750	0
204	Building Schools for the Future	348	112	348	0	9,118	0
1,114	Schools Managed Capital	1,926	0	1,926	0	9,798	-190
0	Universal Infant Free School Meals	10	5	10	0	0	0
300	Site Acquisition and Development	300	418	395	95	650	0
1,500	Temporary Accommodation	1,500	1,828	1,500	0	14,000	0
0	Youth Service	127	0	127	0	0	0
295	Children Support Services	295	160	395	100	2,530	0
3,717	Adult Social Care	5,311	5,073	5,311	0	25,777	1,299
1,350	CFA IT Infrastructure	1,700	205	1,200	-500	3,000	0
0	CFA Capital Variation	-10,282	0	-371	9,911	0	0
<b>97,156</b>	<b>Total CFA Capital Spending</b>	<b>93,421</b>	<b>64,308</b>	<b>93,421</b>	<b>0</b>	<b>543,722</b>	<b>31,825</b>

#### Basic Need - Primary £28,047k increased total scheme cost

A total scheme variance of £5,310k 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 increases approved by GPC for 2016/17;

- Fulbourn Primary (£1,000k) further planning has indicated that the cost of the project will be higher than originally anticipated
- Melbourn Primary (£2,050k) increased scope includes replacement of two temporary classroom structures.
- Hatton Park Primary ( £10k) increased scope to reflect removal costs required as part of the project
- Wyton Primary (£2,250k) due to scheme being delivered in two phases and increased costs associated with the delay in phasing. Phase 1 involves replacement of existing 1 form entry (FE) (210 place) primary school; Phase 2 involves - new a 2 FE (420 place) primary school.

In June 2016 these increased costs were offset by £670k of underspend on 2016/17 schemes which were due to complete and did not require the use of budgeted contingencies:

Brampton Primary School (£41k), Fawcett Primary School (£203k), Cambourne Hardwick Primary School second campus (£183k), Millfield Primary (£28k), Fourfields Primary (£42k) and Trinity School: (£175k).

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

- Clay Farm, Cambridge £1.5m increase due to developing scope of the project to a 3FE school to accommodate further anticipated housing development.
- Ramnoth, Wisbech; £740k increase in the build cost identified at design stage.
- Hatton Park, Longstanton; £540k increase in the build cost identified at planning stage and transport costs of children.
- Barrington; £1,890k increase following completion of a detailed option appraisal and to take account of inflation linked to a Sept 2020 delivery date
- Loves Farm, St Neots; £2,320k increase due to changing scope of the project to a 2FE school.

In September 2016 there was a further additional total scheme cost increase of £15.5m since the Business Plan was approved by full Council. All these changes which are detailed below relate to future years, other than Grove Primary, and have been addressed through the 2017/18 Business Plan:

- Sawtry Infant; £880k increase following receipt and review of detailed costings.
- St Ives, Eastfield / Westfield / Wheatfields; £4.0m increased cost due to additional building work required as the schools have taken the decision not to proceed with proposals to amalgamate and create an all-through primary school.
- Histon & Impington - Additional Places; £10m as the scope of the project has significantly increased to include additional places at both Infant and Junior age ranges following detailed discussions with the schools and local Member.
- Grove Primary School; £310k due to increased scheme costs associated with asbestos removal.
- Burwell Primary; £322k increase following receipt and review of revised cost plans and more detailed planning being undertaken.

In October 2016 the following schemes have seen total scheme underspends identified:

- Ermine Street Primary, Alconbury; £200k reduction due to works on site completing and the final accounts being agreed without expending items on the risk register.
- Clay Farm, Cambridge; £159k reduction following receipt and review of the contractor's Milestone 4 report.
- Fulbourn, Cambridge £115k reduction as the extent of external works was less than expected and because no consequential improvements were required by Building Control.

In November 2016 the following schemes experienced total scheme changes:

- Meldreth Primary School; £834k reduction, further design and project planning had identified the most appropriate option to achieve best value for money in terms of meeting current and forecast basic need requirements
- Westwood, March £960k increased costs due to more detailed design and planning.
- Barrington; £400k increased cost resulting from further design and planning work.
- Littleport Village College; £800k Increased costs following identification of the need for additional work to the pumping station to ensure it is adequate to service the project.
- St Bede's, Cambridge; £519k reduced costs from October's estimate of insurance works. The resulting revised total cost of fire damage works is now £1,995k.

### **Basic Need - Primary £5,430k slippage**

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

Westwood Primary, March (£145k) Phase 1 and (£100k) Phase 2, Hatton Park (£1,090k) in Longstanton, St Ives, Eastfield / Westfield / Wheatfields (£30k) and Wyton Primary (£200k), and Histon & Impington additional places (£100k). These schemes will be re-phased in the 2017/18 business plan.

There has been an in-year scheme cost increase due to an overspend on Grove Primary (£288k). This is a result of unforeseen asbestos works.

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

Darwin Green (NIAB) Primary School, (£178k) slippage to scheme being deferred, the scheme is linked to housing development which is not progressing as quickly as anticipated. Minimal spend expected in 2016/17 to complete design and planning stages. Sawtry Infant, (£745k) & Sawtry Junior (£75k), the scheme has been redefined. The Infant and Junior school are no longer to merge following the Junior School's conversion to an academy at the start of November 2016. The project has now been refocused on providing improved accommodation for delivery of early years education and childcare. Design works only for 2016-17. Building work is scheduled to commence in April 2017 and be completed by August 2018.

The Shade, Soham; (£550k) Lower than expected tender from contractors at this stage of the planning process.

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

Pathfinder Primary School, Northstowe (first Primary School); (£346k) slippage as it has not been necessary to purchase furniture, equipment and part of the ICT system this financial year as the school opening has been delayed to September 2017 in response to slower than anticipated progress with the housing development.

Godmanchester Bridge Primary School, Bearscoft development, (£1,890k). The project slipped from the 15 August 2016 anticipated start on site to 24 October 2016. The nursery provision will now be constructed later in the build programme and the completion date has slipped to 31 October 2017.

Ramnoth Junior School, Wisbech; (£2,100k). Start on site delayed from October to January, a further 3 weeks delay due to the tender being submitted late.

Fawcett Primary, Cambridge; (£393k). The required access road will not be completed until next year and contingencies not required.

Ermine Street Primary, Alconbury Weald development; (£147k) Works on site completing and the final accounts being agreed without expending items on the risk register.

Fulbourn Primary; (£240k) slippage due to additional more complex design work being required, the progress of the project has slowed as a consequence.

### **Basic Need – Secondary £2,844k increased total scheme cost**

A total scheme variance of £2,563k has occurred due to changes since the Business Plan was approved. Cambridge City 3FE Additional places; £2.m increased cost to incorporate fire damage works at St Bede's site, which will be offset by insurance payments.

Littleport Secondary and Special School scheme has increased by £800k due to additional work to the pumping station to ensure it is adequate to service the project.



**Basic Need – Secondary £-4,013k slippage**

The Bottisham Village College scheme has incurred £780k of slippage due to the start on site being deferred from late 2016 to July 2017. The delay occurred as a result of the decision to submit a joint bid with the Academy Trust to the Education Funding Agency (EFA). The outcome of which was an additional £4m funding. This will enable the school to address condition needs and progress advanced works ahead of the main capital scheme.

There has been accelerated spend on Cambridge City 3FE Additional places of £200k on St Bede's programme. This has arisen due to works commencing earlier than anticipated in response to the need to address the fire damage sustained at the school. This work will be offset from funding from the insurers. The accelerated spend has reduced by as main project will now not commence until the fire damage works is completed.

Planning and design work totalling £50k has commenced for Alconbury Secondary & Special School as the SEN provision is required by September 2019.

In November 2016 it was identified that the Cambourne Secondary School original forecast from contractors was likely to be optimistic and not achievable, £605k slippage anticipated in 2016/17.

Contractor has identified a 6 week delay in the Littleport Secondary and special scheme due to design changes following the appointment of a new academy sponsor for the schools. This has resulted in £1,903k slippage and completion on site will now be January 2018.

Cambourne Secondary School has experienced slippage of £700k slippage. Original cash flow has been amended by the contractors and provides revised estimated of works to be completed by the end of March 2017.

**Adaptations £163k slippage.**

Morley Memorial spend is expected to be £163k less than expected due to slower than expected progress and only minimal design work now being undertaken in 2016/17.

**Schools Managed Capital**

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

**Children Support Services £100k spend**

In October £100k spend has occurred as part of the Drug and Alcohol Awareness Team's capital programme to establish a recovery centre in Cambridge. The service had secured Public Health England grant to fund the project, this has been reflected within the Capital funding table.

**CFA IT Infrastructure £500k slippage**

The latest cost schedules from the Information Management service indicate that there is £500k slippage on the project due to lower than anticipated milestone payments being incurred in 2016/17.

## CFA Capital Variation

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

2016/17					
Service	Capital Programme Variations Budget £000	Forecast Variance - Outturn (Jan) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Forecast Variance - Outturn (Jan) £000
CFA	-10,282	-9,911	9,911	96.4%	-
<b>Total Spending</b>	<b>-10,282</b>	<b>-9,911</b>	<b>9,911</b>	<b>96.4%</b>	<b>-</b>

## 6.2 Capital Funding

2016/17				
Original 2016/17 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2016/17 £'000	Forecast Spend – Outturn (Jan) £'000	Forecast Funding Variance - Outturn (Jan) £'000
3,781	Basic Need	3,781	3,781	0
4,643	Capital maintenance	4,708	4,708	0
1,114	Devolved Formula Capital	1,926	1,926	0
0	Universal Infant Free School meals	10	10	0
3,717	Adult specific Grants	5,311	5,311	0
24,625	S106 contributions	22,612	21,912	-700
0	BSF -PFS only	61	61	0
0	Capitalised Revenue Funding	0	0	0
0	DAAT Capital Grant	0	100	100
700	Other Capital Contributions	1,200	1,200	0
54,416	Prudential Borrowing	49,552	50,252	0
4,160	Prudential Borrowing (Repayable)	4,160	4,160	0
<b>97,156</b>	<b>Total Funding</b>	<b>93,321</b>	<b>93,421</b>	<b>-600</b>

In January there has been a reduction in S106 contributions due to revised outturn at Cambourne Secondary School. This funding will be required to be carried forward to 2017/18. Insurance funding for St Bede's has been anticipated for 2016/17 as timescales have become clearer. This has offset the in year budget increase for this scheme.

## APPENDIX 7 – Performance at end of December 2016

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% children whose referral to social care occurred within 12 months of a previous referral	Childrens Social Care	18.8%	20.0%	18.2%	Dec-16	↑	G	22.2% (2015)	24.0% (2015)	Performance in re-referrals to children's social care has improved during December and remains below target.
Number of children with a Child Protection Plan per 10,000 population under 18	Childrens Social Care	36.0	30.0	39.7	Dec-16	↓	R	35.2% (2015)	42.9% (2015)	During December, we saw the numbers of children with a Child Protection plan increase from 480 to 528. 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

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	Childrens Social Care	48.5	40.0	48.6	Dec-16	↓	R	41.6% (2015)	60.0% (2015)	<p>The number of Looked After Children increased to 646 in December. This includes 65 UASC, around 10.1% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.:</p> <p>Actions being taken include:</p> <ul style="list-style-type: none"> <li>• A weekly Section 20 panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs.</li> <li>• A weekly LAC monitoring meeting chaired by the Executive Director of CFA, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.</li> </ul> <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
No / % of families who have not required statutory services within six months of having a Think Family involvement	Enhanced & Preventative									Following the recommendations from the Think Family evaluation report and the implementation of the Children's Change Programme, the Family CAF is being replaced with a new Early Help Assessment from December 2016. In addition, the Corporate Capacity Review has led to the development of the Business Intelligence and Transformation Teams, both of which are supporting the Council in reviewing how performance is monitored / measured. Considering these changes it is not currently possible or helpful to report on the current CAF / Think Family measure as this is likely to be redefined.
% year 12 in learning	Enhanced & Preventative	95.7%	96.5%	95.4%	Dec 16	↓	A	94.0% (2015)	94.8% (2015)	Performance has improved as expected over the Autumn as information is collected about young people's current situation. We are now just below target for the end of the year and further improvement should be seen over the next few months.

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
%16-18 year olds NEET and unknown	Enhanced & Preventative	3.7%	3.8%	3.7%	Dec 16	➡	G			NOTE: From Sept 2016 - This indicator has changed from 16-19 to 16-18 and now includes unknowns, and therefore isn't comparable to previous years. Though performance remains within target, there is a high number of young people whose situation is currently unknown. Information about these young people will be gathered during the autumn term to give a clearer idea of our actual performance.
% Clients with SEND who are NEET	Enhanced & Preventative	10.1%	9.0%	10.6%	Q1 (Apr to Jun 16)	⬇	A	7.0% (2015)	9.2% (2015)	Whilst we are not on target our performance is much better than this time last year when NEET was 12.4%. We continue to prioritise this group for follow up and support.
The proportion pupils attending Cambridgeshire Nursery schools judged good or outstanding by Ofsted	Learning	100.0%	100.0%	100.0%	Dec-16	➡	G			

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 Primary schools judged good or outstanding by Ofsted	Learning	82.0%	82.0%	82.4%	Dec-16	↓	G	88.4% (2016)	88.5% (2016)	Performance continues to improve and is currently at our best level ever with 164 out of 194 primary schools judged as good or outstanding
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	72.8%	75.0%	72.8%	Dec-16	→	A	85.2% (2016)	80.3% (2016)	Performance for Secondary schools continues to improve with 22 out of 31 schools now good or outstanding. Further improvement is expected.
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	100.0%	100.0%	100.0%	Dec-16	→	A			
<i>Proportion of income deprived 2 year olds receiving free childcare</i>	Learning	79.2%	80.0%	74.0%	Summer Term	↓	A			There were 1758 children identified by the DWP as eligible for the Summer Term. 1301 took up a place which equates to 74.0%

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 &amp; Maths at KS2</i>	Learning	30	21	27	2016		R			Provisional data for 2016 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
<i>FSM/Non-FSM attainment gap % achieving 5+ A*-C including English &amp; Maths at GCSE</i>	Learning	37.2	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.
<i>1E - Proportion of adults with learning disabilities in paid employment</i>	Adult Social Care	1.4%	6.0%	1.3%	Dec-16	↓	R	5.9% (2014-15)	6.0% (2014-15)	Performance remains very 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.



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
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	95.7%	93.0%	95.7%	Dec-16	➡	G	83.0% (2014-15)	82.6% (2014-15)	This indicator is subject to a new calculation method for 2015/16 onwards. Performance remains above the target and is improving gradually. Performance is above the national average for 14/15 and will be monitored closely.
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	52.0%	50.1%	52.5%	Dec-16	⬆	G	N/A (Local Indicator)		Performance at this indicator has been improving, this is partly due to ongoing data cleansing relating to the categorisation of planned/unplanned reviews. A focus on completing reviews early where there is the potential to free up capacity/make savings also be contributing to this increased performance.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	56.8%	57.0%	57.0%	Dec-16	↑	A	N/A (Local Indicator)		<p>The service continues to be the main route for people leaving hospital with simple, as opposed to complex care needs. However, we are experiencing a significant challenge around capacity in that a number of staff have recently retired and we are currently undertaking a recruitment campaign to increase staffing numbers. 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 re-ablement 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	192	433	215	Dec-16	↑	G	611.0 (2014-15)	658.5 (2014-15)	<p>The implementation of Transforming Lives model, combined with a general lack of available residential and nursing beds in the area is resulting in a fall in the number of admissions.</p> <p>N.B. This is a cumulative figure, so will always go up. Upwards direction of travel arrow means that if the indicator continues to increase at the same rate, the ceiling target will not be breached.</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 Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	582	429	589	Nov-16	↓	R	N/A (Local Indicator)		<p>The Cambridgeshire health and social care system is experiencing a monthly average of 3,029 bed-day delays, which is 37% above the current BCF target ceiling of 2,206. In November there were 3,267 bed-day delays, up 90 compared to the previous month.</p> <p>Over the course of this year we have seen a rise in the number of admissions to A &amp; E across the county with several of the hospitals reporting Black Alert. 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> <p>Between December '15 and November '16 there were 34,275 bed-day delays across the whole of the Cambridgeshire system - representing a 14% increase on the preceding 12 months.</p> <p>Across this period NHS bed-day delays have increased by 12% from 21,412 (Dec 14 - Nov 15) to 23,920 (Dec 15 - Nov 16), while bed-day delays attributed to Adult Social Care have increased from 7,116 in Dec 14 - Nov 15 to 8,803 in Dec 15 - Nov 16 an increase of 24%.</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	138	114	145	Nov-16	↓	R	N/A (Local Indicator)		In Nov '16 there were 991 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 145 delays per 100,000 of 18+ population. For the same period the national rate was 143 delays per 100,000. During this period we invested considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	12.0%	12.5%	11.7%	Dec-16	↓	A	9.0% (2015-16) Provisional	6.7% (2015/16) Provisional	Performance at this measure is falling slightly but within 10% of 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.

