

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

To: Adults Committee

Meeting Date: 3 November 2015

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

Chris Malyon, Chief Finance Officer

Electoral division(s): All

Forward Plan ref: Not applicable Key decision: No

Purpose: This report provides the Committee with an overview of the draft revenue business planning proposals for Children, Families and Adults Services that are within the remit of the Adults Committee.

- Recommendation:**
- a) It is requested that the Committee note the overview and context provided for the 2016/17 to 2020/21 Business Plan revenue proposals for the CFA Service.**
 - b) It is requested that the Committee comment on the draft revenue savings proposals that are within the remit of the Adults Committee for 2016/17 to 2020/21, and endorse them to the General Purposes Committee as part of consideration fo0072 the Council's overall Business Plan**
 - c) It is requested that the Committee consider the proposed approach to demography and inflation for those services that are within the remit of Adults Committee for 2016/17 and endorse the recommendations.**
 - d) It is requested that the Committee consider the proposed levels of fees and charges for the CFA Service that are in the remit of the Adults Committee for 2015/16 to 2019/20 and endorse them.**

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1. OVERVIEW

- 1.1 The Council's Business Plan sets out how we will spend our money to achieve our vision and priorities for Cambridgeshire. Like all Councils across the country, we are facing a major challenge. Our funding is reducing at a time when our costs continue to rise significantly due to inflationary and demographic pressures. This means that despite the way in which we have been able to stimulate local economic growth, and the improving national economy, the financial forecast for the Council continues to present huge challenges.
- 1.2 The Council has now experienced a number of years of seeking to protect frontline services in response to reducing Government funding. Looking back, we have saved £73m in the last two years and are on course to save a further £30m this year (2015/16). As a result, we have had to make tough decisions over service levels during this time. Over the coming five years those decisions become even more challenging. The choices are stark and unpalatable but very difficult decisions will need to be made as the Council has a statutory responsibility to set a balanced budget each year, as well as a duty to provide the best possible services for Cambridgeshire's communities. It is the Chief Finance Officer's statutory role to provide a statement on the robustness of the budget proposals when they are considered by Council in February.
- 1.3 This year the Council has adopted an outcome-led approach to Business Planning. This is defined and described through the draft Strategic Framework that was approved by the General Purposes Committee on 20 October this year.
- 1.4 The Strategic Framework sets out the outcomes that the Council will work towards achieving, and the ways of working the Council will adopt, in the face of prolonged and painful budget pressures. It is not a solution to austerity in itself, but instead it is the approach the Council has taken to best tackle the huge challenges it faces.
- 1.5 Within this new framework, the Council continues to undertake financial planning of its revenue budget over a five year timescale which creates links with its longer term financial modelling and planning for growth. This paper presents an overview of the proposals being put forward as part of the Council's draft revenue budget.
- 1.6 Funding projections have been updated based on the latest available information to provide a current picture of the total resource available to the Council. At this stage in the year, however, projections remain fluid and will be reviewed as more accurate data becomes available.
- 1.7 The Council issues cash limits for the period covered by the Business Plan (rolling five years) in order to provide clear guidance on the level of resources that services are likely to have available to deliver services over that period. To maintain stability for services and committees as they build their budgets we will endeavour to minimise variation in cash limits during the remainder of the process unless there is a material change in the budget gap.
- 1.8 The Committee is asked to endorse these initial proposals for consideration as part of the Council's development of the Business Plan for the next five years. Draft proposals across all Committees will continue to be developed

over the next few months to ensure a robust plan and to allow as much mitigation as possible against the impact of these savings. Therefore these proposals may change as they are developed or alternatives found.