## APPENDIX 8 – CFA Portfolio at end of January 2017

Programme/Project and Lead Director	Brief description and any key issues	RAG
<p><b>Closure of Transforming Lives Implementation including Workforce Development and set up of Transforming Lives Practice Governance Project</b> Claire Bruin / Jane Heath</p>	<p>Status of the Transforming Lives Implementation (including Workforce Development) project has been upgraded to green following a full review of the project and work streams as part of the setup of the new Transforming Lives (Adults) Programme. Completed work streams have been formally closed and ongoing work has either been moved into business as usual or aligned with the work of other projects. The work to continue to embed the practices required to deliver the Transforming Lives approach is being taken forward through the Transforming Lives Practice Governance project.</p> <p>The Transforming Lives Practice Governance project will focus on the implementation of the Transforming Lives approach and take forward the work of the existing Practice Governance Group. There will be a continued emphasis on cultural change amongst the frontline staff and on monitoring and evaluating impact. Transforming Lives as a driver for structural change, such as upstreaming staff into other areas, is also within the scope of the project.</p> <p>Project membership, scope and tasks are to be refreshed. The revised project board will report into the Transforming Lives (Adults) programme.</p>	<p><b>GREEN</b></p>
<p><b>Building Community Resilience Programme:</b> Sarah Ferguson/ Faye Betts</p>	<p>This programme will respond to the council's focus on strengthening our support to communities and families; an update on progress on the strategy is going to GPC in March 2017.</p> <p>Nine bids to the Innovation Fund are being considered for funding to support community led activity, particularly to support vulnerable adults. The Delivery Plan is being updated with a renewed focus on a small number of deliverable objectives for 17/18. In addition, as part of the Corporate Capacity Review, a newly combined 'Community Resilience' team has been created which will pool assets and resources to direct activity at a district level in support of this agenda.</p> <p>Discussions with partners has accelerated with local district based conversations about areas of potential joint work, and the creation of a Communities Network at a County level comprised of Senior Leaders from across the Public Sector. These arrangements will also support the delivery of aspirations captured in the devolution discussions.</p> <p>No Key Issues</p>	<p><b>GREEN</b></p>
<p><b>Community Hubs:</b> Christine May/Owen Garling</p>	<p>The beginning of the implementation of hubs is now planned for September/October 2017. An Ideas Paper has been written on the advice of The Consultation Institute, who have been advising us on the avoidance of judicial review, which will be used to inform the extended period of engagement which had been due to run from October 2016-April 2017. The engagement has had some delay in getting fully underway due to the complexity of understanding the relationships between various elements of the Council's Transformation Programme, in particular the Children's Change Programme and its timescales, but these have now been clarified. Engagement activity will get fully underway this year. We have received confirmation of funding from our One Public Estate bid, which we plan to use to boost resources in the Engagement and Buildings aspects of the Programme.</p>	<p><b>AMBER</b></p>

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>0-19 Commissioning:</b> Meredith Teasdale/Clare Rose	<p>This project is looking 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>Key Issue: It was agreed at the July JCU that the 0-19 work now needs to be considered within the context of the Sustainability Transformation Programme (STP) which is looking at future health services planning and Vanguard which will largely be looking at emergency NHS care as well as children's mental health services etc. The 0-19 work is therefore now part of a much bigger process. This project is therefore on hold whilst we await confirmation on how this will be integrated with the STP.</p> <p>Children's Centres are currently being considered within the potential future service offer for 0-19 child health and wellbeing services as outlined above.</p>	<b>AMBER</b>
<b>Children's Centres:</b> Sarah Ferguson/Jo Sollars/Clare Rose	<p>Children's Centres are currently being considered within the potential future service offer for 0-19 child health and wellbeing services as outlined above.</p>	<b>AMBER</b>
<b>Mosaic:</b> Meredith Teasdale/ Jane Dobinson	<p>The contract for the new Adult Social Care, Early Help and Children's Social Care ICT System (Mosaic) was awarded to Servelec Corelogic Ltd. In June 2016. The project governance, management, team and resources have been appointed and implementation is under way: Servers have been implemented, and the initial software configuration installed following a series of workshops. Workstreams have been established for: infrastructure; data migration; systems integration; training; reporting; portal; and testing. The project is complex and is anticipated to take two years, in two phases: Adults and Older People/Mental Health and finance as Phase one, and Early Years and Children's Social Care as phase two. The estimated overall completion date is April 2018. Timescales for phase one are under review in the light of dependency on the ERP Gold (Agresso) project, and opportunities for business process improvement, but current provisional date is September 2017. The second phase is planned for April 2018, and is being aligned with the requirements of the Children's Change Programme.</p>	<b>AMBER</b>

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Accelerating Achievement:</b> 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>	<b>AMBER</b>
<b>Children's Change Programme:</b> Theresa Leavy/Lynsey Barron	<p>The new transformational programme, bringing together Enhanced and Preventative Services and Children's Social Care brings about a fundamental redesign of children's services. The programme will ensure our service offer is agile, reflexive and timely - 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. An implementation plan has been scoped for delivery over the next 12 months. The governance for the programme and terms of reference are now in place (established November 2016). An overview of the programme was provided as an appendix to the CYP Business Planning paper for the October 2016 CYP Committee. The more detailed proposals were outlined in a paper to CYP Committee in November 2016. A staffing consultation is due to be released on 7 December 2016 which will realise the 17/18 savings in the business plan.</p>	<b>GREEN</b>



SUBTOTALS	<b>-£12,585</b>
N/A	£0

## CFA Savings Proposals 17/18

PLANNED
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Table 3

Table 3				Subtotal	£1,447	-£6,792	-£2,390	-£2,011	-£1,392	-£12,585
Reference	Proposal	Proposal Description	Lead	Investment 17/18 (k)	Phasing of Y1 savings - Q1	Phasing of Y1 savings - Q2	Phasing of Y1 savings - Q3	Phasing of Y1 savings - Q4	Savings 17/18 (k)	
A/R.6.001	DAAT - Saving from integrating drug and alcohol misuse service contracts	The NHS trust 'Inclusion' provides countywide specialist drug & alcohol treatment services. Currently there are separate treatment contracts for alcohol and drugs. Inclusion have agreed to commence full service integration in 2016/17. This will require fewer service leads employed in management grades and reduces the overall management on-costs in the existing contract agreement. It is also proposed to reduce Saturday clinics and/or move to a volunteer/service user led model for these clinics.	SF		-£ 100	£ -	£ -	£ -	-£ 100	
A/R.6.101	Recouping under-used direct payment budget allocations for service users	Improving central monitoring and coordination arrangements for direct payments - ensuring budget allocations are proportionate to need and any underspends are recovered.	TC	£ 87	-£ 98	-£ 99	-£ 99	-£ 99	-£ 395	
A/R.6.102	Care Act (part reversal of previous saving)	There is a £60k deficit on Care Act funded schemes going into 2017-18, and a further £60k required to fund a new Community Navigators scheme. A saving of £400k was taken from the Care Act funding in 2016-17. Part of this (£120k) will be reversed to fund these schemes.	CBr		£ 120	£ -	£ -	£ -	£ 120	
A/R.6.111	Supporting people with physical disabilities and people with autism to live more independently	The focus will be on helping people lead independent lives through the Transforming Lives programme and measures approved by Adults Committee in 2016.	LM	£ 128	-£ 377	-£ 138	-£ 138	-£ 138	-£ 791	
A/R.6.112	Securing appropriate Continuing Healthcare Funding for people with physical disabilities and ongoing health needs	Careful consideration of the needs of people with complex needs to identify where these needs meet the criteria for Continuing Healthcare and full funding by the CCG.	LM		-£ 80	-£ 80	-£ 80	-£ 80	-£ 320	
A/R.6.113	Specialist Support for Adults with Autism to increase their independence	Recruitment of 2 full time Support Workers for a 24 month period to work with service users to develop skills and access opportunities such as training or employment that would reduce the need for social care support.	LM	£ 50	-£ 18	-£ 18	-£ 18	-£ 18	-£ 72	
A/R.6.114	Increasing independence and resilience when meeting the needs of people with learning disabilities	The focus will be on helping individuals be independent and resilient through the Transforming Lives initiative, together with policies approved by Adults Committee in 2016.	MD	£ 750	-£ 1,350	-£ 344	-£ 344	-£ 343	-£ 2,381	
A/R.6.115	Retendering for residential, supported living and domiciliary care for people with learning disabilities	Contracts will be retendered in 2017-18 with the intention of reducing the unit cost of care.	MD		-£ 63	-£ 63	-£ 102	-£ 103	-£ 331	
A/R.6.116	Using assistive technology to help people with learning disabilities live and be safe more independently without the need for 24hr or overnight care	New and existing care packages will be reviewed by specialist Assistive Technology and Occupational Therapy staff to identify appropriate equipment which could help disabled people to be safe and live more independently.	TG	£ 186	-£ 53	-£ 53	-£ 54	-£ 54	-£ 214	
A/R.6.117	Developing a new learning disability care model in Cambridgeshire to reduce the reliance on out of county placements	This work will entail a review of the most expensive out-of-county placements to inform the development of the most cost-effective ways of meeting needs by commissioning new services within county.	MD		-£ 58	-£ 47	-£ 35	£ -	-£ 140	
A/R.6.118	Review of Health partner contributions to the Learning Disability Partnership	Negotiating with NHS for additional funding through reviewing funding arrangements, with a focus on continuing healthcare and joint funded packages.	CBr		-£ 500	£ -	£ -	£ -	-£ 500	
A/R.6.121	Managing the assessment of Deprivation of Liberty cases within reduced additional resources	The March 2014 Supreme Court judgement on the Deprivation of Liberty requires councils to undertake a large number of new assessments, including applications to the Court of Protection.	CBr		-£ 100	£ -	£ -	£ -	-£ 100	
A/R.6.122	Transforming In-House Learning Disability Services	We will review and make necessary changes to in house services focussed on ensuring that resource is appropriately targeted to provide intensive short term support aimed at increasing independence.	MD/TG		-£ 375	£ -	-£ 55	£ -	-£ 430	
A/R.6.123	Rationalisation of housing related support contracts	In 2016-17 we completed a review of contracted services which support individuals and families to maintain their housing.	CBr		-£ 58	£ -	£ -	£ -	-£ 58	
A/R.6.125	Supporting young people with learning disabilities to live as independently as possible in adult life	This work in children's services and in the Young Adult Team will ensure that young people transferring to the LDP will be expected to have less need for services.	MD/TG		-£ 181	-£ 181	-£ 182	-£ 182	-£ 726	
A/R.6.132	Promoting independence and recovery and keep people within their homes by providing care closer to home and making best use of resources for adults and older people with mental health needs	Reducing the cost of care plans for adults and older people with mental health needs will lead to savings. We aim to reduce residential and nursing care costs and increase the availability of support in the community.	FD		-£ 353	-£ 252	-£ 52	-£ 19	-£ 676	
A/R.6.134	Increase in income from Older People and Older People with mental health's client contributions from increased frequency of reassessments	Older people and those with mental health are not always being financially reassessed every year. The council will therefore reassess all clients more regularly to ensure that the full contributions are being collected.	CL	£ 46	-£ 121	-£ 139	-£ 87	-£ 34	-£ 381	
A/R.6.140	Helping older people to take up their full benefits entitlements [EI]	The council will work with service users to make sure they receive all the benefits to which they are entitled and this is expected to increase service user contributions.	CL		-£ 72	-£ 82	-£ 51	-£ 21	-£ 226	

[illegible]

Reference	Proposal	Proposal Description	Lead	Investment 17/18 (k)	Phasing of Y1 savings - Q1	Phasing of Y1 savings - Q2	Phasing of Y1 savings - Q3	Phasing of Y1 savings - Q4	Savings 17/18 (k)	RAG	Remarks	Forecast Savings FULL YEAR	Variance from Plan	Direction of travel	Savings to partners & other agencies (commentary)
A/R.6.143	Savings from Homecare: re-tendering of home care to develop the market through a number of best practice initiatives including the expansion of direct payments	This proposal will focus specifically on piloting an alternative but complementary approach to home-based care that would try and find alternative solutions to traditional homecare - whilst still improving outcomes for service users, promote independence, and achieve savings to the Council.	ROD/KF		£ -	£ -	-£ 306	£ -	-£ 306					←	
A/R.6.145	Using assistive technology to support older people to remain independent in their own homes	The proposal is to invest in and expand the use of Just Checking (or similar) equipment to reduce spending in older people's services.	VM	£ 110	-£ 187	-£ 134	-£ 27	-£ 10	-£ 358					←	
A/R.6.146	Expansion of the Adult Early Help Team to minimise the need for statutory care	The Adult Early Help team was established in April 2016 to provide an enhanced first response to people contacting the County Council with social care concerns.	VM		-£ 201	-£ 143	-£ 29	-£ 11	-£ 384					←	
A/R.6.149	Administer Disability Facilities Grant within reduced overhead costs	At present the County Council invests £300k into the Home Improvement Agencies, which oversee the Disabled Facilities Grants by each of the Districts. The County Council is working in partnership with the District Councils to reduce the cost of the administration of these services. There will be no reduction in the level of grant or service and the intention is to speed up the decision making process.	ROD		-£ 150	£ -	£ -	£ -	-£ 150					←	
A/R.6.155	Securing appropriate contributions from health to section 117 aftercare.	Careful consideration of the needs of people sectioned under the Mental Health Act to identify joint responsibility and ensure appropriate contributions by the council and the clinical commissioning group to section 117 aftercare.	FD		-£ 150	-£ 150	-£ 80	-£ 40	-£ 420					←	
A/R.6.157	Increase in income from Older People and Older People with Mental Health's client contributions following a change in Disability Related Expenditure	Following a comparative exercise, the Adults Committee agreed a change to the standard rate of disability related expenditure (DRE) during 2016. This means that additional income is being collected through client contributions.	CL		-£ 53	-£ 38	-£ 22	-£ 6	-£ 119					←	
A/R.6.159	Efficiencies from the cost of Transport for Older People	Savings can be made through close scrutiny of the expenditure on transport as part of care packages in Older People's Services to ensure that travel requirements are being met in as cost efficient a way as possible.	JG		-£ 25	-£ 25	-£ 25	-£ 25	-£ 100					←	
A/R.6.160	Ensuring joint health and social care funding arrangements for older people are appropriate	We have been working with NHS colleagues to review continuing health care arrangements including joint funding, with a view to ensuring that the decision making process is transparent and we are clearer about funding responsibility between social care and the NHS when someone has continuing health care needs.	ROD		-£ 196	-£ 143	-£ 89	-£ 36	-£ 464					←	
A/R.6.161	Managing the Cambridgeshire Local Assistance Scheme within existing resources	The Adults Committee has considered several proposals on how to deliver the Cambridgeshire Local Assistance Scheme (CLAS). A contingency budget for CLAS has not been used, and we don't expect extra funding to be needed for the redesigned service.	MT		-£ 163	£ -	£ -	£ -	-£ 163					←	
A/R.6.163	Ensuring homecare for adults with mental health needs focuses on supporting recovery and piloting peer support delivered through the Recovery College	Savings will be achieved through reproviding homecare services for adults with mental health needs and helping people to return to independence more quickly through a pilot scheme.	FD		-£ 75	-£ 75	-£ 60	-£ 40	-£ 250					←	
A/R.6.164	Reablement for Older People - Improving effectiveness to enable more people to live independently	Development of the Reablement Service to ensure it promotes independence and reduces the costs of care by being directed at the right people	VM		-£ 93	-£ 67	-£ 42	-£ 17	-£ 219					←	
A/R.6.165	Enhanced Occupational Therapy Support to reduce the need for double-handed care [EI]	The team's remit is to focus on the review of service users to assess whether it is possible to either: • Reduce existing double-up packages of care to single-handed care OR • Prevent single-handed care packages being increased to double-up	DM	£ 90	-£ 132	-£ 94	-£ 19	-£ 7	-£ 252					←	
A/R.6.167	Voluntary Sector Contracts for Mental Health Services	This involves a review and rationalisation of voluntary sector contracts for adult mental health support. This will include a review of all the contracts and contracting and procurement arrangements.	CBI		-£ 130	£ -	£ -	£ -	-£ 130					←	
A/R.6.168	Establish a review and reablement function for older people with mental health needs	Redirect support workers within the Older People Mental Health team to provide a review and reablement function for service users in receipt of low cost packages (under £150 per week).	FD		-£ 20	-£ 25	-£ 15	-£ 9	-£ 69					←	
A/R.6.169	Better Care Fund improvement	Each year the Council and the local NHS agree a Better Care Fund plan, this includes an element for social care services. Given the uplift in the BCF allocation in 2016-17 and an anticipated further increase in 2017-18 the Council will negotiate that a greater share of BCF monies are focused on social care services. This supports the local NHS.	WP		-£ 930	£ -	£ -	£ -	-£ 930					←	
A/R.6.170	OP contractual & demand savings (including respite beds) 6.170	Retendering of contracts in 2016-17 has presented the opportunity to reduce our block purchasing of respite beds, following under-utilisation and unused voids in previous arrangements. Use of spot purchasing for respite will be monitored.  Additionally, as trends have continued towards supporting fewer people overall in 2016-17 it has been possible to reflect this cost reduction in a further small saving on demographic allocations.	CBI		-£ 450	£ -	£ -	-£ 100	-£ 550					←	

FULL MONITORING AND FORECASTING BEGINS FROM THE SECOND HALF OF MARCH AND WILL BE SHOWN IN QUARTERLY UPDATES TO THE COMMITTEE GOING FORWARD

**TRANSFORMATION FUND INVESTMENT PROPOSALS**

**To: Adults Committee**

**Meeting Date: 9 March 2017**

**From: Executive Director: Children, Families and Adults**

**Electoral  
division(s): All**

**Forward Plan ref: N/A**      **Key decision:**      **No**

**Purpose: To introduce two investment proposals for the Council's Transformation Fund to be put to General Purposes Committee on 21 March, and seek the endorsement of Adults Committee**

**Recommendation : It is recommended that Adults Committee:**

- a) Note the draft paper attached for General Purposes Committee and comment on the two proposals under development for the Transformation Fund; and**
- b) Endorse the two proposals to be taken to General Purposes Committee for approval.**

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## **1. BACKGROUND**

- 1.1 In recognition of the fact that the traditional method of developing budgets and savings targets through departmental based cash limits was unsustainable in the long term, the Council has agreed a new outcome focussed approach to Business Planning. As a consequence it was agreed that the Council would establish a fund that could be used to supplement base budgets, ensuring that finance is not seen as a barrier to the level and pace of transformation that can be achieved. The approval of a change in the basis for defraying the Council's debt enabled the establishment of a Transformation Fund of nearly £20m.
- 1.2 Proposals seeking investments of over £50,000 from the Transformation Fund are presented to the General Purposes Committee for approval. Two investments related to adult social care services will be presented to General Purposes Committee on 21 March.

## **2. INVESTMENT PROPOSALS**

- 2.1 Attached within the appendices to this report are two draft proposals to be considered by General Purposes Committee for investment from the Transformation Fund. Both investments are included in the 2017/18 Business Plan for CFA, subject to agreement of the proposals by General Purposes Committee. These proposals will collectively support the service's ability to manage demand and avoid increases in the base revenue budget. They are presented here for discussion by the Adults Committee before submission to General Purposes Committee.
- 2.2 The titles of the two proposals are:-
- **C/R.5.319** Adult social care services investment to develop a transformation programme for all adult social care client groups (Appendix A)
  - **C/R.5.320** Adult social care services delivery – sustaining budgetary performance in the older people budget (Appendix B)
- 2.3 Together the proposals represent our response to the severe challenges in the adult social care market where we see a growing mismatch between the demand for and supply of care.
- 2.4 Investments in prevention and early intervention have had some success in holding back demand in the face of a growing and ageing population and rising levels of need. The Council has over-delivered on planned savings from the Older People's budget and is forecasting an underspend in the Older People and Mental Health Directorate (OPMH) for this financial year, mitigating the Council's overall financial position in 2017-18. However analysis suggests these approaches are becoming unsustainable and are not going to be sufficient to meet the challenges ahead for all adult client groups. In particular, it is important to note that the current underspend in OPMH is

explained as much by the challenge of securing the requisite supply of care as it is by a genuine reduction in the level of demand.

- 2.5 The Council is now at a point where the current trajectory of delivery of savings cannot continue without a significant step change. The growing level of demand and the diminishing supply of care combined with challenges in recruitment and retention present a risk to delivering required performance.
- 2.6 The proposal is to plan a whole-system transformation of all adult social care services, including services for people with learning disabilities, physical disabilities, mental health needs, and older people. Proposal C/R.5.319 calls for an initial investment to tender for an external organisation or combination of organisations to work with us, carrying out diagnostic work and developing more detailed business cases that would create this step change. This will provide the rationale for a significant change management programme to facilitate whole system transformation. This diagnostic work will include a comprehensive engagement exercise drawing in teams from across the Council, care providers and service users; as well as partners in the NHS. A competitive tendering process will be conducted to determine the most appropriate provider or providers.
- 2.7 In addition to the commencement of the whole-system review it is another time-limited investment in a number of initiatives (C/R.5.320) is proposed for 2017/18 to manage demand, deliver required savings and sustain performance. These investments focus on prioritising care to the service users most in need of it, ensuring we can safely manage demand despite pressures on the system and providing short term capacity in key areas to keep the system functioning effectively and performing well. These short term investments will help ensure statutory responsibilities, financial and service performance are maintained whilst plans for longer term transformation are developed and implemented.
- 2.8 It should be noted that no figures are provided for proposal C/R.5.319 at this stage. At the time of writing market testing is beginning and it is not possible to provide a specific sum. A verbal update will be provided at the meeting and the Committee is asked to delegate authority to the Chief Finance Officer in conjunction with the Chair of General Purposes Committee to approve an investment for this diagnostic work. Due to the scale of work involved from the consultants, we anticipate a six-figure investment will be necessary. C/R.5.320 is not a request for new transformation money to deliver additional savings but represents one-off support to deliver existing savings whilst also managing risk and working towards the aspiration of delivering additional savings in the Council's' transformation pipeline.

### **3. ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING**

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

There are no significant implications within this priority.

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

This report sets out proposed investments and savings across Transformation workstreams. The impacts associated with the people living healthy and independent lives will be captured within supporting detail and/or Community Impact Assessments within the Business Plan.

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

This report sets out proposed investments and savings across Transformation workstreams. The impacts associated with supporting and protecting vulnerable people will be captured within supporting detail and/or Community Impact Assessments within the Business Plan.

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

- 4.1.1 The report sets out details of significant implications in paragraphs 2.11 – 2.12.

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

- 4.2.1 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.

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

- 4.3.1 Draft Community Impact Assessments will be presented to General Purposes Committee capturing the current understanding from the services of the impacts on Equality and Diversity. These CIAs will be updated as the projects progress to develop that understanding.

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

- 4.4.1 There are no significant implications within this category.

### **4.5 Localism and Local Member Involvement**

- 4.5.1 There are no significant implications within this category.

### **4.6 Public Health Implications**

- 4.6.1 There are no significant implications within this category.

Source Documents	Location
None.	







## **C/R.5.319 Adult social care services investment to develop a transformation programme for all adult social care client groups**

### Overview

#### Context and current pressures

Across Cambridgeshire, demand for adult social care, older people and mental health services continues at a level that if fully met would exceed the available budget. There is a rapidly expanding population of frail older people within Cambridgeshire who have increasingly complex needs and support requirements, and all Council services are experiencing high levels of demand.

Whilst the Council has secured significant efficiencies in adult social care budgets, its services are already comparatively efficient. Cambridgeshire has amongst the lowest spending levels on adult services within its Chartered Institute of Public Finance and Accountancy (CIPFA) benchmarking group. The Council spends less than the national average on staffing and commissioning of adult social care, meaning that the majority of its spend is on hands-on care.

However our comparatively positive financial performance is unsustainable in the longer term in view of the following factors:

- **National Living Wage (NLW)**

The national living wage will increase further in April 2017. The care sector is a low paid occupation where this will have a significant impact. Providers are reporting significant recruitment difficulties across the County, struggling to attract workers to jobs, particularly in competition with other forms of lower paid work, such as retail. The national living wage leads to a permanent increase in costs.

- **Demographic and demand pressures**

Across Adult social care services, £3.8m of demographic pressures have been proposed for funding into CFA in 2017-18. The rationale for this is:

- There will be 760 extra Cambridgeshire residents aged 85+ in 2017 compared to 2016 – this is likely to lead to over 100 extra social care clients.
- The number of nursing dementia placements made by the Council has increased by 5% since the beginning of the financial year. There are emerging pressures on bed placement numbers.
- Last year saw an increase in the number of people known to Adult Mental Health services of more than twice the expected number.
- 79 young people with disabilities will start receiving support from Adults Service as they turn 18 next year.

Capacity gaps and shortfalls across the Council and independent sector typically mean there is an estimated £1,600k of demand awaiting care each month: either in hospital, awaiting a social care assessment in the community or with a short term service such as Reablement or Transitions, awaiting arranged care.

- **System-wide demand**

- Partners in the local health system are also facing significant pressures, compounding the challenges faced by adult social care. Collectively, Cambridgeshire and Peterborough's health and care system is one of the most challenged in England. Initiatives such as the Better Care Fund have encouraged closer working between health and social care services. However, NHS challenges continue, seen particularly in the increase in the number of non-elective (unplanned) hospital admissions over 85 years and Delayed Transfers of Care (DToC) including social care-related delays are also worsening. Social care makes a strong contribution to avoiding admissions by supporting people in their homes or in residential care. This creates an urgent need to transform services to address shared challenges through the Cambridgeshire and Peterborough Sustainability and Transformation Plan. (STP).

A number of strategies have been deployed with the Adult Social Care and Older People and Mental Health Directorates to increase financial control, manage demand and deliver services within the reducing budget. Strategies have included:

- Managers who hold care budgets being trained, supported and held to account for the budget their teams spend, resulting in a high level of scrutiny over spend in collaboration with Finance colleagues and the Heads of Service and Director.
- Not committing to additional spend in excess of the budget available in response to DTOC pressures unless funded through the Better Care Fund
- A series of planned initiatives and transformation projects to reduce spend-set out in previous business plans.
- A focussed approach to reviews especially in Learning Disability and Physical disability and a review of policies has been taken through the Adults Committee.
- A focus on income and making sure that benefits are being applied for income secured in a timely way as well as reclaiming unspent direct payments.
- The introduction of Early Help and development of short term measures such as reablement, Assistive Technology, community equipment, double up Occupational Therapy project, as well as more collaborative working with neighbourhood teams to pre-empt hospital admission and the impact of increasing frailty.

GPC has recently confirmed transformation funding for a number of projects in adult social care and Older People's and Mental Health services that will support the continued delivery of savings through specific projects and work that will manage and reduce demand and contain costs. These investments include:

Title	Investment (£000, 2017-22)	Saving (£000)
Specialist Support for Adults with Autism to increase their independence	50	-360
Using assistive technology to help people with learning disabilities live and be safe more independently without	232	-1070

the need for 24hr or overnight care		
Enhanced Occupational Therapy Support to reduce the need for double-handed care	180	-1260
Supporting people with physical disabilities and people with autism to live more independently	128	-8140
Increasing independence and resilience when meeting the needs of people with learning disabilities	750	-19605
Recouping under-used direct payment budget allocations for service users	174	-1975
Increase in income from Older People and Older People with mental health's client contributions from increased frequency of reassessments	46	-1905
Neighbourhood cares	1312	0
Enhanced response service	417	-1560
<b>TOTAL</b>	<b>3289</b>	<b>-35875</b>

The Council is now at a point where despite these significant transformation investments, 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.

This investment is proposed to provide significant additional investment to address the issues and challenges set out above. Across Adult Social Care and Older People and Mental Health Services, there are plans for £17,348k of savings in the Council's Business Plan in 2017/18 and 2018/19; between 2019 and 2022 there is a further £34m of unidentified savings across the two directorates.

#### Proposal outline

In order to continue to meet eligible need in a context of continued financial pressure, it is anticipated that the Council will need to considerably increase the scale and pace of the shift of focus described in Transforming Lives – away from high cost statutory services focussed on people who can no longer live independently towards proactive early help and reablement and meeting needs quickly, preventing escalation and promoting independence. The focus will be on doing everything possible to avoid someone requiring a statutory assessment and care package. Even where the statutory threshold is reached, people should benefit from self-help, community resources, friends and family, the voluntary sector, technology and equipment to help meet their needs alongside any traditional care provision.

In practice this is likely to require increased investment in services such as:

- Tier 2 services such as reablement, that are focused on meeting immediate needs and then supporting the individual to return to independence.
- Community equipment and Assistive Technology.
- Adult Early Help.
- Housing related support.
- Increased personalisation through direct payments as the default method of service provision.

- Creative solutions to the lack of home care and investment in developing micro enterprises to deliver local home care solutions, such as Neighbourhood Cares.
- Developing a more personalised response to care needs based on planning around assets available in local communities.

The Council has already made a commitment to investment in each of these areas, but there is a need to move beyond projects and pilots to a holistic approach placing the needs of our clients at the centre of what we do. This requires a considered, whole system transformation of the way all aspects of adult social care are organised and delivered, with an explicit focus on reducing demand and containing cost as well as designing systems that make sense to those delivering and receiving services.

To support the development of that programme at the pace required, external specialist support will be required. Detailed analytical work is needed, taking into account the evidence available; best practice nationally and internationally; and to identify what key changes and interventions can effectively prevent or reduce demand for social care for adults in Cambridgeshire. It will also be necessary to ensure that the Council is operating in the most cost-effective way to meet need and managing risk. This work will be based on clearly articulated outcomes for service users that the service must achieve; and informed by the experiences of the Council's current service users, gathered through a significant engagement exercise.

Phase one of this transformation is the development of a specification to procure an external organisation or organisations to work with the Council, 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. There are a range of organisations which have supported other local authorities in this work nationally and could bring specialist expertise and experience from other areas. Tasks would include diagnostic work and the development of a more detailed business case for a full transformation programme. This would include an external perspective on whether existing proposals are likely to deliver what is needed; or whether a different approach is required. The external provider(s) would need to work closely with Business Intelligence, the Council's Transformation Team, Commissioning and Adults Directorate staff and managers, building on the Council's knowledge and experience.

A key consideration would be the need for the Council to meet its statutory duties and manage risk effectively. It is anticipated that the scope will include:

- analysis of management and financial information, performance data and existing service user data (complaints, compliments and annual survey)
- structured interviews with service users and their carers to identify any areas of inefficiency or where intervention at a different stage could have reduced cost and improved outcomes – to ensure that our services are informed by the voices of our service users
- analysis of best practice nationally and internationally, including what changes the evidence available suggests will make greatest impact
- options and recommendations for supporting business cases that will offer the greatest return on investment

- development of a demand management strategy for adults, building on transformation and budgetary control work so far to understand where demand is being created and why
- identification of current system and process issues that are driving delay, cost, inefficiency or a poor customer experience
- a review of the role of IT in supporting transformation and an analysis of the technology and systems that could support the sustainability of the service.
- analysis of the financial impact of 'hidden costs' or needs that haven't been met and how these impact on the Council or other partners
- analysis of the interdependence of costs as a result of actions or decisions taken by partner organisations on the Council and vice versa.

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.

#### Approach to investment

It is likely that the proposed transformation programme will require significant investment from the Transformation Fund. However, at this stage, GPC is requested to approve a smaller investment to support the development of the full Adult Services transformation programme alongside an external provider or providers. Providers will be commissioned via a competitive tendering process. At the time of writing, market testing is beginning and it is not possible to provide a specific sum for investment. A verbal update will be provided at the meeting and Committee will be asked to delegate authority to the Chief Finance Officer in conjunction with the Chair of General Purposes Committee to approve an investment for this diagnostic work. Due to the scale of work involved, officers anticipate a six-figure investment will be necessary.

Plans for the transformation programme will then be discussed and approved by Adults Committee, before a further business case is brought to General Purpose Committee (GPC) as required for the Transformation Programme. It is anticipated that the Transformation Programme would begin in Quarter 3 2017/18, and continue through the financial year 2018/19.

#### Outcomes expected

The immediate output of the work would be an authoritative report 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 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.

#### Risks

There is a risk that the Adult Services Transformation Programme does not identify the full level of savings required; or does not go on to deliver those savings. However, it is believed that working with an external provider to identify those

savings offers the best opportunity to identify the savings required; and the risk of not investing to transform adult social care is significantly higher.

#### Community Impact Assessment

A community impact assessment for this proposal will be presented to GPC supporting information.

#### Return on investment

This initial investment will not in itself demonstrate a return on investment. However it is anticipated that measures included in the Transformation Programme to be developed will be fully costed and allow decisions to be made at a later date about further phases of the investment. This limits the financial risk to the £500k first phase investment. The transformation programme will contribute to the £30m of savings required across adult social care budgets in 2018-22.

**C/R.5.320 Adults service delivery – sustaining budgetary performance in the older people budget**

Whilst longer term pressures will require significant transformation of adult social care services, the service requires immediate support to sustain its current budgetary performance.

Current budgetary performance

The Older People's Services and Mental Health (OPMH) Directorate is forecasting an underspend of £3.0m as at the December CFA Finance and Performance Report. This is over and above achieving savings of £6.177m allocated to the Directorate in the 2016/17 Business Plan.

The underspend position has been factored into the 'Ongoing underspends redistribution and rebaselining' proposal (A/R.4.022) in the 2017/18 Business Plan as part of the finance and budget review aspect of the corporate transformation programme.

Whilst the Directorate's financial performance in 2016/17 has been favourable, it is underpinned by some specific risks; and there is increasing evidence of rising demand for high cost packages. There is a risk that actions taken now to reduce costs of care and prevent escalation, could result in additional demand at a later stage - through the requirement for more intensive high cost specialist services to meet more complex needs. The Directorate has a number of challenges at present which are contributing to its underspend position, including:

- Pending waiting list for care - at any one time there can be on average 200 people waiting for care/an increase in care (£431k cost per month); some of these people will receive support from the reablement service as an interim measure.
- Due to difficulties in access to home care the reablement service isn't able to complete demand management and cost avoidance work it is best placed to do (£460K cost in September).
- Delayed transfers of care from hospital prevent us from paying for care that we have a statutory requirement to provide. Since April 2016 there has been average of 745 bed-days lost per month due to social care delays (around £650k per month).
- Waiting lists – there are currently 150 people waiting for an assessment from one Older People's team in Cambridgeshire, some of these people will not be receiving any services. Another sub-group of these will already be in receipt of services as a self-funder and be awaiting an assessment for local authority funding. (£241k cost per month).
- Outstanding reviews – the national standard is that a review takes place once a year. As of 31/12/16, 27% of people in receipt of long-term services for more than one year had received a review since 1 April 2016.
- Staffing difficulties – the Directorate continues to have difficulties in securing staff and carries a high number of vacancies- this is particularly acute in the

reablement service and in the largest Locality Team for South Cambs and City.