2. BUILDING THE REVENUE BUDGET

- 2.1 Changes to the previous year's budget are put forward as individual proposals for consideration by committees, General Purposes Committee and ultimately Full Council. Proposals are classified according to their type, as outlined in Appendix B, accounting for the forecasts of inflation, demography, and service pressures, such as new legislative requirements that have resource implications, as well as savings.
- 2.2 The process of building the budget begins by identifying the cost of providing a similar level of service to the previous year. The previous year's budget is adjusted for the Council's best forecasts of the cost of inflation and the cost of changes in the number and level of need of service users (demography). Proposed investments are then added and the total expenditure level is compared to the available funding. Where funding is insufficient to cover expenditure, the difference is apportioned across services as a savings requirement in order to balance the budget. Should services have pressures, these are expected to be managed within that service, if necessary being met through the achievement of additional savings or income.
- 2.3 The budget proposals being put forward include revised forecasts of the expected cost of inflation following a detailed review of inflation across all services at an individual budget line level. Inflation indices have been updated using the latest available forecasts and applied to the appropriate budget lines. Inflation can be broadly split into pay, which accounts for inflationary costs applied to employee salary budgets, and non-pay, which covers a range of budgets, such as energy, waste, etc. as well as a standard level of inflation based on government Consumer Price Index (CPI) forecasts. Key inflation indices applied to budgets are outlined in the following table:

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

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

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

Total	7,261	7,264	8,207	8,411	8,841
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2.5 A review of demographic pressures facing the Council has been undertaken by the Research Group in conjunction with services and Finance. The term demography is used to describe all anticipated demand changes arising from increased numbers (e.g. as a result of an ageing population, or due to increased road kilometres) and increased complexity (e.g. more intensive packages of care as clients age). The demographic pressures calculated by the Research Group are:

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

2.6 The Council is facing some cost pressures that cannot be absorbed within the base funding of services. These were reported to General Purposes Committee (GPC) in September who agreed that services should meet the cost of their own pressures. Some of the pressures relate to costs that are associated with the introduction of new legislation and others as a direct result of contractual commitments. These costs are included within the revenue tables considered by service committees alongside other savings proposals and priorities:

Service Block / Description	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000
CFA: Unaccompanied Asylum Seeking Children	125	-	-	-	-
CFA: Fair Cost of Care & Placement Costs	-	-	-	1,500	2,500
CFA: Home to School Transport (mainstream)	980	-	-	-	-
CFA: Home to School Transport (LAC & Special)	1,200	-	-	-	-
CFA: Learning Disability Partnership	1,892	-	-	-	-
CFA: Single-tier State Pension	1,409	-	-	-	-
CFA: Adoption	570	-	-	-	-
ETE: Single-tier State Pension	331	-	-	-	-
ETE: Annual subscription to the LEP	50	-	-	-	-
CS: Single-tier State Pension	63	-	-	-	-
CS: Insurance Fund	278	-	-	-	-
CS: Children's Centre Business Rates	145	-	-	-	-
CS: Renewable Energy - Soham	-	183	4	5	4
LGSS: Single-tier State Pension	210	-	-	-	-
PH: Single-tier State Pension	34	-	-	-	-
Total	7,287	183	4	1,505	2,504

- 2.7 The Council recognises that effective transformation often requires up-front investment and has considered both existing and new investment proposals that we fund through additional savings during the development of this Business Plan. The table below outlines investments by service. Note that negative figures indicate the removal of an investment from a previous year.

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

3. SUMMARY OF THE DRAFT REVENUE BUDGET

- 3.1 In order to balance the budget in light of the cost increases set out in the previous section and reduced Government funding, savings or additional income of £40.7m are required for 2016-17, and a total of £118m across the full five years of the Business Plan. The following table shows the total amount necessary for each of the next five years, split by service block.

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

- 3.2 In some cases services have planned to increase locally generated income instead of cutting expenditure. For the purpose of balancing the budget these two approaches have the same effect and are treated in the same way.
- 3.3 This report forms part of the process set out in the Medium Term Financial Strategy whereby the Council updates, alters and refines its revenue proposals in line with new savings targets. New proposals are developed by services to meet any additional savings requirement and all existing schemes are reviewed and updated before being presented to service committees for further review during November and December.

- 3.4 Delivering the level of savings required to balance the budget becomes increasingly difficult each year. Work is still underway to explore any alternative savings that could mitigate the impact of our reducing budgets on our front line services, and Business Planning proposals are still being developed to deliver the following:

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

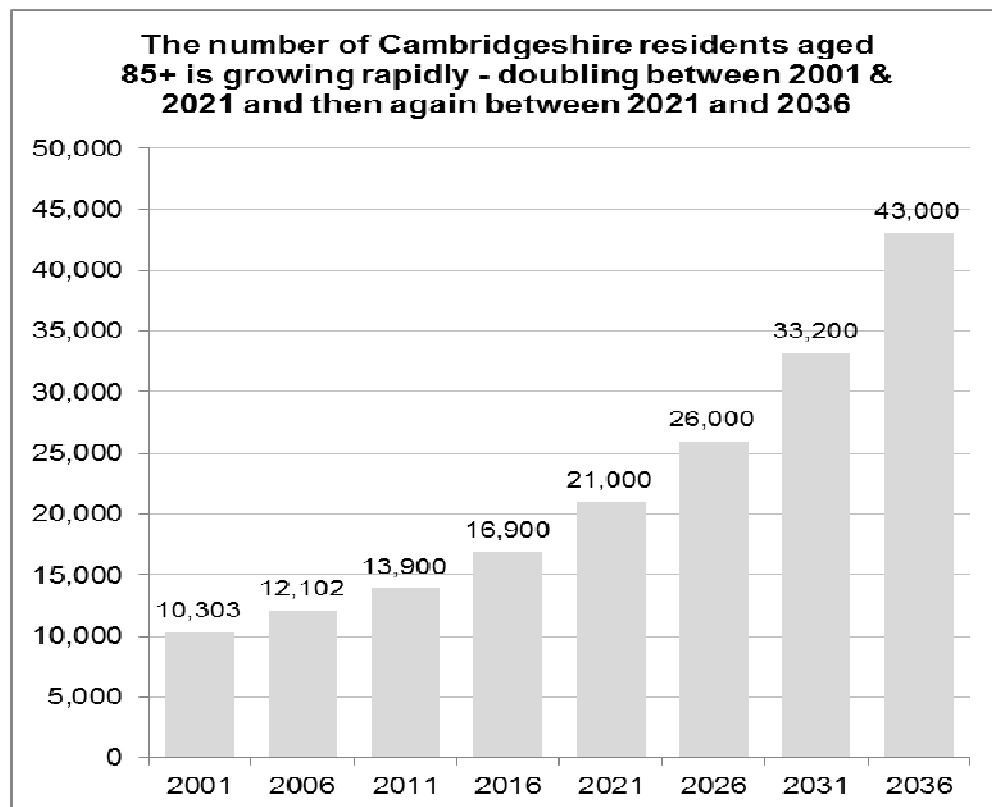
- 3.5 The level of savings required is based on an expected 1.99% increase in Council Tax each year. This assumption was built into the MTFs which was agreed by full council. For each 1% more or less that Council Tax is changed, the level of savings required will change by approximately +/-£2.4m.
- 3.6 There is currently a limit on the increase of Council Tax of 2% and above, above which approval must be sought in a local referendum. It is estimated that the cost of holding such a referendum would be around £100k, rising to as much as £350k should the public reject the proposed tax increase (as new bills would need to be issued). The MTFs assumes that the 2% and above limit on increases will remain in place for all five years.
- 3.7 Following November service committees, GPC will review the overall programme in December, before recommending the programme in January as part of the overarching Business Plan for Full Council to consider in February.

4 BUSINESS PLANNING CONTEXT FOR OLDER PEOPLE, MENTAL HEALTH AND ADULT SOCIAL CARE SERVICES

Complexity of need and demographic growth

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

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



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

Changing legislative requirements

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

period. Further detail is provided in section 7.

Uncertainty and change during the business planning period

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

Business Planning within a system of partner organisations

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

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

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

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

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

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

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

5.5 The key messages within the strategy are:

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

amount we spend on those in receipt of services.

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

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

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

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

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

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

6 DRAFT BUSINESS PLANNING PROPOSALS: CARE BUDGETS

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

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

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

		Reductions required to care budgets				
Physical Disability	Reduction from 2015/16 to 2016/17	2016-17	2017-18	2018-19	2019-20	2020-21
		£000	£000	£000	£000	£000
Demography pressure met within current budget (A/R.3.003)		-	-20	-55	-80	-111
Savings (A/R.6.101)		-1232	-1,191	-440	-505	-455
Total Reduction	-8.3%	-1232	-1211	-495	-585	-566

		Reductions required to care budgets				
Older People	Reduction from 2015/16 to 2016/17	2016-17	2017-18	2018-19	2019-20	2020-21
		£000	£000	£000	£000	£000
Demography pressure met within current budget (A/R.3.007)		-918	-965	-1138	-1136	-1136
Savings (A/R.6.201)		-3013	-1778	-1403	-1701	-1521
Total Reduction	-6.6%	-3931	-2743	-2541	-2837	-2657