Taking all of this into account, it is estimated that the OPMH underspend includes approximately £1,600k of costs that will need to be met imminently. This means that the Council is operating outside its acceptable performance parameters, despite achieving good results in terms of financial control. This proposal is for a number of short term investments in additional capacity to ensure that we can manage potential risks in service provision and deliver planned savings.

These investments focus on prioritising care to the service users most in need of it, ensuring we can safely manage people's health and wellbeing despite the myriad pressures on the system and provide short term capacity in key areas to unblock the parts of the system working beyond capacity.

The proposals below represent a total £600k investment from the transformation fund and is requested to support sustained budgetary performance in Older People's and Mental Health Services in 2017/18, enabling the service to continue to manage demand whilst longer-term plans are developed.

#### Current service performance

As of 31 December 2016, 3,900 service users were receiving long-term services from the Older People and Mental Health Directorate. Cumulatively, between 1 April 2016 and 31 December 2016, 5,227 service users received long-term services from the directorate.

DToC performance – The average number of bed-day delays in Cambridgeshire stands at 2,682 per month for 2016/17 to date, higher than any previous year since records began in 2012/13. Those delays for which adult social care are responsible account for an average of 745 per month. On average, 1,973 bed-day delays per month are attributable to NHS organisations. Cambridgeshire DToC performance echoes the national picture, where each of the last 5 months (July 2016 – November 2016) are all in the top five months on record for the number of bed-day delays recorded.

Reablement performance – So far in 2016/17, the proportion of reablement packages completed where the service user is managing independently stands at 57%. The proportion of hours of genuine reablement activity delivered by the reablement teams has been reducing over recent months as the teams find themselves delivering mainstream domiciliary care to bridge the capacity gap in the independent sector. To date, for 2016/17 the proportion of mainstream hours delivered by the reablement team stands at 26%, up from 15% in 2014/15.

Assessment and review performance - In 2016/17 so far, 1,256 assessments have been completed by the OPMH directorate; 62% were completed within 28 days of referral. In the same period, 1,825 planned reviews were completed by OPMH directorate. Of these, 53% were completed on or before the due date. 835 unplanned reviews have been completed over the same period. As of 31 December



2016, 27% of people in receipt of long-term services for one year or more had received a review since 01/04/2016.

Any under-performance in the service can lead to increased pressure on budgets; particularly as any delays to an older person receiving the appropriate service are likely to result in that individual developing additional needs, and therefore requiring a more costly service.

### Proposal outline

The £600k will be spent on a number of initiatives, which will collectively contribute to maintaining financial performance in adult social care, as outlined in 'return on investment' below.

### **Proposal summary:**

<b>Full Name</b>	<b>FTE</b>	<b>Cost (£000)</b>
Additional capacity across a range of services:		
• Multi-Agency Safeguarding Hub (MASH)	1	30
• Early Help	3	109
• Social work following Reablement	2	86
• Care planning and reviews	2	90
• Peterborough City Hospital	1	15
Dedicated Continuing Healthcare Team to ensure ongoing health needs are met and funded appropriately	3	140
Centralising Brokerage of homecare to improve prioritisation	3	70
Dedicated capacity to focus on recruitment - having staff in place quickly, and managers focused on social work aids our financial control	1	60
<b>Grand Total</b>	<b>16</b>	<b>600</b>

<b>Title</b>	<b>Additional capacity across a range of services</b>
<b>Cost</b>	£330k
<b>Description</b>	<p>It is identified that investment in additional capacity in a range of different services would support the service to maintain its current performance as follows:</p> <p><b>MASH for Adults</b>            £30k for a two thirds contribution towards the cost of a social worker, to ensure that the team can continue to manage workload in line with risk response guidelines; improve monitoring of quality; and release the MASH manager to carry out management activities and continue to develop the service. This would be permanently funded after a year through resource being moved to the MASH from existing teams.</p>

	<p><b>Increased Investment for Adult Early Help (AEH)</b> It is proposed to increase the AEH team by 3 posts for a year to broaden the range of advice offered and allow the Early Help Team to improve pathways into Reablement and ATT. This investment would be made permanent as AEH's work continued to divert activity away from long-term support, with the movement of posts from long-term teams to AEH.</p> <p><b>Dedicated social work capacity to ensure ongoing care is available for people after Reablement support</b> This proposal will invest in two additional social workers in the reablement team. They would focus on ensuring that assessments happen earlier so by the time people reach the end of their period of Reablement support for their ongoing care is available to commence. This will reduce the risk of delays, minimise the time people spend waiting for care, ensure care packages reflect need, and allow Reablement teams to be deployed with a greater focus on increasing independence.</p> <p><b>Time limited increase in capacity to complete reviews</b> This proposal would secure additional capacity to focus on carrying out reviews of people's care, ensuring that the support people are receiving is effective for their level of need, and that where possible people are supported to live more independently. The additional capacity would focus on particularly high cost packages where there is no known change as these reviews are more likely to result in a saving to the council.</p> <p><b>Contribution towards Peterborough City Hospital post</b> Peterborough City Hospital is within the Peterborough local authority area, but receives patients from a number of different areas; the most frequent are Peterborough, Lincolnshire and Cambridgeshire. The three local authorities have agreed to invest in a joint post to focus on reducing delayed transfers of care (DTOC) for people who are eligible for social care regardless of the local authority that they are based in. This will provide additional capacity in the hospital and support better management of demand across the three areas. Peterborough Hospital does not currently fine the Council for delays and retaining good performance is essential to this continuing.</p>
<b>Outcomes</b>	Increasing capacity across the range of services outlined above will focus on prioritising care to the service users most in need of it, ensuring we can safely manage people's health and wellbeing despite the myriad pressures on the system and provide short term capacity in key areas to unblock the parts of the system working beyond capacity.
<b>Risks</b>	Ability to recruit social workers remains a key risk as there is a limited number of skilled staff within the local workforce.

<b>Title</b>	<b>Dedicated Continuing Healthcare Team to ensure ongoing health needs are met and funded appropriately</b>
<b>Cost</b>	£140k, based on three posts.
<b>Description</b>	<p>In many cases, individuals with personal care needs will also have continuing healthcare (CHC) needs. If an individual is eligible for continuing healthcare following an assessment, they may qualify for the full cost of their personal care needs to be met by the NHS.</p> <p>If a CHC need is not correctly identified, this may lead to the individual, or the County Council, paying for care that should be funded by the NHS. CHC is also often linked to ongoing treatment for a health condition. If the need is not correctly identified there is a danger that the individual will not receive the most appropriate care, and this will lessen their chances of recovery and going on to live more independently. At present significant work is conducted by social work teams to support Continuing Healthcare assessments, including provision of information for assessments, completion of reviews, and monitoring and tracking the process. This is part of a joint action plan agreed with the CCG. Over time a backlog of this work has developed and temporary investment was made in the last quarter of 2016/17 to support teams, by conducting additional CHC-related work and clear the backlog. New cases have continued to appear quickly and additional investment would support teams to maintain current budgetary performance into the 2017/18 financial year.</p> <p>It is anticipated that once this backlog of cases has been dealt with, the capacity could be used to upskill team members to deal effectively with CHC cases as they arise, without the need of specialist additional advice.</p>
<b>Outcomes</b>	This proposal would continue the temporary CHC manager post, recruiting further dedicated resource to support CHC work and clear the immediate backlog of cases. The proposed workers would also be able to upskill the general workforce to quickly identify when CHC may apply in order to ensure people receive the support that they are entitled to and that is most appropriate to their needs.
<b>Risks</b>	Ability to create social work capacity remains a key risk.

<b>Title</b>	<b>Centralising Brokerage of homecare to improve prioritisation</b>
<b>Cost</b>	£70k for three new care purchasing coordinator posts
<b>Description</b>	<p>The Brokerage Team is based with the Contracts and Care Placements team, assisting the Older People's Locality and Discharge Planning Teams with finding care placements within Cambridgeshire and beyond. The aim of the Brokerage Team is provide an effective, responsive service to the teams whilst ensuring best value for money is achieved</p> <p>At present, the team focuses on finding placements for individuals</p>

	<p>requiring residential and nursing care. However, there is insufficient domiciliary care capacity in parts of Cambridgeshire at the moment and the proposal is that centralising decision making about care would allow for better prioritisation and ensure that limited capacity is more effectively utilised.</p> <p>This would be achieved by extending a brokerage approach to domiciliary care services to secure care more quickly, and based on an overall assessment of risk and need – rather than care being sought on a case by case basis as is currently the case. This would help to reduce the size of the pending list and ensure that those service users most at risk are the ones who are least likely to have to wait for it to be available. This work would be time limited as Mosaic purchasing changes will lead to a review of distribution of CPCs in 12 months.</p>
<b>Outcomes</b>	<p>Centralising Brokerage will support the Council's shift in approach towards a new 'dynamic purchasing system', whereby the Council will move away from a closed framework contract approach to an approved list of providers updated quarterly. Management of that approach will require closer relationships with providers, and a better understanding of capacity in the market at any given time. This will support the delivery of savings in the Business Plan against A/R.6.143, which is planned to generate £306k of savings in 2017/18.</p>
<b>Risks</b>	<p>There is insufficient domiciliary care capacity in parts of Cambridgeshire at the moment; centralising decision making about care would allow for better prioritisation and ensure that limited capacity is more effectively utilised.</p>

<b>Title</b>	<b>Dedicated capacity to focus on recruitment</b>
<b>Cost</b>	£60k
<b>Description</b>	<p>The local social care and health system is facing severe personnel shortages at all levels; as a result the Council is facing a number of challenges relating to both recruitment and retention, with a number of key vacancies. This remains a key area of risk for the local authority, and many of the proposals outlined here will rely on an ability to secure additional capacity.</p> <p>This proposal will continue existing successful time-limited posts focusing on recruitment in hard to fill posts, and create a small associated budget to explore new recruitment methods, increasing the chances of filling key posts.</p>
<b>Outcomes</b>	<p>It is anticipated that a new dedicated post will help to increase the chances of filling vacancies, allowing the local authority to continue to maintain budgetary performance.</p>
<b>Risks</b>	<p>Recruitment remains one of the most significant risks facing adult social care; this investment will support minimising that risk.</p>

## Community Impact Assessment

A community impact assessment for this proposal will be presented to GPC as supporting information.

### Return on investment

A/R.4.022	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021- 22 £000	TOTAL
Investment	600	-	-	-	-	600
Savings	-	-1,861	-1,861	-1,861	-1,861	-9,305
Return on Investment						310%



**CHILDREN FAMILIES AND ADULTS – RISK REGISTER**

*To:* **Adults Committee**

*Meeting Date:* **9 March 2017**

*From:* **Wendi Ogle-Welbourn, Executive Director, Children Families and Adults**

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

*Forward Plan ref:* **N/A** *Key decision:* **No**

*Purpose:* **To note the risks on the CFA Risk Register, and seek views on the risks and mitigating action**

*Recommendation:* **To endorse the CFA Risk Register and management of the identified risks**

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## 1.0 BACKGROUND

- 1.1 The Children, Families and Adults (CFA) Directorate manages and monitors risks using a risk register, in accordance with Council policy and procedures. The CFA Risk Register is attached as Appendix 1.
- 1.2 The Council also maintains a Corporate Risk Register, which brings together the most important risks from each directorate of the Council, and is monitored by Strategic Management Team (SMT), General Purposes Committee (GPC) and the Audit and Accounts Committee. The most recent published version of the Corporate Risk Register can be found at: <http://tinyurl.com/hcao6ms>
- 1.3 The CFA Risk Register was last reported to Committee in July 2016.

## 2.0 MAIN ISSUES

- 2.1 The CFA Risk Register is reviewed quarterly by CFA Management Team. This version of the CFA Risk Register has been updated to the end of Quarter 3 2016-17.
- 2.2 Council risk management policy requires that each risk is scored twice, firstly the 'inherent' risk (the risk of something happening if nothing was done to stop it) and secondly the 'residual' risk (the risk of something happening once the controls have been taken into account).
- 2.3 The Risk Register contains controls to manage the risk and actions to address particular issues or to establish or improve controls. Controls are active, in the sense that they describe 'business-as-usual' systems or procedures that are in place and operating to reduce a risk's likelihood or impact. Some risks have actions, which are activities that are in place in order to address a particular issue, introduce a new control, or improve an existing one. The lack of an action does not imply that a risk is not being managed; rather that the existing set of controls is sufficient to keep the residual risk score at an acceptable level in the current situation.
- 2.4 Some actions refer to other strategies or action plans. Status reports for these action plans are available on request.
- 2.5 A summary risk map is provided in Appendix 2, which shows the different risk scores graphically. Overall, the risk profile is as follows:

Green	Amber	Red
1	14	0

- 2.6 The following risks have been removed from the Risk Register:
- *Insufficient availability of supported housing schemes due to the impact of the capped housing benefit at Local Housing Allowance (LHA) levels* – The Government has postponed of the introduction of the benefits cap to April 2019, and announced that there will be a new funding model to ensure the sector is funded at current levels.
  - *Insufficient capacity of Early Help Services to support children, young*



*people and families* – Early Help is a key element of services to safeguard children and families. The action in risk 1, failure of the Council's arrangements for safeguarding vulnerable children and adults, is to deliver the Children's Change Programme, which encompasses a review of capacity in Early Help. Risks associated with capacity in Early Help are therefore owned by the Children's Change Programme, and should not be duplicated on this register.

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

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

There are no significant implications for this priority.

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

There are no significant implications for this priority.

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

There are no significant implications for this priority.

### **4.0 SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

4.1.1 There are no significant implications within this category.

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

4.2.1 This report discusses the CFA Risk Register, which records key risks to CFA service delivery and the controls and actions to manage them. The Risk Register is part of the Council's risk management framework, which is a key part of the assurance of the Annual Governance Statement, as part of the annual Statement of Accounts.

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

4.3.1 There are no significant implications within this category.

#### **4.4 Engagement and Communications**

4.4.1 There are no significant implications within this category.

#### **4.5 Localism and Local Member Involvement**

4.5.1 There are no significant implications within this category.

#### **4.6 Public Health**

4.6.1 There are no significant implications within this category.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	No implications Name of Financial Officer: M Wade (CYP) / T Kelly (Adults)
<b>Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?</b>	No Name of Legal Officer: Lynne Owen
<b>Are there any Equality and Diversity implications?</b>	No implications Name of Officer: CFA Service Director
<b>Have any engagement and communication implications been cleared by Communications?</b>	No implications Name of Officer: Simon Cobby
<b>Are there any Localism and Local Member involvement issues?</b>	No implications Name of Officer: CFA Service Director
<b>Have any Public Health implications been cleared by Public Health</b>	No implications Name of Officer: Tess Campbell

<b>Source Documents</b>	<b>Location</b>
Housing Benefit: Written statement - HCWS154, 15 September 2016	See <a href="http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2016-09-15/HCWS154/">http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2016-09-15/HCWS154/</a>

CFA RISK REGISTER

Details of Risk				Inherent Risk				Key Controls	Residual Risk			Actions					Acronyms
Risk No.	Risk Description	Triggers	Result	Probability	Impact	Score	Owner	Contact	Probability	Impact	Residual Score	Description	Action Owner	Target Date	Revised Target Date	Action Status	
1 (CR)	Failure of the Council's arrangements for safeguarding vulnerable children and adults	Children's Social Care:	1. Harm to child or an adult receiving services from the Council	5	5	25	SD Adult Social Care/ SD Children's Social Care/SD Older People and Mental Health	HoS Safeguarding and Standards / HoS Adult Social Care Practice and Safeguarding	3	5	15	1. Investigating referral arrangements from health to ensure most effective arrangements are in place to the MASH - proposals to be reviewed and next steps decided by CFA management team	HoS FREDt	May-17		G	
		Adult Social Care (Inc. OPMH)	2. Reputational damage to the Council									2. Complete Children's Change Programme to introduce new integrated ways of working between social care and Early Help, and address high demand pressures.	SD CSC	Dec-17		G	
3 (CR)	Insufficient availability of care services at affordable rates	1. Children's social care case loads reach unsustainable levels as indicated by the unit case load tool	2. Reputational damage to the Council	5	4	20	SD Older People and Mental Health	HoS Procurement	5	3	15	3. Comprehensive and robust safeguarding training, ongoing development policies and opportunities for CCC staff, and regular supervisions monitor and instil safeguarding procedures and practice.	HoS Procurement	Oct-17			
		2. More than 25% of children whose referral to social care occurred within 12 months of a previous referral	2. Reputational damage to the Council									4. Continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Serious Case Reviews.					
		3. Serious case review is triggered										5. Multi Agency Safeguarding Hub (MASH) supports timely, effective and comprehensive communication and decisions on how best to approach specific safeguarding situation between partners.					
		1. Care homes, supported living or home care agency suspended due to a SOVA (safeguarding of vulnerable adults) investigation										6. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance					
		2. Serious case review is triggered										7. Whistleblowing policy, robust Local Authority Designated Officer (LADO) arrangements (including holding information from HR) and complaints process inform practice					
		3. Outcomes of reported safeguarding concerns reveals negative practice										8. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission					
												9. Joint protocols, practice standards and QA ensure appropriate joint management and case transfer between Children's Social Care and Enhanced and Preventative Services					
												10. Coordinated work between Police, County Council and other agencies to identify child sexual exploitation, including supporting children and young people transitions to adulthood, with the oversight of the LSCB					
												11. Audits, reviews and training provided to school staff, governors and settings. All schools must have child protection training every 3 years. Education CP Service supports schools and settings with safeguarding responsibilities.					
		1. Average number of ASC attributable bed-day delays per month is above national average (aged 18+) as identified by CFA performance dashboard	1. Client dissatisfaction and increased risk of harm and hospital admission	5	4	20	SD Older People and Mental Health	HoS Procurement	5	3	15	1. Retender the main home care contract to enable new models of care, working with CCG	HoS Procurement	Oct-17		G	
		2. Delayed transfers of care from hospital attributable to adult social care as identified by CFA performance dashboard	2. Increase in delayed discharges from hospital									2. To support home based services, reablement and its relationship with the intermediate tier is being reviewed and refined. To increase efficiency.	HoS Serv Dev	Apr-17		G	
		3. Home care pending list	3. Reputational damage to the Council														

								8. Capacity Overview Dashboard in place to understand market position 9. Residential and Nursing Care Project has been established as part of the wider Older People's Accommodation Programme looking to increase the number of affordable care homes beds at scale and pace.										
4	Failure of provider organisations to attract or retain a sufficient workforce	1. Provider organisation report not having capacity to deliver services when we need them  2. Length of time services users wait for appropriate services  3. Care home providers reduce the numbers of nursing beds (due to difficulty recruiting qualified nurses)  4. Schools are unable to recruit sufficient high quality staff	1. Outcomes for children, families and adults are worse  2. Reputational damage to the Council  3. Reduction in quality of services  4. Reduced choice of provision close to peoples local community	5	4	20	SD Adult Social Care/SD Older People and Mental Health	HoS Procurement/ HoS Commissioning Enhanced Services	1. Support Home Care providers to develop recruitment and retention strategies  2. Workforce offer to the provider organisations based on the Skills for Care Learning and Development matrix. This includes Care Certificate, vocational qualifications (Level 2 - 5) and Social Care Commitment.  3. Assess impacts and risks to recruitment associated with managing down costs  4. Regular monitoring of provider staff members and vacancy levels of LD and LAC placements by Access to Resources Team  5. Home Care Development Manager in post who works with Homecare providers to develop workforce.  6. Access to Resources Team consider and challenge staff pay in tendering process 7. Regularly engage with commissioners and providers to put action plans in place to resolve workforce issues 8. Traded offer to schools to support with teacher recruitment	5	3	15	1. Agree areas of strategic development from Commissioned Provider Workforce Strategy being undertaken by Workforce Development  2. CCC, providers and the wider health system working with local colleges to develop skills for working in the adult care system  3. Discussing future role of LA in supporting education and schools with Members	HoS Procurement  HoS WFD  Director, Learning	Oct-17  Apr-17		G  G	
13	Insufficient capacity to manage organisational change	1. More than half the projects on the CFA portfolio are RAG rated red  2. Staffing restructures result in loss of project and support staff	1. Low morale and demotivated staff delivering poorer outcomes.  2. Poorer services  3. Savings targets not delivered. 4. Transformative change not delivered  5. Inefficient services	4	5	20	SD Strategy and Commissioning		1. Resource focussed appropriately where needed to deliver savings.  2. CFA Management Team review business plans and check that capacity is aligned correctly. 3. Programme and project boards provide governance arrangements and escalation processes for any issues 4. Transformation work plans regularly reviewed by management team 5. CFA Management Team monitors achievement of savings on a monthly basis - including ensuring capacity is provided 6. Train managers in change and managing continuity whilst changing	3	4	12	1. Participate in Corporate Capacity Review, to include reviewing controls to ensure appropriate capacity, and agreeing approach with new corporate services	SD S&C	Mar-17		G	
11	Failure to effectively plan how the Council will deliver services over the 5 year Business Plan	1. Lack of clear political direction and priorities  2. Unexpected increase in demand on services, as measured by CFA Metrics and service monitoring  3. Legislative changes that add unforeseen pressures to Council savings targets	1. The Council lacks clear direction for resource use and over-spends  2. Requiring the need for reactive savings during the life of the plan  3. Spends limited resources unwisely, to the detriment of local communities.	5	5	25	Executive Director CFA		1. Political leadership, organisational priorities and policies developed through councillor engagement 2. Robust engagement with members of CLT and Councillors through the Business Planning process timetable, to ensure greater cross-organisational challenge and development of options. 3. Full consultation with public, partners and businesses during planning process, including thorough use of data research and business intelligence to inform the planning process 4. Stronger links with service planning across the Council seeking to transform large areas of spend. 5. Business Planning process requires early identification of possible impacts of legislative changes, as details emerge 6. Manage activity to deliver savings in OP and ASC on a prudent and flexible basis 7. Governance and monitoring arrangements of CFA savings delivery established and in place (savings tracker)	3	4	12						
12	Failure to deliver the current Business Plan	1. Forecast out-turn for CFA looking negative  2. Unexpected increase in numbers of service users in the year. 3. Decline in service performance as measured by CFA Performance Dashboard	1. The Council is unable to achieve required savings and fails to meet statutory responsibilities or budget targets  2. Need for reactive in-year savings 3. Adverse effect on delivery of outcomes for communities	5	5	25	Executive Director CFA		1. Robust service planning; priorities cascaded through management teams and through appraisal process  2. SMT review savings tracker and finance and performance report monthly 3. CFA Performance Board review savings tracker and finance and performance reports monthly 4. Weekly sub-group of CFA Performance Board reviews savings and addresses areas that are not on track 5. Robust governance framework to manage transformation agenda: a. Integrated portfolio of programmes and projects b. Routine portfolio review to identify and address dependencies, cross cutting opportunities and overlaps c. Rigorous risk and performance management discipline embedded in all transformation programmes/projects, with escalation process to Directorate Management Teams / Programme Boards 6. Budget holders have monthly meetings with LGSS Finance Partner/External Grants Team, to monitor spend and produce BCR	3	4	12						

2 (CR)	Insufficient availability of affordable Looked After Children (LAC) placements	1. The number of children who are looked after is above the number identified in the LAC strategy action plan 2015-2017 2. % LAC placed out of county and more than 20 miles from home as identified in CFA performance dashboard 3. The unit cost of placements for children in care is above targets identified in the LAC strategy action plan 2015 to 2017	1. Client dissatisfaction and increased risk of harm 2. Reputational damage to the Council 3. Failure to meet statutory requirements 4. Regulatory criticism 5. Civil or criminal action against the council	4	5	20	SD Strategy and Commissioning	HoS Commissioning Enhanced Services	1. Regular monitoring of numbers, placements and length of time in placement by CFA management team and services to inform service priorities and planning 2. Maintain an effective range of preventative services across all age groups and service user groups 3. Looked After Children Strategy provides agreed outcomes and describes how CCC will support families to stay together and provide cost effective care when children cannot live safely with their families. 4. Community resilience strategy details CCC vision for resilient communities 5. CFA management team assess impacts and risks associated with managing down costs 6. Edge of care services work with families in crisis to enable children and young people to remain in their family unit	3	4	12	1. Deliver actions in LAC Action Plan to manage demand and costs	SD CSC / SD S&C / SD E&P	Mar-17		G	
5	Cessation of delivery, loss in quality and/or failure of adult social care providers	1. Care homes, supported living or home care agency are suspended 2. Major providers goes out of business and/or withdraws from the market 3. Provider services are in special measures or require improvement as result of an inspection 4. In-House Services need to close.	1. Loss of service provision, impact on service users 2. Financial risk to the Council 3. Increased pressure on Council Services 4. Delays in service provision 5. Reputational risk to the council	4	5	20	SD Adult Social Care/SD Older People and Mental Health	HoS Procurement / HoS Learning Disability Partnership / HoS Older People's Services	1. Robust contracting and monitoring procedures 2. Effective use of PQQs (pre-qualifier questionnaires) 3. Active involvement by commissioners in articulating strategic needs to the market 4. Risk-based approach to in-contract financial monitoring 5. New specifications for Voluntary and Community Sector (VCS) infrastructure support contract focuses on business development activity, consortia working, commissioning and procurement activity. 6. Closer working between compliance agencies, & CCC (E.G. Env Health, H & S, Police, Fire service, CQC, Safeguarding etc.) 7. Provide support to failing care homes to improve standards 8. Robust performance management and processes to manage providers 9. Managing Provider Failure Process in place to ensure care and support needs of those receiving services continue to be met if an provider fails 10. Early Warning Dashboard in place, to alert to likelihood of provider failure, reported to CFA Performance Board and Mgt Team 11. Management oversight of our own in house provision.	3	4	12						
6	Children and young people do not reach their potential (educational attainment)	1. The attainment gap between vulnerable groups of CYP and their peers of school age are below targets identified in CFA performance dashboard 2. End of key stage 2 and 4 attainment targets are below those identified in the CFA performance dashboard 3. Percentage of 16-19 years old who are NEET increases as identified in CFA performance board)	1. LA school improvement inspection triggered - failure would result in DFE intervention 2. Life chances of children and young people reduce 3. An increase in forced academies	4	4	16	SD Learning	HoS School Intervention	1. Good governance of Accelerating Achievement and School Improvement strategies and action plans, checking progress and challenging performance, involving executive and service management 2. Cambridgeshire School Improvement Board improves educational outcomes in schools by all parts of the school improvement system working together. 3. Effective monitoring, challenge, intervention and support of school and setting 4. Develop all children's services to include educational achievement as a key outcome 5. 18-25 team supports care leavers to remain in education or helps them find employment or training 6. A joint approach to support and promote good mental health for CYP has been developed with and for schools and a programme is in place which is supported by Learning, E&P, Public Health and voluntary partners 7. Provides support and guidance to schools to support the stability of educational placements and transition to post 16 for LAC 8. Residual Information, Advice and Guidance function overseen by the local authority focuses on the most vulnerable 9. Identify and track children who are missing education, understand reasons and provide support to attend school, access suitable provision, or confirm as electively home educated.	3	4	12	1. Pilot targeted action at raising attainment of children with SEND who are also FSM at Early Years and School age. View to roll out wider in the following academic year after review of pilot	HoS SEND Specialist Services	Oct-16		G	
		1. Spend on agency staff within social care workforce is above target as identified by Strategic Recruitment and Workforce Development Board 2. High turnover of social care staff as identified by Strategic Recruitment and Workforce Development Board	1. Outcomes for children, families and adults are poorer 2. Reputational damage to the Council						1. Extensive range of qualifications and training available to staff to enhance capability and aid retention 2. Increased use of statistical data to shape activity relating to recruitment and retention				1. Deliver Recruitment and Retention Action Plan, overseen by Recruitment and Retention Task and Finish Group	SD OPMH	Mar-17		G	

14	Failure to attract or retain a sufficient (social care) workforce	3.High vacancy rates of identified key social care roles as identified by Strategic Recruitment and Workforce Development Board	3. Demotivated staff lacking the skills to deliver future challenges  4. Increased absence levels  5. Disproportionate level of agency staff	4	5	9	SD Learning	HoS Work Force Development	3. ASYE programme ensures new social workers continue to develop their skills, knowledge and confidence.  4. Frontline managers support their own professional development through planning regular visits with frontline services 5. Cross directorate Social Care Strategic Recruitment and Workforce Development Board and Social Work Recruitment and Retention Task and Finish Group proactively address the issue of social care recruitment and retention. 6. Improved benefits and recognition schemes in place 7. Development of Partners in Practice proposal to embrace innovative new ways of working	3	3	9						
8	Failure of key partnership agreements	1. Section 75 agreements not adhered to  2. Joint commissioning arrangements break down  3. Break down of key partnership groups (e.g. LSCB or Public Services Board)	1. Safeguarding risks to vulnerable children and adults.  2. Duplication of services  3. Disjointed service commissioning 4. Poorer outcomes for service users  5. Increased costs  6. Reduction in services	4	5	20	SD Strategy and Commissioning	SD Strategy and Commissioning	1. Local Safeguarding Children's Board (LSCB) and Adult Safeguarding Board have oversight of multi agency safeguarding arrangements  2. Data sharing protocol agreed through Public Service Board  3. Cambridgeshire Executive Partnership Board oversees joint working between adults social care and health and monitors Better Care Fund 4. Joint commissioning unit monitors and oversees joint commissioning of child health service 5. School Improvement Board improves educational outcomes in schools by all parts of the school improvement system working together. 6. MASH brings together children's social care, the Police, Probation, the Fire Service, NHS organisations, key voluntary sector organisations, Peterborough City Council and adult social care providing multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity 7. Clear communication strategies in place  8. Monitoring and performance management of contracts  9 Children's Trust Board and Area Partnerships bring together organisations that work with children, young people and families to enable organisations, including voluntary sector, to work collaboratively and collectively to identify and develop shared priorities and commission local services to achieve improvements. They are closely linked with the LSCB  10. Effective governance and monitoring of Section 75 agreements, joint commissioning arrangements, and other partnership arrangements through Monitoring and Governance Groups and Committees.	3	3	9	2. Work is ongoing on resolving issues with CCG over jointly funded packages of support (CHC, section 41 and section 117). Action plan agreed with CCG on CHC assessments, in other areas we are seeking legal opinion.	SD OPMH	Apr-17		G	
9	Failure to work within regulation and/or regulatory frameworks	1. Poor inspection and/or ombudsman results  2. Higher number of successful legal challenges to our actions/decisions  3. Low assurance from internal audit	1. Financial impact  2. Increase attention from regulators  3. Failure to meet needs of service users	3	4	12	Executive Director CFA		1. LGSS legal team robust and up to date with appropriate legislation. 2. Service managers share information on changes in legislation by the Monitoring Officer, Government departments and professional bodies through Performance Boards 3. Inspection information and advice handbook available which is continually updated.  4. Code of Corporate Governance  5. Community impact assessments required for key decisions 6. Programme Boards for legislative change (e.g. Care Act Programme Board) 7. Training for frontline staff on new legislation 8. Involvement in regional and national networks in children's and adults services to ensure consistent practice where appropriate 9. Services actively prepare for inspection 10. Programme of self-evaluation across all areas	2	4	8	1. Annual refresh of school improvement self-evaluation	SD L	Mar-17		G	
7	Failure of information and data systems	1. Amount of time CFA Business Systems (Social Care, LEA, Case Management) are working and available (uptime) is below Service Level Agreement (SLA) levels 2 System availability due to infrastructure issues (network, end-user devices, SAN etc.) is below SLA levels. 3 Amount of time data-sharing with partners is impossible as a result of system failure.	1. Inspection failure.  2. Increased risk of harm to children and adults.  3. Less than optimum efficiency. 4. Reliance by staff on IT support 5. Inability to share information and/or inappropriate sharing of information	5	4	20	SD Strategy and Commissioning		1. Individual Services Business Continuity Plans.  2. LGSS IT Disaster Recovery Plan  3. LGSS IT service resilience measures (backup data centre, network re-routing). 4. Version upgrades to incorporate latest product functionality  5. Training for CFA Business systems prior to use  6. Information sharing agreement 7. Backup systems for mobile working	2	4	8	1. Implementation of CFA social care Business Systems on new rationalized platform (Project Mosaic)	HOS IM	Apr-18		G	Currently project managed by HoS Information management (until end of phase 2 CCR) project sponsor Service director Strategy and Commissioning.