		Reductions required to care budgets				
Adult Mental Health	Reduction from 2015/16 to 2016/17	2016-17	2017-18	2018-19	2019-20	2020-21
		£000	£000	£000	£000	£000
Demography pressure met within current budget		-	-	-	-	-
Savings (A/R.6.203)		-841	-830	-370	-722	-584
Total Reduction	-7.3%	-841	-830	-370	-722	-584

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

Support for people with a learning and/or physical disability

6.8 We will change the way that the needs of disabled people are met and review and reassess existing support within a new policy framework to reduce the cost of that support and develop greater independence where possible. The policy framework will be based on the foundation of a robust assessment and good care and support plan, which will be tightly focused on meeting eligible needs to support someone's wellbeing. Care and support will not provide for a particular lifestyle, but will be focused on managing risks to wellbeing. For example, we will provide single person accommodation and support arrangements only where there is an identified need, not simply where it would be preferred. The revised policy framework will be presented to the Adults Committee in December 2015.

6.9 The revised policy framework will be clear that choice and control over the day-to-day will not be unlimited, but will be planned within reasonable limitations that would apply to someone living without a disability and be most cost-effective. For example, we have already revised policies to set an expectation that people use their own money or benefits to fund the entry cost

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

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

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

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

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

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

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

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

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

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

6.20 Delivering the reduction in this care budget will require:

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

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

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

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

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

6.25 There is an unprecedented level of risk contained within the proposals in this strategic approach. As we reduce the number of people who receive our specialist and intensive support, it follows that more risk will be held within communities and families, which will, in some cases, lead to people being less safe and poorer outcomes for vulnerable groups.

6.26 We are likely to see an increase in the number of complaints to the Council and the Local Government Ombudsman, for example, as people seek to challenge the difficult decisions we will be making.

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

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

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

7. THE PRICE OF CARE

National Living Wage

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

Inflation

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

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

- 7.5 The Council will continue to operate within extremely difficult market conditions even after inflationary and NLW uplifts are made. Access to affordable care at required quality levels is becoming increasingly restricted as illustrated by the following factors:
- One domiciliary care provider has withdrawn from Cambridgeshire in 2015 - funding considerations were a key factor
 - There are quality issues in several homes, restricting availability of beds; several care homes are considering business re-positioning and have increased the Council for major fee uplifts in the past year.
- 7.6 The Council works proactively with the sector to secure appropriate care based on assessment of eligible need. In recent years, we have typically found that the cost of new placements in care homes in particular is a key cost pressure, as providers have sought to negotiate price at the point of admission as the Council has restricted inflation uplifts for ongoing placements. Demographic changes also mean that the Council is increasingly seeking to source care in a market where providers can attract and charge higher prices to people who fund their own care
- 7.7 Rather than propose applying to providers a standard inflationary uplift for all types of care, the complexity of market conditions and factors outlined mean we will need to deploy the inflation budget allocated in future years through a differentiated approach towards points of cost pressure (such as nursing dementia beds). We will continue to engage with individual providers to ensure genuine cost pressures are reflected in agreed price alterations. We will also extend the Brokerage scheme to self-funders and home care provision to support people to secure lower costs of care.

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

- 8.1 Because of the need to deliver the ambitious reductions in expenditure on care and support, all services and team will be impacted by the business planning proposals. Even where teams are not affected by specific budget reductions, they will be expected to transform their models of service provision. The 2020 Strategy provides the Committee with an overview of how our services will be re-shaped over the course of the business plan.
- 8.2 The following paragraphs provide additional detail for those specific proposals relating to non-care budgets which will have the greatest impact on service users or are most challenging to deliver. The figures provided are for 2016/17 reductions unless otherwise stated. Table 3 of the business plan provided at appendix B provides a full overview over the full 5 years of the plan and Community Impact Assessments (CIAs) are also attached for the relevant proposals within the draft Business Plan.