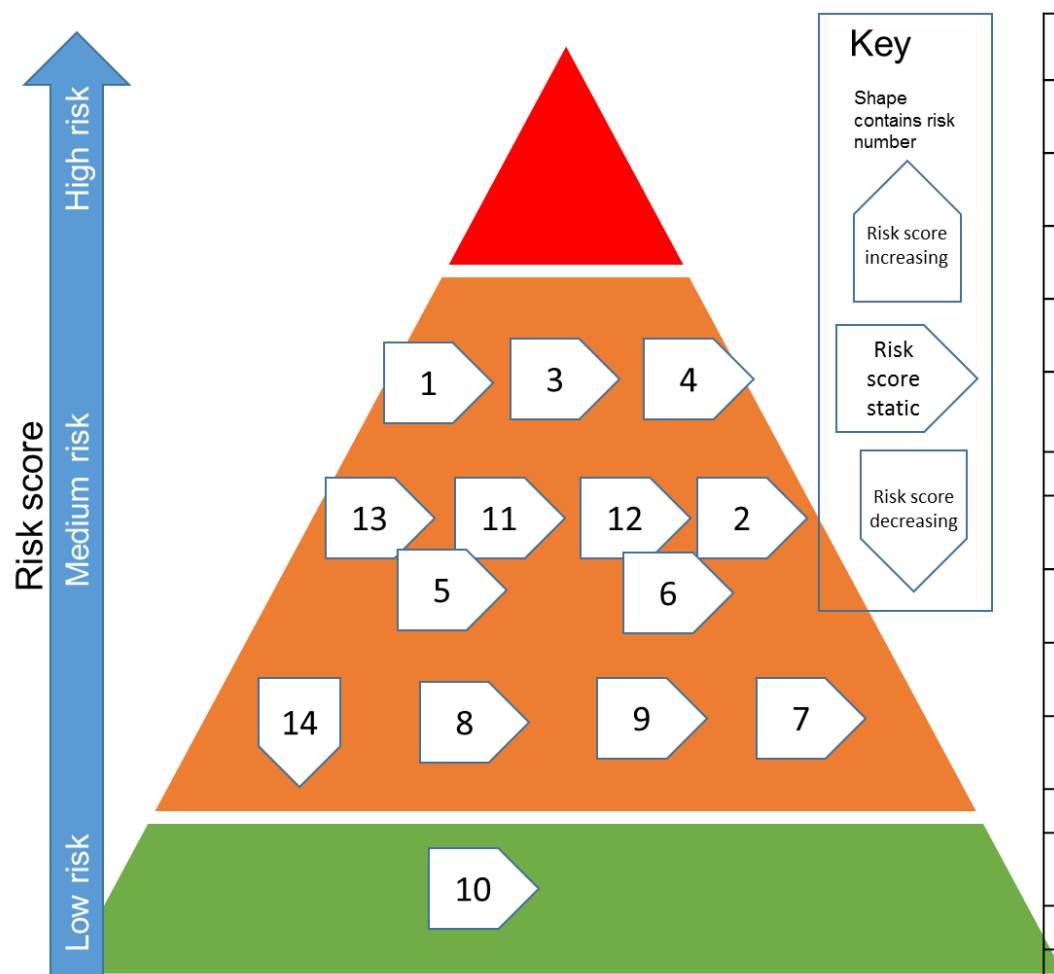
								8. Back up systems for CFA Business Systems 9. Corporate (Information Governance Team) monitor data handling and security position and improvements								
10	Inability to maintain sustainable traded learning services	1. Services do not get enough business to meet income targets  2. Unexpected increase in cost implications of traded services  3. Services are unviable and stop trading	1. Loss of service provision.  2. Reputational damage.  3. Poorer education outcomes for children and young people	4	4	16	SD Learning	1. Cross directorate leadership to support traded activity, including engagement of senior leaders, a strong vision and clarity on what products and services CCC wishes to retain/ what we will let fail. 2. Robust systems and process for target setting, monitoring and forecasting of traded income. 3. Services are re-modelled and/or restructured to better organise for a commercial trading model, maximising cross directorate trading opportunities. 4. Staff in teams with income targets have a well developed and broad range of commercial skills. 5. Partners and service users are involved in the design of services and products. 6. Cost of trading is well understood and appropriately managed through traded activity.	2	3	6					

VERY HIGH (V)	5	10	15	20	25
HIGH (H)	4	8	12	16	20
MEDIUM (M)	3	6	9	12	15
LOW (L)	2	4	6	8	10
NEGLIGIBLE	1	2	3	4	5
IMPACT LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY





## Appendix 2 - Risk Map – CFA Risk Register Q3 2016-17



Number	Description	Score Q2	Score Q3
1 (CR)	Failure of the Council's arrangements for safeguarding vulnerable children and adults	15	15
3 (CR)	Insufficient availability of care services at affordable rates	15	15
4	Failure of provider organisations to attract or retain a sufficient workforce	15	15
13	Insufficient capacity to manage organisational change	12	12
11	Failure to effectively plan how the Council will deliver services over the 5 year Business Plan	12	12
12	Failure to deliver the current Business Plan	12	12
2 (CR)	Insufficient availability of affordable Looked After Children (LAC) placements	12	12
5	Cessation of delivery, loss in quality and/or failure of adult social care providers	12	12
6	Children and young people do not reach their potential (educational attainment)	12	12
14	Failure to attract or retain a sufficient (social care) workforce	12	9
8	Failure of key partnership agreements	9	9
9	Failure to work within regulation and/or regulatory frameworks	8	8
7	Failure of information and data systems	8	8
10	Inability to maintain sustainable traded learning services	6	6



**BETTER CARE FUND 2017 - 19**

<i>To:</i>	<b>Adults Committee</b>		
<i>Meeting Date:</i>	<b>9 March 2017</b>		
<i>From:</i>	<b>Charlotte Black Service Director: Older People's Services and Mental Health</b>		
<i>Electoral division(s):</i>	<b>all</b>		
<i>Forward Plan ref:</i>	<b>N/A</b>	<i>Key decision:</i>	<b>No</b>
<i>Purpose:</i>	<b>To invite Adults Committee's comments and views on the approach to Better Care Fund Planning for 2017-19</b>		
<i>Recommendation:</i>	<b>Adults Committee is recommended to:</b>  <b>a) Note the update contained within the report</b>  <b>b) Comment on the verbal update on the BCF Plan to be provided at the meeting, and agree how Adults Committee would like to be further engaged in the planning process for 2017/19</b>		

***Officer contact:***

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## 1.0 BACKGROUND

- 1.1 The Better Care Fund (BCF) creates a pooled budget in each Health and Wellbeing Board area, intended to assist health and social care services work more closely together. In 2016/17, Cambridgeshire's BCF budget is £48,464k. This was formed through a reorganisation of existing funding used to provide health, social care and housing services across the county. In April 2017, Cambridgeshire will be required to submit a new, jointly agreed BCF Plan, covering a two year period (April 2017 to March 2019).
- 1.2 The Cambridgeshire Health and Wellbeing Board is responsible for signing off Cambridgeshire's BCF Plan, although plans must be 'jointly agreed' by the Local Authority and Cambridgeshire and Peterborough Clinical Commissioning Group. The final plan for 2017-19 will be taken for approval to the Cambridgeshire Health and Wellbeing Board on 30 March 2017.

## 2.0 BCF ACTIVITY AND PERFORMANCE 2016/17

- 2.1 Cambridgeshire's 2016/17 BCF Plan was approved by NHS England in August 2016. The majority of the fund is used to provide existing services, which have been aligned to support joint planning and monitoring of activity and outcomes. Alongside existing service spending, £1,702k was made available to support a range of transformation projects which would support us in delivering against the BCF key performance indicators, which are:
- A reduction in non elective admissions to acute hospital
  - A reduction in admissions to long-term residential and nursing care homes
  - An increase in the effectiveness of reablement services
  - A reduction in Delayed Transfers of Care (DTC) from hospital
  - A reduction in the proportion of adults receiving long-term social care
  - Maintained patient satisfaction with local NHS services
- 2.2 BCF funded activity has significantly progressed a number of initiatives across the local system in 2016/17, including:
- **Neighbourhood Teams:** Four 'Trailblazer' pilot sites have been refining the multi-disciplinary team (MDT) proactive case management model. These sites have seen joint work in MDTs across health, social care and the voluntary sector; lessons are now being rolled out to other neighbourhood teams. Further work is being undertaken to develop patient pathways and training plans for the consistent use of the Rockwood Frailty Tool across the system.
  - **Data Sharing:** This project is supporting the development of an approach to 'pseudonymisation' of patient data to support the case finding process; a proof of concept technical solution has been developed; the first data has been transferred. Once complete this work will support easier matching of records between health and social care to identify vulnerable people, with appropriate information safeguards in place.
  - **Falls prevention:** A joint falls pathway has been developed and work to implement the pathway is ongoing. A pilot project has been operating since July in St Ives; learning from the evaluation will be rolled out across Peterborough and Cambridgeshire.
  - **Care Home Support Team:** Support workers have been recruited to work with care homes in order to reduce inappropriate referrals to hospital. Regular professional breakfast meetings have been booked in each locality – Cambridge, Peterborough &

Huntingdonshire.

- **Intermediate Care Teams:** Integrated Care Workers continue to be recruited across the system to provide care for people with health needs, in order to support earlier discharge from, or prevent unnecessarily prolonged stays in hospital as well as supporting early discharge from community hospital rehabilitation units.
- **Protection of social care:** The BCF has continued to provide vital support to social care services including reablement, domiciliary care and residential and nursing care. BCF funding has also supported the development of Cambridgeshire County Council's Adult Early Help Service.
- **Disabled Facilities Grant (DFG) review:** a review of the countywide approach to DFG, in order to provide a better service and release savings by providing support earlier and encouraging people to consider whether the accommodation they are living in will be suitable for them longer term.

2.3 Despite this activity, performance in many of the metrics contained within the BCF continues to be worse than target. The most recent performance update was submitted to NHS England at the end of Quarter 2. Performance on non elective admissions was 5.7% worse than planned; DTOC performance was also worse than planned. Against the target of 1,203 bed days per 100,000 population, the target has not been achieved with an increase from 1,494 bed day delays per 100,000 population in Quarter 1 to 1,531 in Quarter 2. This trend has continued during Quarter 3 and it is expected that activity will remain worse than plan during the final quarter of the year. Whilst at the end of Quarter 2 the social care indicators were on track, significant pressure during Quarter 3 has increased the risk associated with social care indicators.

2.4 To mitigate this in the final quarter of the year, the County Council and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) have together reviewed use of the transformation funding within the BCF. Uncommitted funding within the budget is being used to support initiatives that will have an impact on these performance metrics within Quarter 4, with a particular focus on improving performance on Delayed Transfers of Care and reducing non elective admissions to hospital. Investments have been agreed in reablement capacity; voluntary sector involvement in case management; bed-based intermediate care provision; and initiatives to increase capacity in the domiciliary care and residential care sectors. These investments should help to mitigate against the increased demand currently being experienced across the local system.

2.5 However, it is important to note that success in these indicators is reliant on a significantly wider range of factors than activity contained within the BCF Plan. Even with the additional activity described above, it is likely that overall performance will continue to be worse than target. Whilst BCF funded activity will have successfully had an impact on preventing non elective admissions and reducing DTOCs, this has not been sufficient to mitigate all underlying demand and increased pressures across the system. This highlights the challenge of maintaining the BCF as a separate programme of activity in delivering reductions in these indicators. In considering principles for future BCF planning, officers propose that BCF activity surrounding these areas should be more closely integrated into wider health system transformation accordingly.

### 3.0 BETTER CARE FUND PLAN 2017-19

3.1 It was intended to bring a draft BCF Plan to this meeting of the Adults Committee. However at the time of writing, the BCF Guidance and funding allocations, originally intended for publication in November 2016, were not yet published. However, some detail has been released from the draft guidance:

- The plan will cover a period of two years - 2017/18 and 2018/19.

- An uplift in funding will be included in the CCG minimum contribution. A new 'improved' BCF settlement will also see additional funding allocated to local authorities directly from central government, from 2017/18 in some areas and from 2018/19 in Cambridgeshire.
- The national conditions have been reduced to three: plans must be jointly agreed; a real terms increase in social care funding is required; and there is a requirement to invest in NHS-commissioned out of hospital services. However, areas are required to discuss their approach to meeting previous national conditions.

3.2 Since agreement of 2016/17 BCF plans, the local system has collectively signed up to a Sustainability and Transformation Plan (STP), with new governance arrangements for health and social care services across Cambridgeshire and Peterborough. This, combined with closer working between local public sector organisations, offers an opportunity to review the local approach to BCF. At its meeting on 19 January, Cambridgeshire Health and Wellbeing Board agreed:

- **Greater alignment of BCF activity with the STP and local authority transformation plans.** Given the fact that many BCF performance targets are dependent on activity across the STP Delivery Boards, further alignment is necessary. The BCF will shift to commissioning activity either from the STP or local authority transformation programmes as appropriate, to reduce duplication and ensure that all partners can be engaged with the correct pieces of work.
- **Greater alignment of Cambridgeshire and Peterborough BCF Plans.** BCF transformation activity has always been aligned between Cambridgeshire and Peterborough; but as most health and social care service transformation activity is now system wide, further alignment is agreed, with a single set of investments across the two BCF Plans. Separate BCF budgets will be maintained in line with statutory requirements.
- **A single commissioning Board for Cambridgeshire and Peterborough.** Previously, Cambridgeshire and Peterborough had two separate boards overseeing BCF activity. To support more effective joint commissioning, it has been agreed that these will be replaced by a single board across Cambridgeshire and Peterborough.

3.3 A verbal update will be provided at the meeting on progress in developing the plan, if the guidance has been released. Adults Committee may wish to have further opportunities to comment on and influence the scope and direction of the 2017-19 plan; Adults Committee are invited to comment on how they would wish to be involved.

#### 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 The overall approach described in Cambridgeshire's BCF Plan is to promote a shift in how support is provided – towards support that is focused on promoting people's independence and keeping them well. This mirrors the Council's own Transforming Lives approach to social work. The transformation activity described in our BCF Plan will make a strong contribution to this priority.

##### 4.3 Supporting and protecting vulnerable people

4.3.1 BCF budgets encompass a range of social care services and support that are designed

to support and protect vulnerable people. Promoting more joined up care for residents across social care and health also presents opportunities to better support residents receiving care from a variety of different services.

## **5.0 SIGNIFICANT IMPLICATIONS**

### **5.1 Resource Implications**

5.1.1 The BCF encompasses a small but significant and gradually increasing proportion of adult social care budgets. Decisions on allocation and use of these resources remains with the County Council; however resources will be best used across the health and care system if planning is carried out jointly across health and social care. Similarly, the BCF enables the County Council greater insight into linked CCG spending. Work is currently underway to agree how to align BCF work with the NHS Sustainability and Transformation Plan and associated governance. Business cases have also been developed to underpin the areas where BCF investment has been identified which set out the opportunities and expectations about delivery of savings and transformation in line with CCC's approach.

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

5.2.1 The BCF includes budgets that meet the Council's statutory duties relating to the provision of social care services; the Council retains responsibility for the provision of those services and for ensuring that it meets its statutory duties. A pooled budget for the BCF is created under a partnership agreement; this has been designed in such a way as to minimise risk to both parties. The partnership agreement has been developed in consultation with local authority lawyers and finance services.

### **5.3 Equality and Diversity**

5.3.1 There are no significant implications within this category.

### **5.4 Engagement and Communications**

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**

5.6.1 The BCF aims to ensure better coordination of services across the health and adult social care system with a focus on prevention, health promotion and empowerment and understanding the needs of local populations, keeping people well and healthy and in the community as long as possible.

5.6.2 The BCF will seek to reduce health inequalities evident across Cambridgeshire and Peterborough by using a proportionate universalism approach. Resources will be invested across the area with a scale and intensity proportionate to the level of disadvantage, where possible.

5.6.3 The BCF will impact on key health and wellbeing needs identified in a range of Cambridgeshire JSNAs, including the Primary Prevention of Ill Health in Older People JSNA 2014 and Prevention of ill health in Older People (2013).

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: T Kelly
<b>Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Lynne Owen
<b>Are there any Equality and Diversity implications?</b>	Yes Name of Officer: CFA Service Director
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Simon Cobby
<b>Are there any Localism and Local Member involvement issues?</b>	Yes Name of Officer: CFA Service Director
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer Tess Campbell

#### **SOURCE DOCUMENTS**

<b>Source Documents</b>	<b>Location</b>
2017-19 BCF Guidance	Not yet published



**NEIGHBOURHOOD CARES PILOT**

**To: Adults Committee**

**Meeting Date: 9 March 2017**

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

**Electoral division(s): All**

**Forward Plan ref: N/A Key decision: No**

**Purpose: To invite Adult Committee's comments and views on the approach of the Neighbourhood Cares Project**

**Recommendation: Adults Committee is recommended to :**

- a) Note the update contained in the report.**
- b) Request a further update is brought to Adults Committee once patches have been identified and the team appointed.**

<b><i>Officer contact:</i></b>	
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<b>Tel:</b>	01223 729139

## **1.0 BACKGROUND**

- 1.1 The Neighbourhood Cares Project aims to pilot a radically different model of social work/care in Cambridgeshire funded as a project under the Transformation Fund. It has the approval of General Purpose Committee (GPC) and Strategic Management Team (SMT).
- 1.2 A workshop was held on 25 August 2016 with a presentation from Brendan Martin, Managing Director of 'Public World', the official partner for Buurtzorg. Outcomes from the workshop informed the business case. This workshop involved NHS colleagues and the Chair and Vice Chair of the Adults Committee. The Neighbourhood Cares Project is a reflection of discussions that have taken place.
- 1.3 The Buurtzorg model started with four nurses in Holland in 2006 and has grown to over 10,000 nurses and care staff. This project will not be an implementation of the model in its entirety. However, given the success of Buurtzorg and its natural fit with the direction of travel we have set locally through Transforming Lives, we want to accelerate our transformation of practice by applying the principles and approaches to the way in which we support older people and people with physical disabilities. We are collaborating with the East of England Local Government Association which is setting up a regional network with Public World to support councils in learning about the Buurtzorg approach and how it might be applied in a UK context (<http://www.publicworld.co.uk/project/buurtzorg/>).
- 1.4 The Neighbourhood Cares pilot will test new ways of working which are vital to the achievement of better outcomes and managing with a reduced budget for social care over the medium term. If successful, the ways of working developed through the pilot would then be rolled out countywide and form the basis of our model of local care across Cambridgeshire. The pilot will link closely with other community initiatives and local providers, helping to develop local solutions to need and build on the neighbourhood approach and natural community networks, assets and strengths.
- 1.5 The key outcomes we want to achieve are:
- Shift as much resource as possible to the front line.
  - Free up staff to have more direct contact with the people we need them to work with, in the way recipients of services and we want them to work.
  - Improve the quality and continuity of the service user experience.
  - Generate capacity where we currently have capacity gaps, particularly in home care.
  - Reduce the cost of care (in the back office and in commissioned care).
  - Set ourselves up for the future – the learning from the pilot sites would then be the basis for the wider transformation of the whole system.

## **2.0 ACTION PLAN FOR THE FIRST PHASE OF THE NEIGHBOURHOOD CARES PILOT**

- 2.1 The Neighbourhood Cares Manager has been appointed and took up the role 8 February 2017, working directly to the Service Director for Older People's Services and Mental Health. The Neighbourhood Cares Manager will lead on the implementation and delivery of the project.

- 2.2 The pilot plans to deliver two 'test and learn' Neighbourhood Cares Teams in two sites, in populations in the region of 10,000. It is proposed that one pilot will be in an urban location and one in a rural location. Currently, key partners including NHS, Voluntary Sector and Older People's Partnership Board are being consulted to ensure their views are considered in the allocation of the two patches. Data being gathered includes the population breakdown in each patch, numbers of people currently receiving support from Council services and those waiting to receive care and support. The feedback from the consultation and the analysis of data gathered will be presented to a multiagency panel on 10 March 2017. The panel will then agree the two most appropriate locations to deliver the pilots.
- 2.3 Following the agreement of the patch locations, we will start the recruitment for the two teams. We will target recruitment in the areas the pilots are to be delivered in with the aim of attracting people who already work and /or live in that community. We will specify the outcomes we want to achieve but will look to give the teams as much flexibility as possible in how these are delivered. We will advertise for a single generic position of 'Neighbourhood Worker' and will look to recruit people from a range of different professional backgrounds and with different skills. We will look for people who are enthused by the possibility of working flexibly and creatively and by taking on new challenges and responsibilities, encourage people to share their expertise with one another; allow the team to match the team member with the most appropriate skills to the needs of each service user.
- 2.4 The plan is to hold a full day assessment process to recruit members of the two teams by the first week of May 2017. The assessment day will involve service users and scenarios will be set for candidates to work in groups and individually. Each team will comprise of the equivalent of four full time Neighbourhood Workers – recruited at MB2 level. This has a total annual cost of 8 FTE x 49.5k = £396k.
- 2.5 The pilot teams will deliver the following functions, initially focussed on new service users, or those who require short term care and support:
- Understanding their communities – identifying people at all levels of need who might require help, as well as the people within communities with the capacity to help others.
  - Building community capacity – working to encourage the development of social or microenterprises as new care provision, or to support other community-led activities to establish.
  - Complementing the Adult Early Help (AEH) team where face to face contact is needed to advise on ways in which older people and their carers can organise help for themselves and seeking to meet needs without the need for a formal assessment or care plan.
  - Visiting people that go into hospital or any other setting and helping to plan their discharge - following the person whatever their situation is with a view to returning them to living independently.
  - Assessing needs – sometimes this might be a statutory assessment but a lot of the 'assessment' work will be part of the regular home visits and will be built into 'hands on' care.
  - Identifying where housing adaptations, community equipment or assistive technology should be used and making sure it is put in place quickly.
  - Identifying and investigating (or escalating) safeguarding concerns.

- Identifying where people will need ongoing care and working with them to make and organise a plan.
- Providing 'hands on' care where appropriate, including ongoing care.
- Liaising with local health teams and other key partners to ensure wider needs are met.
- Reviewing people's needs, not as a formal process, but constantly, responding flexibly to needs day to day by working as a team.

The next stage of the pilots will involve taking on longer term existing care users and working with them to develop a more personalised approach.

- 2.6 Concurrently to recruiting the teams the support systems to enable both teams to function will be sourced and secured. This will include IT systems and a training programme designed specifically for each team. The aim is to co-locate with either local community health services and primary care or other community base.
- 2.7 During the first phase of the pilots the scope, criteria and outcomes to be evaluated will be defined and in consultation with the Local Government Association, an agreed independent method of evaluating the project will be agreed and sourced.
- 2.8 Independences with other initiatives will be identified and working relationships defined with key partners in order to allow the Neighbourhood Workers to operate in a creative and flexible manner.

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

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

- 3.1.1 The overall approach and purpose of the Neighbourhood Cares pilots is to test and learn the benefits for both the local economy and the benefits for all living and working in the communities piloted.

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

- 3.2.1 The overall approach and purpose of the Neighbourhood Cares pilots is to test and learn the best way to support people to live independent and healthy lives.

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

- 3.3.1 The overall approach and purpose of the Neighbourhood Cares pilots is to test and learn the best way to support and protect vulnerable people.

### **4.0 SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

- 4.1.1 The Neighbourhood Cares pilots have an allocated budget :

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

4.2.1 There are no significant implications within this category.

## **4.3 Equality and Diversity**

4.3.1 There are no significant implications within this category.

## **4.4 Engagement and Communications**

4.4.1 The Neighbourhood Cares pilots will establish a communications plan.

## **4.5 Localism and Local Member Involvement**

4.5.1 Local Members will be informed if the Neighbourhood Cares pilots are planned to be delivered in their constituency and their involvement in the pilot agreed before it commences.

## **4.6 Public Health**

4.6.1 The aim of the Neighbourhood Cares pilots is to ensure a better coordination of health and social care service for the people in the communities the pilots are delivered in. To ensure that the right support and services are delivered at the right time in the right place and enable people to make choices about the way they are supported to live well and independently.

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



**TRANSFORMING LIVES UPDATE**

*To:* **Adults Committee**

*Meeting Date:* **9 March 2017**

*From:* **Executive Director, Children, Families and Adults**

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

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

*Purpose:*  
**To provide an update on the impact of the Transforming Lives Programme for different groups of service users**

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

<b><i>Officer contact:</i></b>	
Name:	Claire Bruin
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Email:	claire.bruin@cambridgeshire.gov.uk
Tel:	01223 715665

## 1.0 BACKGROUND

1.1 In September 2016, the Committee received a report providing information on the progress of implementing the Transforming Lives approach. The information brought together in that report covered the main areas of activity that were being introduced as part of the approach. This report updates the Committee on the dataset presented previously.

1.2 The report uses the following datasets:

- Transforming Lives case notes (for Learning Disability and Physical Disability service users)
- Adult Early Help, Reablement, Occupational Therapy Double Up Team
- The provision of community equipment
- Multi-Agency Safeguarding Hub (MASH) referrals

1.3 The previous report introduced the opportunity to report on a subset of questions asked in the annual Adult Social Care Service User Survey, required by the Department of Health. Specific questions that had most resonance with the Transforming Lives approach were shared with the Committee. The survey closes in March and so the results are not available for this report. The results, with national benchmarking, are usually available at the end of the summer.

1.4 There may be some differences between the numbers in the charts and tables presented in this report, compared to those presented in September 2016. This is due to some retrospective recording and updating of contacts on the adult social care information system.

## 2.0 Tracking Activity through Transforming Lives Case Notes

2.1 The staff in the Learning Disability Partnership (LDP) and Physical Disability service (PD) continue to capture activity that fits with the Transforming Lives principles, identifying case notes that are recording conversations that relate to Tier 1 and 2 and other activity with a Transforming Lives type outcome.

### 2.2 Learning Disabilities

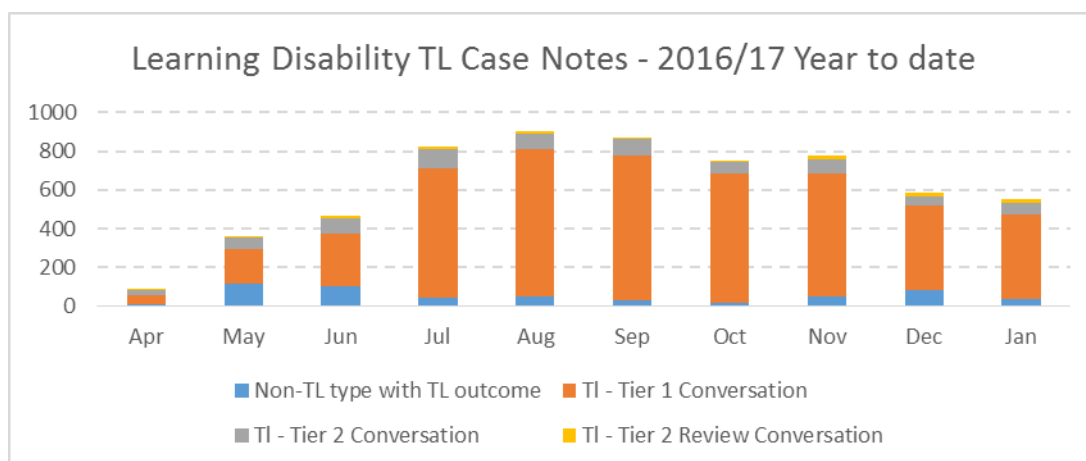
2.2.1 The table and chart below show that the number of Tier 1 conversations with people with learning disabilities reached a maximum level in August and dropped in December and January when the holiday period is likely to have led to less contacts with the team. The number of Tier 2 review conversations, where short term interventions are considered to address changes in need have increased in the last three months. In total, from April 2016 to January 2017 there have been 6,163 case notes recorded where staff have deployed the principles of Transforming Lives.

Case Note Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Non-TL type with TL outcome	13	118	106	41	48	28	16	50	80	37
TL – Tier 1 Conversation	44	174	268	668	765	750	666	634	441	433
TL – Tier 2 Conversation	24	63	77	102	78	83	59	71	47	62
TL – Tier 2 Review Conversation	3	6	15	12	10	4	9	20	19	19



<b>Total</b>	<b>84</b>	<b>361</b>	<b>466</b>	<b>823</b>	<b>901</b>	<b>865</b>	<b>750</b>	<b>775</b>	<b>587</b>	<b>551</b>
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### 2.2.3



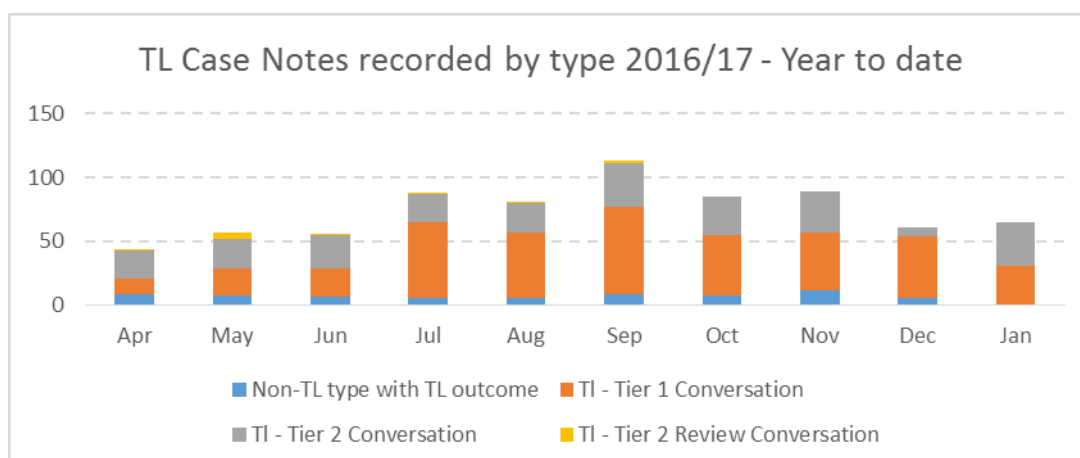
## 2.3 Physical Disability

2.3.1 The number of Tier 1 conversations with people with physical disabilities reached a maximum level in September and dropped in the autumn with a further drop in January. Tier 2 review conversations, where short term interventions are considered to address changes in need are recorded as zero from October to January, having been very low for the earlier part of the year. The reasons for the low level of Tier 2 review conversations are being investigated.

2.3.2 In total, from April 2016 to January 2017 there have been 739 case notes recorded where staff have deployed the principles of Transforming Lives.

Case Note Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Non-TL type with TL outcome	9	7	6	5	5	9	8	12	5	0
TL – Tier 1 Conversation	12	22	23	60	52	68	47	45	49	31
TL – Tier 2 Conversation	22	23	26	22	23	34	30	32	7	34
TL – Tier 2 Review Conversation	1	5	1	1	1	2	0	0	0	0
<b>Total</b>	<b>44</b>	<b>57</b>	<b>56</b>	<b>88</b>	<b>81</b>	<b>113</b>	<b>85</b>	<b>89</b>	<b>61</b>	<b>65</b>

### 2.3.4



## 2.4 All Service User Groups

2.4.1 The table below shows the number of service users where a case note indicates that Transforming Lives principles have been used. It reflects the

different ways of approaching implementation.

2.4.2 LDP and Disability Services have focused on locality teams working across all tiers, recognising that the majority of service users in these teams will continue to require some level of ongoing care and support throughout their lives. The LDP teams, who were the first teams to introduce this way of working, have captured evidence of this approach being used with more than half of the current service users.

2.4.3 Older People and Older People Mental Health services took a different approach, developing different models of service delivery based on the Transforming Lives principles. This is why the number of case notes with evidence of TL is low in these services. The most significant development has been the Adult Early Help Team (AEH) but the continued focus on reablement, the Occupational Therapy Double-Up Team and the use of Assisted Telecare Technology (ATT) and community equipment have also contributed to implementing new ways of working. These areas of activity are discussed in Section 3 below. AEH and reablement offer Tier 1 and Tier 2 interventions and have been particularly successful in reducing the number of people being referred to the long-term teams. In addition, the long-term teams are referring existing service users who have lower levels of care and support needs to AEH when they contact the teams about changes in their situation. In this way, the long-term teams are using AEH to implement Tier 1 and Tier 2 interventions with existing service users. This activity is captured within the data for the AEH team in Section 3.

2.4.4 Colleagues in Cambridgeshire and Peterborough NHS Foundation Trust have embedded the Transforming Lives principles within their model of recovery and there is further work to be done to confirm the most appropriate way to capture activity that reflects the combined approach.

2.4.5

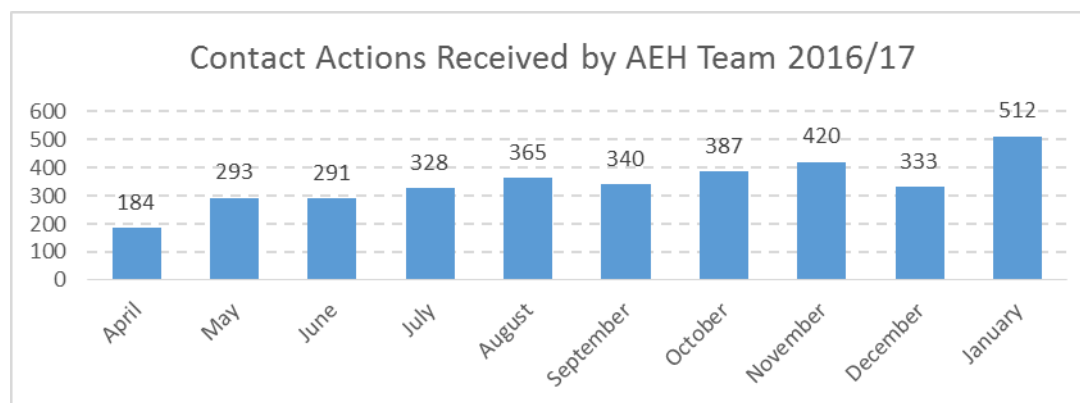
Service	People with open long-term services at 31/01/17	Number of those people with a TL case note.	Proportion of caseload with TL case note.
Adult Mental Health	417	3	0.7%
Disability Services	676	174	25.7%
Learning Disability Partnership	1579	872	55.2%
Older People	3264	78	2.4%
Older People Mental Health	247	3	1.2%
<b>Total</b>	<b>6183</b>	<b>1130</b>	<b>18.3%</b>

### 3.0 TRACKING ACTIVITY IN OLDER PEOPLE'S SERVICES

#### 3.1 Adult Early Help Team

3.1.1 The Adult Early Help Team (AEH) has seen the number of referrals rising steadily since the service went live in April 2016, rising from 184 in the first month to 512 in January 2017. There was a reduction in activity in December 2016, coinciding with the Christmas holidays. The significant increase in January 2017 reflects increases seen at the Contact Centre following the Christmas holiday period.

### 3.1.2



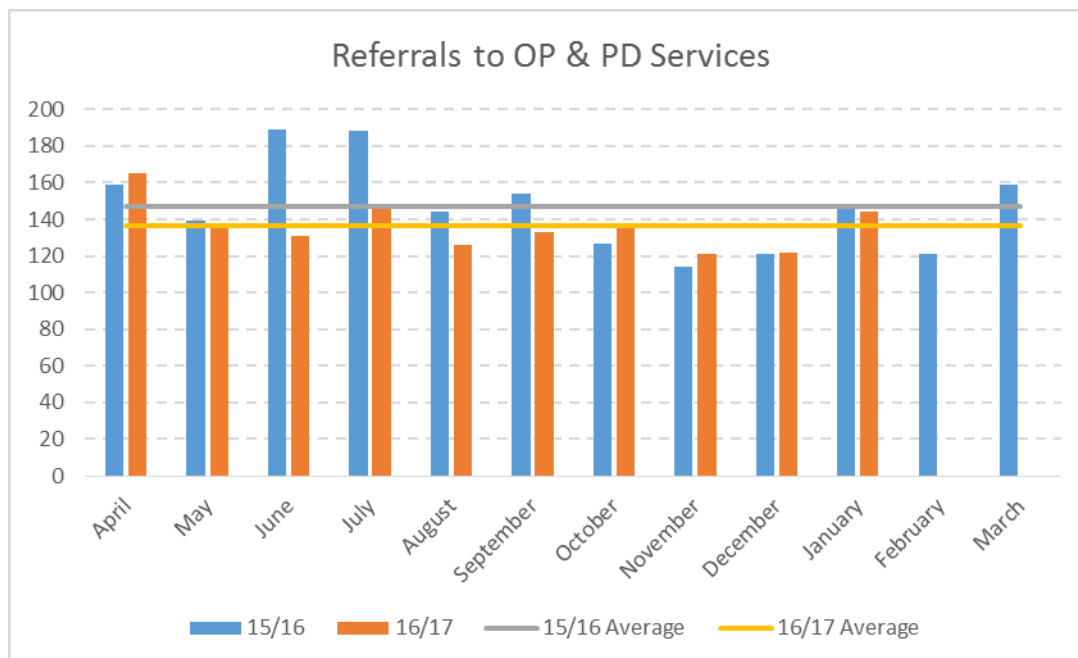
3.1.3 The monitoring of the outcome following involvement by AEH shows that there continues to be significant diversion away from the long-term care teams, with around 17% of people having a Community Action Plan and around 49% of people receiving a Tier 1 response, such as advice and information. The proportion of referrals passed directly to the long-term care teams has reduced from the previous report, from 23% to only 18%. This positively reinforces that AEH is having an impact in responding to people in different ways and reducing the need for onward referral to the long-term care teams.