Adult Social Care

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

Older People and Mental Health

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

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

Relevant Public Health Reductions

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

Cross CFA savings

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

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

9 NEXT STEPS

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

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

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

10. ALIGNMENT WITH CORPORATE PRIORITIES

10.1 Developing the local economy for the benefit of all

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

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

10.3 Helping people live healthy and independent lives

10.4 The impact of these proposals is summarised in paragraphs 6.24 to 6.29. Supporting people's independence is a central principle of our strategy and business planning proposals and where this can be achieved through prevention, early help or recovery we will reduce the cost of public services and support people's desire to avoid or delay the need to rely on public services. However it is also recognised that the direct impact of providing reduced support for people will have a negative impact on their health and people's ability to lead full and active lives will be diminished.

10.5 Supporting and protecting vulnerable people

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

11 SIGNIFICANT IMPLICATIONS

11.1 Resource Implications

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

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

11.4 This set of business planning proposals, more than ever before, is subject to significant financial risk. In particular the proposals for reduced spending on statutory care budgets represent ambitious targets for budgets which are 'demand-led' and therefore not fully controllable. We will always need to meet statutory needs and so we are reliant on our early help and preventative activity being successful in reducing demand. If this is not successful then further savings will have to be found elsewhere. There are also financial risk and uncertainties relating to the outcome of the Government ongoing spending review and the potential additional pressure of the requirements of the living wage legislation, as described in section 4.

11.5 Statutory, Risk and Legal Implications

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

- 11.7 Children, Families and Adults Services will continue to meet the range of statutory duties for supporting older people, people with disabilities and people with mental health needs and other vulnerable groups, but as stated within the impact sections of this paper the level of help provided to people with statutory needs will reduce. The community impact assessment for each relevant proposal provides further detail about the anticipated impact, including reduction in help provided within statutory frameworks. These assessments are attached as appendix E.
- 11.8 There is an unprecedented level of risk contained within the proposals. As we reduce the number of people who receive our specialist and intensive support, it follows that more risk will be held within communities and families, which will, in some cases, lead to people being less safe and poorer outcomes for vulnerable groups. Similarly, our workforce will need to operate within the context of this higher level of risk and will need different skills from now. We are likely to see an increase in the number of complaints to the Council and the Local Government Ombudsman, for example, as people seek to challenge the difficult decisions we will be making.
- 11.9 **Equality and Diversity Implications**
- 11.10 The size of the financial challenge means that services will continue to seek to improve their effectiveness, but the level and range of services that can be provided is generally reducing. The Community Impact Assessments describe the impact of each proposal, in particular on vulnerable or minority groups.
- 11.11 **Engagement and Consultation Implications**
- 11.12 Our Business Planning proposals are informed by our knowledge of what communities want and need. They are also be informed by the CCC public consultation on the Business Plan and will be discussed with a wide range of partners throughout the process (some of which has begun already). The CFA Strategy document is being discussed with all key partner organisations. Where business planning proposals are linked to specific policy changes these policy revisions are subject to separate consultation with the relevant service user groups and other stakeholders. The feedback from consultation will continue to inform the refinement of proposals. Where this leads to significant amendments to the recommendations a report would be provided to the Adults Committee.
- 11.13 Community Impact Assessments (CIAs) for the savings proposals are attached to this paper for consideration by the Committee at appendix E, and where applicable these have been developed based on consultation with service users and stakeholders.
- 11.14 **Localism and Local Member Involvement**
- 11.15 The proposals set out in this report, particularly in the latter years, are predicated on empowering communities (both geographical and of interest) to do more for themselves, as we shift our focus from meeting the needs of individuals to supporting communities and families. The County Council's new Community Resilience Strategy, reviewed at the October Meeting of the Adults Committee, sets out in detail how we will work to support local people and local leaders to play an even more active role in meeting the needs of

services, in the context of the diminishing support from statutory services. The success of that strategy will be essential to the delivery of the business planning proposals set out above.

11.16 As the proposals develop, we will have detailed conversations with Members about the impact of the proposals on their localities. We are working with members on materials which will help them have conversations with Parish Councils, local residents and other groups about where they can make an impact and support us to mitigate the impact of budget reductions.

11.17 Public Health Implications

11.18 A number of the proposals within this report will have implications for the health of vulnerable adults and older people. We are working closely with Public Health colleagues as part of the operating model to ensure our emerging Business Planning proposals are aligned. In particular the work being led within Public Health around falls prevention will be important to our objective to reduce the need for care for older people and the public health focus on preventative mental health support will be part of the model to reduce the reliance on social care for people with mental health needs.

Source Documents	Location
<i>None</i>	