### 3.1.4

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Number of referrals received by AEH Team	184	293	291	328	365	340	387	420	333	512
Community Action Plans (CAPs) completed (Tier 2 response)	38	38	53	44	40	36	51	77	83	141
Contacts resulting in Tier 1 response only	89	157	140	137	186	197	211	203	148	239
Contacts referred directly on to long-term care teams	30	53	62	107	66	63	63	71	41	61

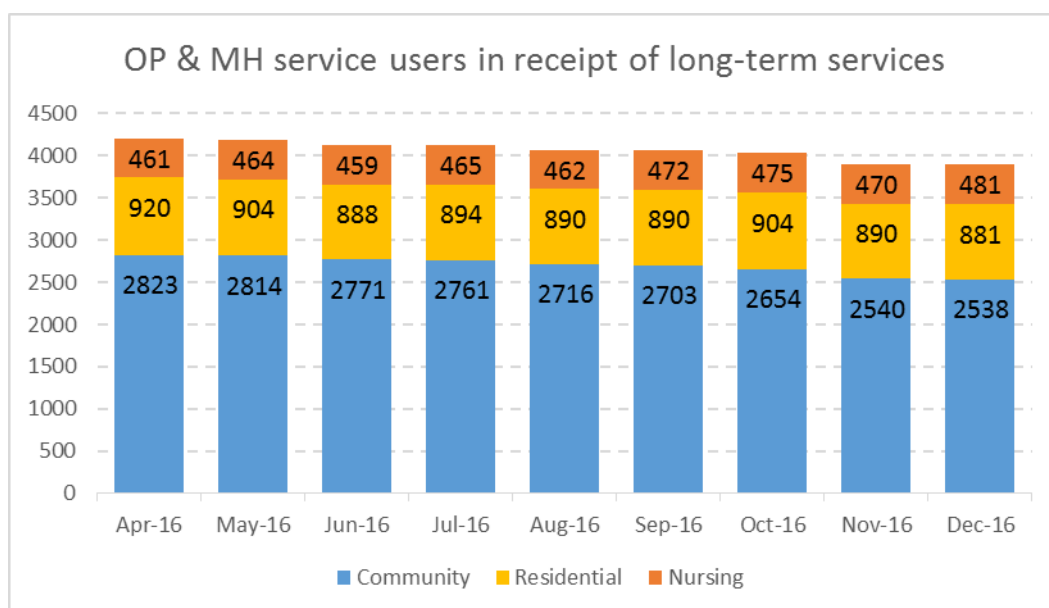
3.1.5 The graph below shows that the overall number of referrals to the older people and physical disability long-term care teams i.e. all referrals to these teams, not just referrals from AEH, had continued to decrease through to September. In October, however, the numbers of referrals increased and have continued to be close to the 2015/16 levels. Despite this, the average number of referrals for 2016/17 has been lower than 2015/16, at 136 per month, rather than 147 each month.

### 3.1.6



3.1.7 The graph below helps to offer an explanation as to why overall referrals to long-term older people's teams have gone up while referrals from AEH have reduced. This graph shows that the numbers of people in receipt of long-term care in the community has reduced. This is the cohort of people who are most likely to be benefiting from AEH and are not yet needing long-term care because of the positive impact of the interventions from AEH. In contrast, the number of people in long-term nursing home placements has increased through the year, with 20 more people supported in nursing homes in December than in April 2016. The referrals for this cohort of people are most likely to come from the acute hospitals or residential care homes, where people are now needing to move into a nursing home because of increased need.

### 3.1.8



## 3.2 Reablement

3.2.1 The Reablement Service has continued to perform well in supporting people to regain skills and confidence with the proportion of people who were independent and did not need any ongoing care reaching 56.5% in Quarter 3.

However, the proportion of people requiring a reduced package to maintain their independence had dropped from 9.1% in Quarter 1 to 6.8% in Quarter 3.

3.2.2		Q1 Average	Q2 Average	Q3 Average
	% of people finishing a RBT episode as independent	53.7%	54.8%	56.5%
	% of people finishing an RBT episode with a reduction	9.1%	7.5%	6.8%
	Cumulative % of "reablement" hours delivered	59.5%	60.3%	58.2%
	Cumulative % of "mainstream" hours delivered	22.8%	23.4%	25.3%
	Cumulative % of "end of life" hours delivered	1.3%	1.0%	0.9%
	Cumulative % of "supported recovery" hours delivered	10.2%	9.8%	9.9%
	Cumulative % of "admission avoidance" hours delivered	5.6%	4.0%	2.7%
	Median length of stay in reablement in weeks	2.3	2.2	2.3

3.2.3 The number of hours of reablement delivered has been falling steadily as the number of mainstream domiciliary care hours delivered by the teams has increased. This reflects the ongoing challenge of sourcing sufficient home care capacity from the independent sector home care agencies. A number of initiatives have been put in place including a Home-based Transition Service focused on picking up people who are ready to move on from Reablement, but demand across the health and social care system has meant that the pressure on the Reablement Service has continued. In addition, recruitment continues to be a challenge for the Reablement Service and reduces the capacity to provide this valuable service.

### 3.3 Occupational Therapy (OT) Double-UP Team

3.3.1 The OT Double-up team have continued to make progress in reducing the number of people receiving double up domiciliary care packages. December saw the number of people receiving double-up care falling to 315, the lowest figure to date in 2016/17. The Quarter 3 average dropped to 320 people from 333 in Quarter 1.

3.3.2 The relatively low spend on community equipment by this team (around £100K per year) continues to drive savings and avoid the introduction of double-up care for new people or for existing people when needs increase. The anticipated savings through to the year end from current home care expenditure and avoided costs is around £500K.

3.3.3		Q1 Average	Q2 Average	Q3 Average
	Service Users with open double-up packages at period end	333	334	320
	% of visits that were double-up visits	13.3%	13.5%	13.2%
	% of clients receiving double-up visits	11.5%	11.5%	11.2%

### 3.4 Assistive Telecare Technology

3.4.1 Through to November, the general trend for the number of service users

receiving an intervention from the ATT team had been increasing. The team have been working closely with AEH to enable people to retain their independence. The team have also started to implement the “Just Checking” Assessment Tool (JCAT) that has been used successfully in the LDP, in particular to reduce the need for waking night staff. JCAT uses a system of motion sensors deployed in a service user’s home, which provide data on the activity of the service user and help professionals to determine what assistive technology equipment could be used to support the person and what would be an appropriate care package to complement the equipment.

### 3.5 Integrated Community Equipment

3.5.1 The table below shows the number of adults receiving a service from ICES per month in 2016/17. There is a clearly an increase in the number of people receiving services in November and December compared to the rest of the year. This reflects the demand through the winter and shows that community equipment is being actively used when services respond to demand.

3.5.2

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
ADULTS	2918	2838	2934	2428	2606	3082	2657	3460	4399	3100

3.5.3 The provider of community equipment, Nottingham Rehab Services (NRS), delivers 90% of equipment within the required timescales of either ‘next working day’ or within 5 working days depending on assessed need. The recycling rate for equipment has continued to perform well, at 88%.

3.5.4 Community equipment plays an important part in the preventative work of the Council, with Occupational Therapists arranging for equipment following direct referrals as well as working within AEH, Reablement and the OT Double-Up Team. In addition, community equipment is critical to supporting people to continue to live in their own homes when their needs increase and they require long-term care.

## 4.0 TRACKING ACTIVITY IN THE MULTI-AGENCY SAFEGUARDING HUB

4.1 The adults’ team in the Multi-agency Safeguarding Hub (MASH) has been operating since April 2016, providing a consistent approach to all safeguarding adult concerns, liaising with the Police and other agencies as necessary, and advising the next steps in responding to the concerns. The dashboard of activities within the MASH is shown below.

4.2

Cambridgeshire CC Total	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD	%
Total referrals received	467	665	786	771	838	732	767	727	725	765	7243	
Average per working day	22.2	33.3	35.7	36.7	38.1	33.3	36.5	33.0	36.3	36.4	34.2	
<b>Risk Level (started 01/05/2016)</b>												
0 - Does <u>not</u> meet SG criteria	0	475	565	549	586	506	532	550	532	584	4,879	72
1 - Low level SG concern	0	137	147	149	177	135	148	101	115	82	1,191	18
2 - Medium level SG concern	0	41	58	47	49	64	66	55	59	71	510	8
3 - High level SG concern	0	11	15	25	21	22	20	21	13	26	174	3

4 - High, organisational/large scale	0	1	1	1	5	5	1	0	6	2	22	0.3
<b>ACTION TAKEN</b>												
Case management- Ambulance	1	0	1	1	0	0	0	1	0	0	4	0
Case management - Early Help	13	18	22	15	34	18	23	16	35	39	233	3
Case management - Fire	0	0	0	1	0	1	0	0	0	1	3	0
Case management - Health	21	18	17	20	12	11	22	9	13	15	158	2
Case management - MHT	17	37	30	27	26	20	25	32	13	19	246	3
Case management - Other LA	3	1	0	6	2	0	2	1	0	0	15	0
Case management - Police	0	1	7	1	1	2	0	1	0	1	14	0
Case management - Team	144	218	253	231	300	229	206	206	215	189	2,191	30
Information only	29	40	91	103	74	65	105	90	92	107	796	11
NFA	100	140	111	98	82	124	116	111	90	148	1,120	15
s42-MASH	51	78	69	37	24	28	34	31	23	16	391	5
s42-Other	1	3	3	5	10	6	13	12	5	6	64	1
s42-Team	25	29	85	88	172	106	93	79	80	80	837	12
Safeguarding advice	21	35	46	61	39	35	24	58	63	69	451	6
Soft concern	13	19	33	70	55	76	91	63	85	73	578	8
Tier 1	25	18	15	6	7	11	13	17	11	0	123	2
Tier 2	3	10	3	1	0	0	0	0	0	2	19	0

- 4.3 The January 2017 data shows 30% (31.8% in July 2016) of cases being referred to long-term care teams and a further 12% (8.6% in July 2016) of cases going to teams to carry out a Section 42 enquiry, as required under the Care Act 2014. As in July, approximately 60% of the concerns coming into the Adults MASH are being handled by the MASH team rather than being dealt with within the long-term care teams freeing up capacity in these teams to focus on the more complex safeguarding cases and assessment and review work for people who require support from the long-term care teams.

## 5.0 CONCLUSION

- 5.1 The data set continues to demonstrate evidence of the implementation of Transforming Lives principles through a range of developments that complement and support the cultural change required across all teams. The report highlights how developments such as AEH play a key role in changing our approach for older people, responding to people when they first make a referral. In contrast, the LDP, who work with a cohort of people who receive services over many years, with the majority moving through from children's services or education, have had to focus on how to work differently with existing service users.
- 5.2 A recent review of the programme overseeing the implementation of Transforming Lives confirmed that the individual projects had either been completed e.g. setting up AEH or were progressing well enough to be passed

to other appropriate groups to complete, including through 'business as usual'. The cultural change aspect has been progressing well, but, as expected, requires ongoing work. This work has been combined with the work of the adult social care practice governance group that oversees the changes in practice to support the Transforming Lives approach. This group will report into the revised Transforming Lives (Adults) Programme Board which provides the governance for the ongoing transformation of adult social care, reflecting the business cases that have been prepared and presented through the business planning process for 2017/18.

## **6.0 ALIGNMENT WITH CORPORATE PRIORITIES**

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

There are no significant implications for this priority.

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

Helping people to live healthy and independent lives is central to the Transforming Lives programme's aims and objectives and the paper provides an overview of the impact we are having on supporting these goals for adult service users.

### **6.3 Supporting and protecting vulnerable people**

The Transforming Lives approach will better ensure that we continue to use our resources to support the most vulnerable and those most in need of our support in our communities.

## **7.0 SIGNIFICANT IMPLICATIONS**

### **7.1 Resource Implications**

#### **7.1.1** The implementation of the Transforming Lives approach will contribute to the delivery of the business planning savings proposals by helping to prevent, delay and reduce the need for care and support. Community based interventions focused on prevention and targeted short term activities to increase independence and reduce ongoing packages continues to be particularly important.

### **7.2 Statutory, Legal and Risk**

#### **7.2.1** The Transforming Lives approach will help us to meet our statutory duties outlined in the Care Act 2014.

### **7.3 Equality and Diversity**

#### **7.3.1** The Transforming Lives approach aims to maintain access to support by the full range of communities in Cambridgeshire. The implications for fairness, equality and diversity are considered through the implementation of the approach.

### **7.4 Engagement and Communications**



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

## **7.5 Localism and Local Member Involvement**

**7.5.1** Localism is a key feature of the Transforming Lives Model and the involvement of all Members is essential if community capacity is to be developed to support the health and wellbeing of local people. This is being developed through the Community Resilience cross-cutting project.

## **7.6 Public Health**

**7.6.1** The Transforming Lives approach seeks to have a positive impact upon the health and wellbeing of Cambridgeshire residents. The emphasis on prevention of ill-health and preventing, reducing or delaying people's need for statutory social care support is aligned with Public Health objectives.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	No Name of Finance Officer: T Kelly (Adults)
<b>Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?</b>	No Name of Legal Officer: Lynne Owen
<b>Are there any Equality and Diversity implications?</b>	Yes Name of Officer: CFA Service Director
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Matthew Hall
<b>Are there any Localism and Local Member involvement issues?</b>	Yes Name of Officer: CFA Service Director
<b>Have any Public Health implications been cleared by Public Health</b>	No Name of Officer: Tess Campbell

<b>Source Documents</b>	<b>Location</b>
NONE	



# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1st March 2017

Cambridgeshire  
County Council

## Notes

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.

\* indicates items expected to be recommended for determination by full Council.

+ indicates items expected to be confidential, which would exclude the press and public. Additional information about confidential items is given at the foot of this document.

Draft reports are due with the Democratic Services Officer by 10.00 a.m. eight clear working days before the meeting.

The agenda dispatch date is five clear working days before the meeting.

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
<i>[06/04/17] Provisional Meeting</i>						29/03/17
<b>01/06/17</b>	Finance and Performance Report	T Kelly	Not applicable	25/04/17		24/05/17
	CFA Savings Proposals Tracker	W Ogle-Welbourn	Not applicable			
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			

<b>13/07/17</b>	Finance & Performance Report	T Kelly	Not applicable	24/05/17		05/07/17
	CPFT Annual Report	D Cohen	Not applicable			
	CFA Savings Proposals Tracker	W Ogle-Welbourn	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
<i>[10/08/17] Provisional Meeting</i>				13/06/17		02/08/17
<b>14/09/17</b>	Finance & Performance Report	T Kelly	Not applicable	22/07/17		06/09/17
	CFA Savings Proposals Tracker	W Ogle-Welbourn	Not applicable			
	Risk Register	W Ogle-Welbourn	Not applicable			
	Transforming Lives	C Bruin	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
<b>12/10/17</b>	Finance & Performance Report	T Kelly	Not applicable	28/08/17		04/10/17
	CFA Savings Proposals Tracker	W Ogle-Welbourn	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
<b>9/11/17</b>	Finance & Performance Report	T Kelly	Not applicable	28/11/17		01/11/17
	CFA Savings Proposals Tracker	W Ogle-Welbourn	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
<b>7/12/17</b>	Finance & Performance Report	T Kelly	Not applicable	24/10/17		29/11/17
	CFA Savings Proposals Tracker	W Ogle-Welbourn	Not applicable			

	Adults Committee Agenda Plan	D Snowdon	Not applicable			
<b>11/01/18</b>	Finance & Performance Report	T Kelly	Not applicable	21/10/17		03/01/18
	CFA Savings Proposals Tracker	W Ogle-Welbourn	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
<i>[1/02/18] Provisional Meeting.</i>				19/12/17		24/1/18
<b>8/03/18</b>	Finance & Performance Report	T Kelly	Not applicable	16/01/18		28/02/18
	CFA Savings Proposals Tracker	W Ogle-Welbourn	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
<i>[12/04/18] Provisional Meeting</i>				01/03/18		04/04/18
<b>24/05/18</b>	Finance & Performance Report	T Kelly	Not applicable			16/15/18
	CFA Savings Proposals Tracker	W Ogle-Welbourn	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			

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

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

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

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

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

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

For further information, please contact Quentin Baker on 01223 727961 or [Quentin.Baker@cambridgeshire.gov.uk](mailto:Quentin.Baker@cambridgeshire.gov.uk)